

# A Kind of Conspiracy

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*The word conspire means "to breathe together." The Aquarian Age is symbolic of a new age, and a new, pervasive dream of love and light, the time of the mind's liberation. The Aquarian conspiracy is a litany about an imminent personal and social transformation, a leap in human history into an era of wider consciousness.*

The Aquarian Conspiracy is an expression of a belief that a wider framework of thought and action is necessary for a peaceful, healthy and a totally different kind of world. And Aquarian conspirators believe that such a framework is possible. Conspirators have seen the futility of our present social, political and economic ways. More than that, they are working and living the alternatives—alternatives emerging out of deep inner shifts in thinking of the Aquarian conspirator. When these deep inner shifts occur, doubts and growing fears fall away, vanish into a bygone era as it were. The individual's life is totally altered and revolutionised thereafter. Most probably the Aquarian conspirator has undergone a deep shift in human consciousness. A totally different area of perception has been opened. Aquarian conspirators--the word conspire means "to breathe together"—are building small invisible networks throughout the world, contacting fellow conspirators and working for a personal and collective transformation, which anyway ought to be the objective of all health institutions and of people working in the field of health.

## Broader than Reform

"(...The Aquarian Conspiracy) is a conspiracy without a political doctrine. Without a manifesto. With conspirators who seek power only to disperse it, and

whose strategies are pragmatic, even scientific, but whose perspective sounds so mystical that they hesitate to discuss it. Activists asking different kinds of questions, challenging the establishment from within."

Broader than reform, deeper than revolution, this benign conspiracy for a new human agenda has triggered the most rapid cultural alignment in history. The great shuddering, irrevocable shift overtaking us is not a new political, religious, or philosophical system. It is a new mind—the ascendance of a startling worldview that gathers into its framework breakthrough science and insights from earliest recorded thought.

Marilyn Ferguson, the author of the book *The Aquarian Conