

Well-Being Medicine: What is it and what value does it offer?

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A. The definition of well-being

The dictionary defines well-being as *health, happiness, and prosperity*. I concur with this definition, if these words are defined as follows.

- To be happy is *to enjoy doing most of one's endeavors*.
- To be healthy is *to consistently achieve one's full potential and experience no major limitations*.
- To be prosperous is *to achieve a successful outcome in most of one's endeavors*.

And several points to fully clarify the above. To enjoy any situation is to experience a number of quality sensations while involved in that situation; each quality sensation being *a moment of pleasure*. To fulfill one's potential is *to master all the skills one has the potential to develop*. A limitation is any *sense of discomfort*: attitudinal, mental, emotional, physical, and in one's environment. And each successful outcome consists of *an excellent result and the participant thoroughly enjoyed doing that activity*.

Therefore, each person who regularly notices quality sensations, who is in the process of mastering all the skills for which she has talent, and who achieves a successful outcome in most of the activities she does is experiencing well-being. Whereas, any person who repeatedly experiences a number of major limitations lacks well-being.

I use the word well-being to refer to three separate phenomena, which are as follows:

- i) the well being philosophy of life
- ii) what each human personally experiences while she lives her life in a proper manner
- iii) well-being medicine: treatments that stimulate people to achieve well-being

I will now provide a description of each of these phenomena.

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B. The well-being philosophy of life

The life of EVERY human consists of doing a series of activities. Every human does one activity after another, twenty-four hours each day, seven days a week, fifty-two weeks of the year, every year that person is alive. Every human is always doing some activity, is never not doing an activity, and during each moment of each day is involved in only one activity.

You can begin activity A, switch to activity B before A is finished, and later return to A. But at any one moment you are only doing one activity. Please realize that sleeping, taking a nap and taking a break are all activities.

Every activity any human does can be done in a manner that produces a successful outcome (*excellent result and each participant thoroughly enjoys the process*). And once any person produces a successful outcome each time she does a particular activity, that person is a master of that activity (*is highly skilled at that activity*). EVERY human has the potential to master a large number of activities, particularly those she regularly encounters.

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Each activity is a process: which always begins with choosing a goal to pursue, and always ends with personalizing what unfolds. I'll expand.

Your first awareness, in each activity, is you selecting a goal to pursue. Examples are wash the dishes, go to sleep, read a book, go to church, have a conversation with a particular person, brush your teeth, and call a customer.

Then you gather the necessary ingredients —logistics— you need to complete that task.

After this you watch the activity unfold. And during this segment, you notice many aspects of that activity. Some of these aspects appear interesting and appealing, each of which you intrinsically sense you should more fully investigate. Something is interesting when *you feel drawn to examine it more closely*. Something is appealing when *you sense that if you investigate it more fully you will glean some value*.

At some point a result appears. Each result is a *tangible experience or a tangible object*. Examples of tangible experiences are *a movie watched, a conversation had, a speech listened to, a finished dinner party, a book read, a period of sleep*. Examples of tangible objects are *washed dishes, a meal ready to eat, clean laundry, a product sold to a customer, a grade received from a teacher, a book written, a law passed*. And, by the way, a phenomenon is tangible once *all who are present can detect it*.

After the result appears, you refine it to some degree. You do your best to move it to where it is as polished (in its full glory) and pure (no impurities present) as possible. The refinement period is over when you notice a sense of completion.

Next you attempt to understand that activity, you think about it. As that activity progressed, you noticed a number of thoughts: each one an opinion as to how the sensation you were currently noticed will impact on the final outcome. Then when you begin to think about that activity, you reflect on all those thoughts, looking for a rational concept to adopt: looking to adopt a concept that will give you an accurate overview of those thoughts, the same as a rational description of that activity's outcome.

Each rational concept is logical and reasonable; and describes the following: the worth of the result, the worth of the experience you noticed while doing that activity, and the context you followed while doing that activity.

The worth of each result is *the value that result offers when it is used*; (each result produced by an activity is meant to be used in one or more future activities).

The worth of your experience is *the value you receive while involved in that activity*.

Each context is *a set of guidelines a person follows* as she proceeds through some activity or situation.

Well-being insists, that in regard to each activity a person does, there is only one concept that is rational; only one concept that provides a rational overview. While there are an unlimited number of irrational concepts. Please be clear that an irrational concept often says nothing about the worth of the current result, whether doing that activity was enjoyable, or what context that was followed.

Once a person understands an activity (adopts a concept), he next personalizes that activity: he looks for new (beneficial) behaviors to incarnate into his personality. Each time he notices such a behavior, he then commits to practice it until he spontaneously manifests it each time it is relevant.

I have an acronym for the process I just described: EUP. **E** stands for experiencing the activity unfold (from choosing a goal through to refining the result). **U** stands for understanding the activity. And **P** stands for personalizing the activity. I use this acronym as follows, "he EUP'd that activity", or "EUP'ing an activity is necessary for healthy living".

Well-being claims that every human EUP's every activity she does; from the time that person attempts to feed from her mother's breast just after birth, through to the activity that person is doing the moment she dies. And further claims that all the components of EUP involve purely noticing what is occurring; no aspect of EUP, even the understanding and the personalizing parts, involve actively choosing to do something. And even further claims that each part of EUP is hardwired into each human (is an intrinsic aspect of his personality). Which means that as any person does any activity, if that person simply remains aware of the reality of each moment of that process that person will EUP that activity.

But well-being also admits that every human has free will. And each person can use her free will to ignore the EUP events of any activity she does. Well-being further admits that most people

ignore the EUP aspects of the majority of activities they do, which is why few people are aware the EUP process exists.

Each time a person exercises her free will and ignores a particular part of the EUP events of an activity, that decision is ALWAYS because of the same phenomenon. When that particular part happened, the reality of that moment revealed to that person that one of her preferred views of life is false. But she didn't want to discard that preferred view. So she invented and then focused on a preconception and forgot the reality of that moment. From then on she perceives that preconception to be what actually took place at that moment.

Here's an example for clarity. Samantha favors the idea that making money is good, regardless of the means she uses to obtain any one particular amount of money, as long as that means is legal. One day Samantha is doing an activity, and at some point in the process notices the premise that each time she receives money from another person she should provide that other person with something of value: quid pro quo. This means it is improper for Samantha to make money without providing another person with value, even if that action was legal.

Samantha doesn't like this awareness. She has often made money in the past from a process that didn't provide value to anyone (such as selling some stock), and expects to do so again in the future. And she doesn't want to deprive herself of the income she gains from such activities. So Samantha decides to find a way to ignore this new awareness. She promptly invents the idea that she wants to call her friend Jill and tell Jill about the great dress she just bought. She then calls Jill, they discuss that dress, and Samantha promptly forgets her new awareness about the ethics of making money.

You should realize, that while doing an activity almost never does a person ignore only one part of the EUP events. Most often when one part is ignored, many parts are ignored.

Hopefully you are now clear how each activity you do unfolds.

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Since each person's life is made up of activities, and each person can master most of the activities she does, you could say life is a skill that can be mastered. And this premise is a major component of the well-being philosophy.

The primary purpose of each person is to master life: to master of most of the activities a person does on a regular basis, plus to master all the general life skills (to be explained in a bit). Further, how mature a person is is a function of how many such skills a person has mastered (compared to how many she has the potential to master). And more, how much fulfillment, contentment, clarity, thorough enjoyment (being rewarded), and other desired qualities of existence are present in a person's life is a direct manifestation of how well that person is mastering life.

Every person who makes steady progress toward mastering life experiences well-being. And every person who avoids mastering life experiences more and more limitations (in other words a

lack of well-being), which increase in number and in intensity the longer that person maintains that avoidance.

Developing and maturing are synonyms for making progress towards the mastery of life.

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Now to describe how to master an activity. And it's a fairly simple technique. Each time you do an activity make sure you EUP it: stay aware of the current reality throughout the entire process. Also, each time you do an activity and produce an outcome that is less than optimal (the result was less than excellent, and your experience was less than thorough enjoyment), commit to pursuing a new approach to that activity when you next encounter it. But don't decide, at that time, what will be that new approach. As your next encounter begins, you will be informed of that new approach by the impulse which appears.

Every time you produce a successful outcome in an activity, commit to following your current approach every time you encounter that activity in the future. Keep acting this way each time you do any activity, and in time you will master that activity.

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I earlier mentioned general life skills, and I'll now describe them. Each general life skill involves achieving a particular proficiency that is necessary in a number of activities. Certain general life skills apply to every activity a human does.

Here are examples of these skills.

EUP'ing an activity (which I've already defined)

EUP'ing an activity involves accurately noticing all the phenomenon that occur during that activity process; including what all the sensations that appear inside you.

Will

To have will is to have the necessary character to stay in each process until you have an inner sense of completion; not deviating regardless of what inconveniences or difficulties appear.

(Well-being defines a process as any series of actions that has a beginning, a middle and an end. Which would include each activity a person does; as well as each project in which a person participates: a series of activities that collectively produce a specific outcome.)

People who have will often stay in an process long after people who lack will have left. And, in contrast, people with will regularly leave an activity long before people who lack will quit; in this case, leaving because a sense of completion appears within; that completion indicating that all the value available from that process has been achieved.

Pursuing maturity

Each activity contains one or more nuances, each nuance being a bit of information that describes how to perform some life situation in a highly skilled manner. Yet each nuance, in any activity, is not immediately obvious; it is subtle, it can only be detected when that activity is explored in depth.

Every person who discovers a nuance, applies effort to incarnate that information into her personality, and eventually succeeds (she learns how to act in accordance with that information). At which point she has just become a bit more skilled at some life endeavor, has matured a bit. Hence to learn how to discover and adopt nuances is the same as “to pursue maturity”. After any person has mastered this skill, she actively looks for nuances in almost every activity she encounters, and finds some in many of the activities she does.

Autonomy

To be autonomous (in one or more areas of life) is to (while operating in that area) be able to be true to you. When you are true to yourself, you take each action you inwardly realize is proper, focus on every aspect that attracts you, always express all you know that can facilitate the current situation achieving a successful outcome, and only adopt conclusions that are rational (an accurate assessment of what you’ve personally experienced).

Mastering a life’s work

Every human has a particular life’s work: there is a field of work in which she has significant talent. She is meant to discover what is this field, master it, and then earn her living providing its benefits to others. A person has mastered her life’s work once she’s:

- searched for and then discovered what that field is
- obtained all training available in that field
- been a full time provider in that field for many years
- AND now provides each client with a worthwhile product.

Mastering companionship (social relating)

Each time you visit a person and that visit is not relating to some work task, it is a social encounter. And during each social encounter, companionship is the primary beneficial experience that is available. Hence mastering social relating is synonymous with mastering companionship.

There are three separate experiences (levels of) companionship; each one requiring a separate skill.

One, to be intimate: to notice *a sense of richness and fullness* during, or shortly after, a social encounter with another person. Each time you experience intimacy, you just learned something about successful living from another person. MOST OFTEN learning that information without

consciously realizing it; because you just naturally explored that person's views of the issues you discussed (or the activities you jointly did).

Another level is to experience love for another person: to notice that *you deeply value him* (you feel it is very valuable to know him; because as you spend time with him you learn more and more about successful living, and because it provides much pleasure to be repeatedly exposed to a person of such character).

The third level is to have a social relationship be a dynamic community: a community where all the members mutually empower each other (each person repeatedly learns from the other members a way to succeed in life). A dynamic community is really about experiencing intimacy and love on a regular basis; but that regular basis requires more skill than just occasionally experiencing intimacy, or occasionally experiencing love. By the way, well-being defines community as two (or more) people who choose to get together on a regular basis.

Every person who masters companionship does so in a particular sequence; first she learns how to experience intimacy, then how to experience love and finally how to be a responsible member of dynamic communities. But, an important point. You can't learn to be intimate until you are first clear about your personal perspectives (contexts) regarding most situations you encounter, and are able to discern the contexts of others (regarding the situations in which you observe their actions).

Once any person experiences companionship during each encounter they have with long-time friends, that person has mastered companionship.

Developing wisdom

To have wisdom, in regard to each particular situation, involves the following: You have mastered that situation, can clearly describe what is authentic success in that situation, and can effectively teach a person how to consistently achieve that success in that situation.

Every person who masters the general life skills masters them in a particular sequence, which, in regard to the ones I just presented, is the sequence in which they were presented. Up to fifteen years of age, each child is presented with the possibility of learning a new general life skill every couple of years. Then the next general life skill is presented in each person's early twenties. After that age, each new general life skill becomes apparent about every ten years. I describe all the general life skills in a document on the web site (in the reference section).

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All humans have two basic natures, both of which are located deep inside, so deep neither can be directly — consciously — detected. And every person is aligned with one or the other; never both simultaneously. Even though neither nature can be directly observed, each person's spontaneous behaviors clearly demonstrates to which nature she is aligned.

One nature is a person's *spiritual-nature*. Each person who aligns herself with her spiritual-nature pursues mastering most of the activities she does. As a result, over time she progressively develops and experiences more and more well-being. I use the term *spiritual-nature person* to refer to a person who is aligned with her spiritual-nature.

The other nature is a person's *human—(or sinful)—nature*. Each person who is attached to his human-nature pursues the achievement of his personal desires; in essence avoids mastering his daily activities. As a result, over time he progressively degenerates: becomes more and more incompetent at his daily activities, and experiences more and more limitations. I use the term *human-nature person* to refer to a person who is attached to his human-nature.

Each person who is attached to her human-nature has a basic overall context for daily living, which is made up of several specific motivations. Which are as follows.

— I can control my own destiny, I am my own god. Hence, in each activity I pick a result I want. I make that result my agenda for that activity, and spend the rest of the activity attempting to achieve my agenda. This can be described as *think and then act*.

— I'm inherently lazy so I always look for an easy way. As a corollary, I strongly support obtaining results without effort —something for nothing—; which is the basis for gambling, obtaining insurance, job “benefits”, inheritance, and almost all government programs.

— I put much effort into accumulating earthly goods. This is manifested by pursuing money (possessions), power (the ability to control my daily situations), and fame (possessing a good reputation).

Well-being claims that an unbiased review of human history reveals only a small percentage of humans have operated from their spiritual-natures. The vast majority of humans have operated from their human-natures.

Since the philosophies and lifestyles of majority of the population of each major culture, ethnic group and nation is called the status quo of that culture (ethnic group or nation), obviously throughout human history the status quo of all countries, nations, cultures, tribes and religions have favored human-nature derived views.

Which means that throughout history only a minority of each country's, nation's, culture's, tribe's or religion's population have pursued and acted in accordance with well-being.

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Each time a person pursues development while doing an activity, she notices several moments of pleasure, each of which well-being calls a quality sensation. Each time a person avoids developing while doing an activity, she experiences one or more limitations. Each limitation is a sense of internal discomfort, or a sense something in that person's environment is disruptive or inconvenient. I'll describe limitations in the next section.

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Well-being insists that every person can begin to pursue well-being at any time, regardless of that person's geographic location, socioeconomic level or education. No one is too limited, too corrupt, or too old to start the well-being journey.

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If you define the spiritual as a realm that cannot be consciously detected by a human while alive and awake, then it is apparent that the spiritual-nature and the human-nature present in each human reside in the spiritual realm. Furthermore, there must be some force in the spiritual realm that sends a moment of pleasure to each human each time she develops a bit, and sends her a limitation each time she refuses to develop. And the spiritual realm must be organized to operate as it does. Plus, being organized, it must have one or more organizers.

Well-being claims there is only one such organizer, and that organizer is God.

Well-being also claims that the basis of each human is a spirit, which resides in the spiritual realm. And that God created us humans so our spirits would mature and eventually provide him with repeated mature spiritual companionship. Each bit of development a human achieves leads to that human's spirit maturing a bit.

Therefore, the essence —deeper meaning— of life is that each spirit of each human is designed to progressively mature: the spirit should move closer and closer to being able to experience a mature relationship with God.

The spirit of EVERY person who sincerely accepts this responsibility progressively matures, and simultaneously that person moves closer to mastery of earthly living.

That completes my description of the philosophy of well-being.

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C. The major experiences encountered when one consistently does what is proper, or consistently does what is improper.

First I want to present some examples of the limitations humans notice; each of which appears in a specific realm:

- Attitudinal: sensing that a situation is doomed or that your overall life is blocked.
- Mental: unclear thoughts and difficulty thinking (can't process your thoughts so they arrive at a rational conclusion).
- Emotional: unpleasant reactions to situations and people.
- Physical: discomforting sensations noticed in a specific body part or in all of your body.
- External: external events which confine you; such as getting a speeding ticket, inflation, being fired from your job, having an argument with a friend, or experiencing unrequited love.

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As each person goes through each day, she notices that she's doing one activity after another. During each such activity, she repeatedly notices quality sensations (moments of pleasure) or limitations (moments of discomfort).

Every person is hardwired (it's an intrinsic aspect of her personality) to perceive each quality sensation as an indication that her current course is on track (headed toward a viable outcome) and to perceive each limitation as an indication her current course is off track (and will arrive at failure if continued).

Hence, when a person is committed to well-being, each time she notices a quality sensation she commits to maintaining her current course. And each time she notices a limitation, she recognizes the current course is doomed to fail; upon which she stops her current course, seeks a new course (looks for an impulse), and pursues the destination described by the first impulse that appears.

Each impulse is experienced as *feeling drawn to achieve a particular outcome*, while at the same time knowing no details regarding how the activity will unfold or how the final outcome will manifest. To pursue an impulse is like, "let's go over there and check out what is happening".

This is a fundamentally different experience compared to constructing and pursuing a preconception, and making the achievement of that preconception one's agenda for a whole activity. To pursue a preconception is like, "*I now know exactly what I want*, and I will get it, doing my best to eliminate every obstacle that appears to be in my way".

Although most people who pursue agendas don't consciously realize it, it is impossible to pursue an agenda and notice and explore any of that current process that appears interesting or appealing. And this a major problem, because it eliminates the possibility of developing while pursuing

an agenda. To develop you must increase your skill at some activity. But every single bit of such skill increase occurs from discovering, practicing and then incarnating a nuance while doing an activity. And you can only discover an nuance by first noticing and then investigating an aspect (of an activity you're doing) that appears to be interesting or appealing.

Let me explain why no human can pursue an agenda and simultaneously explore that which is interesting or appealing. Each agenda is a preconception-result: a result that you choose to pursue at the beginning of an activity. And you can only pick such a result if it is familiar to you: a result that you or another person of whom you are aware has previously encountered. Yet each interesting or appealing aspect will appear quite unfamiliar: if it offers the discovery of what you never before encountered, it is bound to appear unfamiliar. And being unfamiliar, it is will appear irrelevant to obtaining that result you are pursuing. No human investigates what that person considers to be irrelevant.

So, pursue impulses, notice and investigate what is interesting or appealing, and develop a bit. Or pursue agendas, ignore what is interesting or appealing and don't develop.

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Here is another way to describe what is experienced by each person who behaves in a proper manner.

Each human was created with two basic conscious motivations: one to add value to others (which occurs through providing them with results that are excellent); two is to receive value (which occurs through experiencing quality sensations —moments of pleasure—). And when a person is consistently experiencing both, that person feels rich, content, fulfilled, on track in life, fascinated by and quite appreciative of certain other people, and so forth; experiences well-being. When any person learns to consistently stay in reality, those two motivations are fulfilled more and more over time. When a person pursues his own preferences, those two motivations are fulfilled less and less over time.

And a further point. The values humans can provide to other humans and receive is not static. Those values aren't the same that have been present since the beginning of human history. No, throughout human history new values have been repeatedly presented to humans (by God).

In fact, human history is actually a manifestation of humans discovering and taking advantage of new values, and inventing and focusing on diversions so as to avoid those new values. Here is a brief summary of those new values.

Around 4,000 B.C., all humans became aware that they could function better when involved in a viable community, compared to how well they functioned being isolated from others.

Around 500 B.C., all humans learned each could think for himself: discern and then articulate an original conclusion regarding each activity he did.

Around A.D. 33, all humans realized each had two separate internal natures; the aforementioned spiritual-nature and human-nature; that being aligned to one's spiritual-nature lead to successful and rewarding living, whereas being aligned to one's human-nature lead to more and more limitations; and that it was possible for each person to discard an alignment with one's human-nature and switch to being aligned with one's spiritual-nature.

Around A.D. 1500, all humans discerned that each person had a personal destiny, that she was meant to fulfill. Plus discerned that to fulfill one's personal destiny often required a person to separate herself from her family or culture heritage.

Then in the mid to late 1960's. about forty five years ago, each human inwardly noticed that he was meant to produce an optimal outcome in everything he did: produce an excellent result, as well as thoroughly enjoy the process, in almost every activity he did. Truly, truly, truly unfortunately, most humans throughout history, and certainly the vast majority of humans today, remain attached to their human-natures and avoid all these possibilities. All of the major problems that exist in the world today are a result of this avoidance.

Well-being is the state that is present when a person discovers and pursues all the potentials I described in this section. Well-being medicine is the tools that allow a physician to move any person from where he is avoiding his potentials to where he is discovering and mastering all of them.

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D. Well-being medicine

To begin this section, I present the status quo definition of health and illness. I do this, because life has taught me that before most people can really understand a view that is contrary to a particular status quo view, those people must first become clear exactly what is that status quo view.

The status quo believes that each "real" illness commences as pathology; pathology being the status quo word for physical tissues that malfunction. Stated in other words, if you claim to be ill, and after a thorough investigation no pathology can be found, status quo physicians assume you are imagining your illness (it is not real). Each such case is called a *psychosomatic illness*.

The sequence of each "real" illness is as follows: first some pathology appears (caused by micro-organism infection —invasion—, faulty genes, toxin exposure, very negative environmental conditions —such as stress—, etc.), then in time the person notices symptoms (unpleasant sensations), and goes to a physician. That physician interviews the person (takes a history), examines the person (physically and with laboratory tests), and then determines what pathology is present (diagnosis), and performs the appropriate standard treatment (standard = accepted by the status

quo). Hopefully the standard treatment cures the illness. A standard treatment is one that has been proven to eliminate or control pathology.

Next I want to present what is an authentic cure. And first the dictionary definition; cure is *to restore to health, soundness, normality*. Status quo medicine gives lip service to this definition, but in their actual behaviors use an entirely different view of cure; it is presumes that cure has occurred once an ill person's pathology is eliminated or controlled. I'll refer to this as status quo cure.

This dichotomy between the dictionary definition and how the word is uses in actual practice is not an accident. It arose so status quo physicians and scientists could hide from their abysmal results.

But before I present those results, let me present what I believe is authentic cure: you feel ill (notice a number of limitations), you seek and receive treatment, you are restored to well-being, the treatment is stopped and you remain in well-being.

Now for the status quo's actual results.

Between 70% and 80% of all people who feel ill and seek out conventional treatment turn out to have no pathology, even among the ill people examined by specialists at the most prestigious institutions. (I'll use the 70% figure in this discussion.) Each person included in this 70% is considered to have a psychosomatic illness.

Disease-oriented medicine offers a plethora of palliative remedies for this group — medicines that make you feel temporarily better— but no such treatment is expected by the disease-oriented physicians to cure the ailment. So the authentic cure rate for this group is 0%.

6% of all the people who feel ill have pathology, and the ailment is acute. An acute ailment is one that comes on fairly rapidly, progressively increases in intensity over a few days to a week or so, then abates over a period of a few days to a few weeks, and is soon totally gone. Occasionally an acute ailment transitions into a chronic ailment instead of completely resolving, and in a small percentage death occurs (typically in virulent epidemics). But the majority of acute ailments completely resolve. So here the authentic cure rate would be 100%.

24% of all the people who feel ill have pathology and the ailment is chronic. Each chronic ailment (chronic disease) typically comes on rather slowly, and then lasts for a long time; often for the rest of the ill person's life. For these cases, disease-oriented medicine has developed a high degree of success in eliminating and controlling the various pathologies that are found. **However, and it's a big however, in almost every single chronic illness many of the actual discomforts (the limitations experienced by the ill person, in contrast to the problems observed by the physician) experienced at the time of the first visit continue unabated, and then progressively worsen over time. In addition, new limitations keep appearing.**

Because of this phenomenon, at some point during the treatment of almost every chronic disease the physician will tell the patient a version of the following, “Learn to live with that complaint(s) Philip because you’ll probably experience it (them) for the rest of your life”. So in these cases the authentic cure rate is 0%.

Let’s now combine authentic cure rate for all three different presentations of illness. For the 70% psychosomatics that rate is 0%. For the 6% acutes that rate is 100%. And for the 24% chronics that rate is 0%. Therefore, the authentic cure rate for disease-oriented medicine is 6%. The same as a failure rate of 94%; which I believe all reasonable people would consider abysmal.

Now that I’ve presented the status quo view of illness and its authentic cure rate, I can begin to present what is well-being medicine. And I will do this by describing each of the tools I use.

I use three tools —treatment techniques—; homeopathic remedies, cranial osteopathy, and activity reviews; each of which I’ve repeatedly verified moves an ill person toward well-being. There may be other curative techniques, but I have not yet encountered them.

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Homeopathic remedies

The existence of homeopathy and homeopathic remedies was discovered by Samuel Hahnemann M.D. (AD 1755-1843), who lived in Austria.

In 1791, as a result of reading about quinine being used to treat Malaria, Hahnemann decided to take some doses of quinine. And to his surprise he developed the symptoms of Malaria. He stopped taking the quinine and the symptoms of Malaria disappeared. He repeated the experiment, and those symptoms reappeared. He repeated this experiment with other drugs, and other symptoms appeared. (Each drug produced a separate set of symptoms.) He and two others conducted such experiments for ten years.

Please be clear of one point. When Hahnemann repeatedly took quinine he didn’t develop actual malaria. There were no Plasmodium parasites in his blood. He only developed the symptoms present when a person suffers from malaria.

In 1801, there was a scarlet fever epidemic in Europe, with a mortality rate close to 40%. Dr. Hahnemann noticed that most of those cases had symptoms quite similar to those he had developed when he experimented with a substance called Belladonna. So each time he encountered a case of scarlet fever, he gave that person a few doses of Belladonna. To his amazement, the mortality rate in the cases he treated was only 3-4%. He then began to treat all the illnesses of his clients in this manner.

Nine years later, in 1810, Hahnemann published his first treatise on this new approach, a book he titled *The Organon of Medicine*. In that book he described his new technique, which by this time he was calling homeopathy.

He presented that when healthy people repeatedly took a substance (that had medicinal powers) they develop symptoms; a process he called proving the remedy. And the symptoms developed during each proving he called the remedy picture. He described the specific limitations each particular sick person experiences as the symptom picture (of that person). And he articulated the basic principle of homeopathic treatments: *whenever a person feels ill give the remedy whose remedy picture matches that person's symptom picture*.

He coined the word homeopathy, based on two words in the Greek language, *homeos* which means similar, and *pathos* which means suffering. The remedy that creates symptoms (suffering) in a healthy person (who did a proving) cures those (similar) symptoms in an ill person. He also coined the word allopathy, to describe disease-oriented medicine; *allos* being Greek for opposite. Interestingly, today allopathy is used to this day by academic disease-oriented physicians to describe their approach to treating illness.

Hahnemann originally dispensed his remedies in liquid form. Each of which he produced in the following manner. He would obtain the plant, crush it and soak it in alcohol for several weeks. Then he would filter away the solid material, and consider the remaining liquid the remedy; which he called *the mother tincture*. These mother tinctures are the same as the liquid herbal essences sold today in health food stores.

Soon after Hahnemann began to treat all illnesses with this method (somewhere in 1801), he noticed that many people had a vigorous reaction to their individual remedy. So he decided to dilute the remedies he gave to see if those reactions decreased. He took the mother tincture and diluted it 1 to 10 with water (1 part mother tincture and 9 parts water) several times. As he was a scientific person, he also vigorously shook each dilution (to “thoroughly mix it”), a process he called succussing the remedy.

To Hahnemann's amazement, the more he diluted and succussed each remedy, the more powerful —potent—its healing effects became. So he called this process potentizing the remedy. This led to his second principle of prescribing, which involved always giving the minimal dose that will work (giving the most potentized dose of the remedy that will produce a curative response). He called each particular dilution of a remedy a potency.

This minimal dose principle significantly disturbed status quo physicians from the moment Hahnemann presented it to the medical profession in 1810, and that reaction continues to this day. For centuries chemists and physicists have claimed they know how many molecules exist in a specific volume. They calculate that amount using Avogadro's number; which states there are 6.02×10^{23} molecules in every mole of substance, (a mole of any substance = the atomic weight of that substance —in grams— dissolved in a liter of water).

According to this calculation, if you dissolve a certain weight of any substance in one liter of water you create a one mole mother tincture; and in that mother tincture were 6.02×10^{23} molecules

of that substance. If you then serially dilute this mother tincture twenty four times; the first 1:10 creating a 10^{-1} concentration of the original dilution, followed by another one in ten dilution creating a 10^{-2} concentration, and continue this process for a total of 24 times; you arrive at a concentration of 10^{-24} . And at that concentration, there was only a one in ten possibility a single molecule remained.

Yet Hahnemann was giving remedies in doses of 10^{-30} . In the minds of status quo physicians Hahnemann was giving a non-medicine, giving only water, and yet claiming that water had therapeutic powers. This, according to them, made Hahnemann a quack.

Here is how Hahnemann realized potentizing produced a more powerful effect. When he gave only mother tincture doses, it would take several doses before a curative response would occur, and each curative response would last for only a few days. But when he gave the remedy in potentized form, a curative response would ensure with only one to two doses, and it would be a number of days before a repeat dose would be needed. Further, there were limitations which disappeared when he gave potentized doses, which did not go away when he dispensed mother tincture doses.

Soon after Hahnemann began to use his homeopathic approach to treatment, he realized that when a person gets sick, the whole person is sick. Or stated another way, a part of a body is never sick by itself (even when only one part appears to have a problem: such as a single broken bone). Hence, Hahnemann's next principle was that only one remedy should be given at a time (the one whose remedy picture matches the symptom picture of the entire person; which Hahnemann called the simillimum). Further, each time a specific remedy produces a curative response, you stay with that remedy. You give a more powerful (more potent) dose each time a reversal occurs (old symptoms increase in intensity or new symptoms appear), continuing as such until a higher potency of that remedy does not result in further improvement. At that point you re-interview the person, restudy the case, find the next simillimum, and give the person one dose of that remedy.

Based on this principle, well-being claims that any therapy that treats a part(s) of the sick person is bound to be suppressive and not curative.

By the way, there are two types of homeopathic physicians. One type is called a *classical homeopath*. He gives prescriptions consistent with all of Hahnemann's suggestions. In each case, he chooses one remedy that matches the person's entire restricted personality and gives that person one 1M dose of the chosen remedy; (1M = 1:100 done 1,000 times; $10^{-2,000}$ dilution). Then each time a reversal appears (the symptoms increase in intensity, or new ones appear), he gives a higher dose of the same remedy; (up to a CM dose; 1:100 done 100,000 times; $10^{-200,000}$ dilution). Once a higher dose doesn't produce further improvement, he re-interviews the person, chooses a new remedy, and begins the just described sequence all over again.

The other type is called a *low dose —allopathic— homeopath*. Practitioners of this form of homeopathy first diagnose what disease is present, then give homeopathic remedies as treatment for that disease. They typically only prescribe doses of mother tinctures through to 20X (10^{-20} dilution). And they regularly prescribe several remedies at a time, most often prescribing several

remedies at a time, each of which is to be taken a couple of times each day. Low dose homeopaths never consider that curative homeopathic remedies can stimulate personal development. In fact, most of them don't even consider whether personal development is possible.

I assume it is clear to every reader that I practice classical homeopathy.

Homeopathic remedies are made from a variety of sources, including minerals, plants, animals parts, some human disease products (gonorrheal discharge, scrapings from a syphilis chancre, scrapings from a scabies eruption, and a biopsy from a tubercular nodule are the main four) and certain temporal conditions (exposing a tube of alcohol to the north or south pole of a magnet, or exposing such a tube to the sun, and so forth). There are over 600 remedies that have been proven.

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Cranial Osteopathy

An American physician named Dr. Andrew Still originated osteopathy in the late 1800's. Dr Still's original premise was that blockage in the flow of blood to the tissues and in the drainage of the venous blood and the lymphatic fluids away from the tissues causes most illnesses. Because of this orientation, many of osteopathy's earlier treatments were hands-on body work.

One of Dr. Still's students was a man named Will Sutherland. While still in school, Sutherland came up with the idea that each of a human's skull bones has a rhythmic movement. But he didn't investigate this phenomenon until around ten years after he had graduated.

Then Sutherland began years of experiments, mostly on himself, and in time realized that a subtle rhythmic movement was present in all the tissues of every human being. He also realized that in each part of the body, this rhythm was either in balance or out of balance. When the rhythm in any one part of the body was out of balance, the person consciously noticed one or more limitations.

The treatment technique that Sutherland developed involves the physician placing his hands on the various parts of the body to detect whether the movement in that location is balanced or imbalanced. Wherever he detects imbalanced movement, he guides it back toward balance. Each session lasts about one hour.

Since Dr. Sutherland's initial discovery regarded the bones of the skull —the cranium— he called his technique cranial osteopathy.

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Activity reviews

To describe this tool, I need to first present some background information. Each time a person notices limitations (feels ill), one of three attitudinal restrictions are present.

- (i) she is unclear what direction to pursue in her life at that time
 - (ii) she has limiting behaviors —bad habits— that she can't drop (which she wants to discard)
- OR
- (iii) she knows what direction to take in life at that time, is progressively dropping all the bad habits she realizes she has, but is disorganized in how she approaches her daily situations.

When a client schedules an appointment with me and is unclear what direction to take in life, I use the appointment to find what homeopathic remedy she currently needs. When she schedules an appointment, and her primary attitude problem is that she can't drop certain bad habits she wants to discard, I do a session of cranial osteopathy. And when she schedules an appointment, is clear what direction to take in life, is progressively dropping all the bad habits that she is aware she has, but she is disorganized in how she approaches various parts of her day, I conduct an activity review.

That completes the background material. And now to describe what occurs during each activity review. During the initial review, I and the client, let's call him Harry, have a discussion. I use this discussion to find out details regarding the overall approach Harry takes in each of three main realms of activities: the activities Harry does alone (hobbies, personal hygiene, reading, etc.); the work tasks he does (tasks where he produces a result for a customer and expects to receive financial remuneration in return) and the social encounters he has (where he spends time with another person, and no work tasks are done).

By the end of that discussion, I am able to determine whether Harry is avoiding any necessary behaviors in each of these three realms (given Harry's current level of personal development). I then describe to Harry all the major behavior he should currently manifest.

(There is a fourth realm of activities that people do, which are religious activities. These are endeavors during which the participant's primary goal is to worship some spiritual being or become more consciously aware of the spiritual realm. I don't include this realm in activity reviews, because I consider the authorities in this realm to be religious leaders and not physicians.)

Here's an example, in each realm, of the behaviors I recommend during activity reviews:

- In alone activities: attempt to have each action taken be proper, and each aspect on which he focuses be interesting or appealing.
- In work activities: be consistent in each task (do the activity the same way each time).
- In social activities: discover your perspective (what you hope to achieve) in each activity you encounter.

At times, I also notice that Harry operates inappropriately because he holds to an incorrect definition of a certain word. And I assign to him the task of developing a correct definition of that word. You may not realize it, but your definition for each of many words you use has a direct impact on how well you function in a particular aspect of daily life. Here's an example of a correct definition:

efficient = taking the most direct route to a result.

If a person believes that efficiency involves avoiding mistakes, which is a commonly held misperception of this word, that person will never pursue being authentically consistent. And, as a result, will never achieve genuine satisfaction in any task he does, plus will regularly feel something is lacking with the results he gets in his work tasks.

In each future activity review, Harry reports on how well he is implementing the behaviors he has been assigned, as well as how well he is doing developing a correct definition of the words he's been assigned. Each time Harry becomes a bit more organized, I adjust what he reports on during the subsequent activity reviews.

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E. How does treatment start and continue?

First the person contacts me and expresses a desire for treatment. Then I have him read the pamphlet you are now reading. If, after reading this pamphlet, he still desires to pursue treatment, an initial appointment is scheduled. And the length of that appointment varies: two hours for adults (anyone fifteen years of age and older), one hour for each child between two and fifteen years of age, and half an hour for each child under two years of age.

During that initial appointment I take a complete history of the client. This includes a history of all major ailments since birth, a history of his interaction with his parents and siblings since birth, an overview of all the educational experiences and jobs he has had and a brief review of all his serious romances.

Then the person's current condition is explored. This includes an examination of the following:

- (i) all the physical discomforts that are noticed
- (ii) the five physical senses to find out if any are restricted
- (iii) the client's eating and sleeping habits.
- (iv) how weather and times of day influence him
- (v) if the client is female and menstruating, how her menses manifests
- (vi) his/her sexual behavior.

I also examine which general life skills the client has mastered; and how he experiences himself, his work activities, and his current social relationships. The consultation ends with a review of the client's current level of energy, upsets, thinking ability, will, concentration, and self-expression.

After the initial interview, I study the case to determine which one of 600 plus homeopathic remedies should be given. That study time can take from forty-five minutes to one and a half hours. Then the chosen remedy is given (one 1M dose).

The initial treatment I provide any new client is always a homeopathic remedy. Because, of the three tools I use, a curative homeopathic remedy provides the most extensive and comprehensive movement toward well-being. Once a person has received one dose of a curative homeopathic remedy, when each subsequent appointment is scheduled a decision is made whether that encounter will be a homeopathic, cranial, or activity review session.

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At this point I want to briefly mention **aggravations**. On a regular basis, commencing a few days after taking a dose of a remedy, the person who takes that remedy begins to feel worse. Certain symptoms appear much more intense than they did before the remedy was taken. This increased intensity can last for a few hours, sometimes a few days, and occasionally a week or two. After this time, the person begins to feel better than she did prior to taking the dose.

This period of increased discomforts is called an aggravation. This is the same phenomenon as the symptom worsening that led Hahnemann to discover the potentization process. Please be clear that no aggravation is life-threatening or requires extra treatment. The person feels worse. Her actual condition is not worse.

An aggravation doesn't occur during every remedy series a person takes, each series being a certain remedy given from 1M through CM. And when an aggravation does occur during any one remedy series, it typically occurs with only one of the doses given in that whole series. Here's what I've discerned regarding aggravations:

You may not realize it but the intensity with which you experience any life situation is directly proportional to how much you approve or disapprove of that situation.

- Strong approval = the sensations you experience are quite pleasurable
- Neutral about the situation = the sensations appear mild to unnoticed
- Strong dislike = sensations appear intensely discomforting

For example, both Howard and Trevor are fired from the same job. Howard's response is relief: he had experienced little to no fulfillment working at his assigned tasks, and now feels free to search for work that's fulfilling. Trevor's response is to be quite upset: he's concerned he won't be able to afford the luxurious lifestyle to which he's become accustomed. The firing is mini-

mally intense to Howard (or perhaps experienced as pleasurable), and intensely negative to Trevor.

Same situation + different perspective = different degree of intensity

Each time a person takes a curative homeopathic remedy, he almost immediately develops a new attitude. He perceives new possibilities in one or more areas of his life. But please realize, at this moment he has only developed a new attitude, he is not yet behaving in accord with that new attitude. He is still behaving in accord with the old attitude he is about to discard. So he is still experiencing all the limitations that have been present up to now.

However, with the new attitude he now possesses, some of his current limitations are perceived as unacceptable (what was tolerable before is now intolerable). And he will feel bothered each time he notices each such limitation. Yet the actual intensity of each such limitation has not increased, so he just feels worse. He is not objectively more limited.

As he begins to implement his new attitude (begins to manifest its associated behaviors) he develops a bit, and the actual intensity of all his limitations lessen. Some even disappear. So before long he feels better —he feels less limited— compared to how he felt before he took the new remedy, and that aggravation has disappeared. This phenomenon, I believe, is the basis for all aggravations.

There is a certain silver lining in regard to aggravations. Each aggravation appears because the person has developed a new attitude and the person is again beginning to develop. Hence each aggravation only appears when the current remedy is curative. So the presence of each aggravation informs the physician and the ill person that the remedy is curative, that in a short time that aggravation will disappear, and that then the person will begin to feel considerably better than he did prior to taking the remedy.

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Now let's talk about **antidoting**. Back in the 1970's a lay homeopathic prescriber —a non-physician who claimed to be a successful prescriber— became widely known throughout the world's homeopathic community. And he introduced a concept called antidoting. His theory was that a person could "antidote" the curative effect of a remedy by exposing herself to certain deleterious situations, such as drinking coffee, having dental work, and flying in an airplane.

By the mid-1980s, the list of specific exposures that supposedly antidoted curative remedies was in the several dozen. In my close to twenty-five years of practice, I've never seen a single example of antidoting. And I've treated more than 5,000 people, many of them for a multi-year period, a few for several decades.

I eventually came to the conclusion that the antidoting concept was invented to cover up prescribing incompetence. I believe that prescriber regularly gave a remedy he strongly believed was the correct remedy, but then no curative response occurred. Instead of admitting he had not

selected the correct remedy, that prescriber choose to believe that some action carried out by the patient stopped the remedy from acting. And I propose that this was how the concept of antidoting was born.

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After I give the initial dose of a homeopathic remedy to a new client, I schedule a follow-up visit, to take place one month latter. Subsequent follow-up visits are scheduled as needed. There is no standard frequency.

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F. What is the cure rate for well-being medicine?

The short answer is that most clients can achieve well-being. Most limited persons can be taken to where they consistently experience well-being. But that is not the complete picture.

Well-being medicine works by stimulating the limited person to move toward increased development. And as that increased development takes place, that person's limitations progressively lessen or disappear. Then at some point no more major limitations are present, and that person experiences well-being.

However, there are certain conditions in which receiving well-being treatment only leads to temporary improvement, not to a permanent state of well-being. Let me present those conditions to you:

Condition number one

There are certain people who feel limited. They encounter well-being and believe they are interested. They begin treatment and improvement commences. But at some point during this process, each such person realizes that one of his preferred views of life is invalid. And he is unwilling to discard that view. So he leaves well-being treatment in order to maintain his belief in that goal. Hence that person never achieves a permanent state of well-being.

I gave one example of avoiding seeing what is real, while discussing how to EUP an activity (Samantha's decision to ignore the insight that she should give something of value in exchange for money). Here's another example.

Harold perceives that to love another person is to feel attached to that person. He likes this idea of love, because he assumes that once a person is attached to him she will provide him with major assistance every time he has a major problem.

In the early stages of well-being treatment, Harold responds with enthusiasm. But at some point he receives a new remedy. And soon after taking the second dose, he realizes that authentic love is deeply valuing another person; which leads to the awareness that no human can actually be attached to another human.

Yet Harold is unwilling to discard his attraction to attachment, because he is unwilling to give up wanting other people to assist him when he has a problem. So he decides to leave well-being treatment. After that, whenever he feels ill he uses holistic or disease oriented techniques.

Please be clear! In all likelihood Harold has no conscious awareness of his need for attachment or of his resistance to love as the experience of deeply valuing another. His explanation for leaving well-being will not refer to these two issues. Instead, typically, Harold will claim he finally realized well-being is a delusional philosophy or that his well-being physician had intolerable personality traits.

Condition number two

This complication relates to illnesses that disease-oriented medicine considers to be incurable. Examples include widely-spread cancer, severe congestive heart failure, a severe stroke, late stage diabetes, and full blown AIDS. Please remember that each individual pathology —tissue malfunction— (non-life threatening or life threatening) is a limitation; each one is a manifestation of following an inappropriate —non-developmental producing— approach to one or more areas of that person’s life. Now consider that each and every non-life threatening pathology present in an ill person only appears after that person experienced a number of limitations that were not pathology (attitudinal, mental, emotional, etc.), and that person persisted in following an inappropriate approach to one or more areas of her life. And further consider, that life threatening pathology (present each time a disease is considered incurable) only appears after non-life threatening pathologies have been present for some time; during which that person still persisted in giving up those inappropriate approaches.

Hence, each person who suffers from an illness that conventional physicians consider to be incurable and life-threatening is a person who has experienced limitations that progressively increased in intensity and debility over time. Initially he had just limiting attitudes, then difficulty thinking clearly, next many emotions, and afterwards physical complaints (with no pathology being found). Then came limitations that were accompanied by (non-life-threatening) pathology, and finally limitations that were accompanied by life-threatening pathology (which conventional physicians claimed was an incurable disease state).

Yet throughout this whole series of progressively increasing limitations, the ill person retained his attachment to his human-nature motivations (to control his own destiny, be his own god, think and then act, obtain a lot of money, etc.) and refused to pursue development.

Once such a person is told his current disease is incurable, and in all likelihood he will soon die, he may seek an alternative form of treatment, discover well-being medicine and begin well-being treatments. And in the beginning his limitations will lessen. But before long, he will begin to no-

tice awareness that tell him his human-nature motivations don't work, that such motivations always lead to more and more complications and that if he wants to develop he's going to have to discard them.

It's sad but true. The vast majority of people who refuse to discard their human nature motivations up until they develop a life-threatening illness continue that refusal even while participating in well-being treatment. Hence, almost everyone who has reached the point described in the previous paragraph will either give up well-being medicine and return to disease-oriented treatment or stay with well-being medicine but resist changing.

In both cases God soon gives the client a limitation that results in death. So here again, authentic cure doesn't occur. But, there is a silver lining in all such cases. In almost all such deaths, the person dies a peaceful death, having had time to make peace with any person with whom a major conflict had existed.

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G. What role does holistic medicine play in well-being medicine?

To effectively answer this question, I want to remind you that every authentically curative treatment stimulates an ill person to move towards personal development. Furthermore, any treatment that attempts to remove pathology cannot be curative. In my experience, every single person I've ever met, heard speak or read about, who labeled himself as a holistic physician exclusively used tools that attempted to remove pathology. Even though the pathology he attempts to remove may be ignored by mainstream medicine (such as certain nutritional deficiencies or blood contamination by certain organisms).

No such physician claims his treatments stimulate development. And all such physicians — those who are honest of course, a fair number are quite deceitful — would admit that treatment is necessary for the rest of the ill person's life. Each treatment modality that appears to work only provides a benefit for a limited period of time (in most cases less than one year), after which a different technique must be used. Hence all holistic health is disease-oriented medicine in disguise (wolves in sheep's clothing so to speak).

To substantiate my position, here's a brief review all the major holistic techniques.

Acupuncture

This technique is unique, particularly its classical form, compared to all the others I present in this section. Classical acupuncture was originally developed close to 1,000 years ago in what is today mainland China. It is part of what is called Chinese Medicine.

Chinese medicine perceives the body as functioning through energy (called chi) flowing in various channels called meridians. It perceives illness as being caused by excessive or diminished chi flow in one or more meridians. Treatment restores full chi flow.

Physicians who offer this technique undergo a three-year course of training. They diagnose each case by carrying out an in-depth interview, a physical examination that especially focuses on examining the pulse for quite subtle patterns of movement, and by examining the person's facial expressions. They prescribe herbs, moxibustion (cups with burning oil are placed upside down at certain locations on the body), dietary advice, and acupuncture (sticking needles in various locations in the ill person's body).

This approach is not suppressive. However, all of its practitioners admit maintenance visits are needed from time to time after the initial illness resolution occurs. And none claim that Chinese Medicine stimulates personal development (actually, personal development is not mentioned in Chinese Medicine textbooks). Hence this approach is not curative. And, as a result, is not used by well-being physicians. Any limitation that can be benefited by Chinese Medicine can be cured by well-being medicine.

There exists what I call cookbook acupuncture, which uses needle-insertions to treat diseases and particular symptoms in specific body parts. This is definitively suppressive.

Bodywork

There are many forms of bodywork, including chiropractic, Feldenkris, types of massage, forms of oriental medicine, non-cranial osteopathic hands-on techniques, Rolfing, and so forth. Most of them provide temporary relief but none are curative. Hence none stimulate an ill person to pursue well-being, to pursue personal development. They can be, but often are not, suppressive.

Meditation

There are many forms of meditation, but they all operate in accordance with the same basic principal; each person's mind can create much confusing (and misleading) information which hinders a person from living a satisfactory life. To counter this tendency of the mind, the person practices meditation.

The basic technique is to find a comfortable place to sit, then to close your eyes and attempt to think of a specific word (or sound, or image, etc.), or attempt to clear your mind of all thinking. As you focus on that specific word, your mind is supposedly put into a state of quiet (peace, rest) and, hopefully, when you are not meditating, your mind will create inappropriate information less often.

All forms of meditation are valueless, because no one ever moved a smidgen closer to well-being while meditating. Further, all forms of meditation are counterproductive, because each "chatter" in the mind (that the meditating person wants to eliminate) is a limitation (which is a manifestation that person is pursuing one or more inappropriate approaches to life). And the degree to which a person decreases that chatter through meditation is the degree to which that person will

ignore the real message of those limitations, and continue to avoid developing. And that always leads to experiencing more limitations. Hence all forms of meditation are suppressive.

Nutrition

The “science” of nutrition is based on the assumption the human body acts like a machine. After each portion of food is consumed, it is broken down into its component parts — molecules— by the digestive system (which includes chewing in the mouth, plus processing in the stomach and the small intestine). Each such molecule is presumed to be one of several types: a fat, carbohydrate, protein, vitamin, mineral, enzyme, etc; and is called a *nutrient*. Those nutrients are absorbed through the wall of the small intestine, and then transported to the liver (where they are stored).

Each time a body cell needs some nutrients, those that are needed are dispatched from the liver and transported through the blood stream attached to proteins. Once each nutrient reaches its target location, it is absorbed into that cell and used to build or maintain that cell. It is as if the digestive system is a “manufacturing source”, the liver is a “building supply company”, the blood is a “highway / railroad system”, proteins are “transportation vehicles”, and each cell has its own built-in “construction and maintenance company”.

From the nutritional perspective, health occurs through consuming healthy foods —quality building blocks—. This view is the source of the saying “you are what you eat”. And health can be facilitated by taking non-food nutritional supplements (amino acids, proteins, enzymes, etc.). Poor health is thought to arise from ingesting unhealthy foods, or taking insufficient non-food supplements.

Well-being claims that there are no molecules in a living being; no fats, proteins, carbohydrates, vitamins, enzymes, minerals, etc. It also claims that all these elements are mechanistic inventions of status quo scientists. It insists the body is not a machine; it is not made up of parts, it does not operate in a mechanical manner. Well-being proposes that every aspect of the person —the attitudes, the mental capacity, the feeling capacity, the emotions, the physical sensations and the state of each part of a person’s body— are initially brought into existence and maintained moment-to-moment by each person’s spirit (inner being, essential being, personality foundation). None are brought into existence by nutrients being used to construct certain types of cells, or certain capacities within cells.

Well-being claims that each time you eat some food —it is chewed and then travels through the esophagus, the stomach, and the small and large intestines—, that food is metamorphosed into its spiritual essence. The foods’ spirits interact with your spirit, stimulating your spirit to personally develop and your personality then reflects how well you responded to each such interaction.

Food and beverages do not provide “building blocks” for the body parts to “fix” or “repair” themselves. A person should eat and drink whatever he has an impulse to consume; varying his diet based on what provides satiety and excellence of taste. Because any person who follows a particular diet or takes any specific nutritional supplements ALWAYS moves further from well-being as long as that path is pursued. Nutritional medicine is suppressive.

An extensive description of how the “science” of nutrition was developed, coupled with a close examination of all its component parts, will soon be in the reference section of the web site.

Psychotherapy

There are many forms of this technique, including behavioral, “Christian”, cognitive, directed conversations, psychoanalysis, rational emotive behavior, Reichian, and so forth. The practitioners of all these forms are called psychotherapists, psychologists, or psychiatrists. These three different labels refer to the type of educational program in which the practitioner trained; but in essence all three forms have the same basic perspective, which is that each person has an unconscious aspect (internal, not able to be directly observed). And this aspect is the source of all that person’s behaviors, appropriate and inappropriate. And, further, a trained therapist can contact the unconscious through conversation or through whatever technique is used, and then stimulate the unconscious to stop causing inappropriate behaviors or at least to lessen the number and intensity of those behaviors.

Any psychologist who is honest will admit that no one is ever cured through psychotherapy and that psychotherapy never leads a person to develop. All such providers who are honest admit that, at best, psychotherapy teaches the person how to “cope” with all of his inappropriate behaviors.

Well-Being states that every single inappropriate behavior ever performed by a human can be permanently eliminated through well-being medicine. All psychotherapy is suppressive.

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Each therapeutic technique —conventional, holistic, or well-being— is based on a specific philosophy—. Investigate each technique for yourself. Do its adherents claim it will stimulate you to move toward development? Or do they tell you that it will enable you to increase your control over your own destiny? If they claim the latter, that technique is guaranteed to be quite suppressive.

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H. What about missed appointments?

For any endeavor to be successful commitment is required. And when a person is fully committed to a process (fully trusts that process will eventually unfold in an optimal manner), that person never breaks an agreement. However, unexpected circumstances that require a change in plans do occasionally arise. And I’m willing to adjust whenever such circumstances occur. I am willing to change an appointment time whenever a person provides me with sufficient notice. But

please be clear, my definition of sufficient notice is no less than 48 hours prior to the scheduled time.

I have had almost 30 years experience treating people. And during that 30 year period, every single time a person wanted to cancel an appointment in less than 48 hours prior to a scheduled time, the reason they gave for changing the appointment turned out not to be valid. It became obvious that the basis for each such cancellation was a hidden resistance to pursuing well-being. Even though most such people did not consciously recognize that resistance, I have a moral obligation to act in a manner that stimulates people to move toward well-being. Hence, I charge for all missed appointments when I did not agree to change the date or the time.

I CONSIDER MYSELF NOTIFIED ONLY WHEN I RECEIVE THE MESSAGE IN PERSON, NOT AT THE TIME THE MESSAGE WAS LEFT ON VOICE MAIL, OR AN EMAIL WAS SENT TO ME.

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I. What about emergencies?

An emergency is by definition an unforeseen event that **requires** immediate attention to save a person's life or to handle a significant catastrophe. I bolded the word requires, because events that many people consider to be emergencies do not need immediate action. If a genuine emergency arises, and it involves your health, and I'm not available for immediate consultation, go and have an appropriate person handle the emergency. No such treatments will interfere with you benefiting from the treatments you receive from me.

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J. What does treatment cost?

Currently my fee is \$150.00 per hour —billed in five minute intervals (\$12.50 for each one)—regardless of whether I am conducting a homeopathic interview, studying a case to choose a homeopathic remedy, performing a session of cranial osteopathy, reviewing a report, or having a pre-arranged conversation. There are no additional costs. I never prescribe any drugs, diagnostic tests, special diets, nutritional supplements, and so forth. Each time I suggest a homeopathic remedy, I provide it at no charge.

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K. Are any of my treatments covered by health insurance?

The answer is no.

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L. What are my credentials and background?

I was raised the eldest son of a Mennonite Missionary (the Mennonite church is a protestant denomination). I spent most of my childhood in Jamaica in the West Indies. I served in the US Army for four years in the late 1960's, spending one of those years flying a reconnaissance plane in Vietnam.

While in the Army I had my first experience of autonomy and soon afterwards noticed a desire to find a life's work. I searched for over a year, and then discovered that my calling was to be a physician. While in medical school, I discovered that conventional medicine obtains very poor results, which caused me to seek an alternative. I soon discovered homeopathic medicine, and inwardly felt I had found a viable way to cure illness.

I graduated from medical school, Howard University in Washington, D.C., received over a year of post-graduate training in conventional medicine, worked for a pharmaceutical firm for about half a year, also worked at a government clinic as a general practitioner to repay a scholarship obligation, and commenced a private practice in October, 1980, in North Bergen, New Jersey.

After 12 years of practicing well-being medicine, the medical board of New York State established proceedings against me. They stated it was unacceptable for me to not practice disease-oriented medicine, which implied it was unacceptable to practice well-being medicine, because as a physician you do one or the other, never both.

They eventually removed my license to practice medicine. And shortly afterwards, the state of New Jersey followed suit. Those were the only two states in which I had obtained a license. During that loss of licensure process, as a result of being quite involved in researching a solution to my problem, I became very aware of the history of profession licensure in this country. And eventually I discerned that the whole process of licensure was unconstitutional and immoral. So I decided to continue to offer my services as a well-being physician.

However, I am only willing to treat people who perceive their individual ailments as a sign they are not developing properly, that they are blocked in their pursuit of well-being, people who request that I guide them toward successful and rewarding living. I'm unwilling to treat anyone who perceives his, or her, ailment as a disease, or as a problem, she wants to eliminate.

The entire journey that resulted in me losing both medical licenses is described in a document entitled “Warren’s licensure saga”, which will soon be posted on my web site in the Reference material section. In that document, I also provide the evidence I accumulated that shows professional licensure is unconstitutional and immoral.

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P.S. In the near future, there will be a number of articles posted on my web site, in the “Reference material” section, that delve deeper into well-being, God, and how to live an optimal life.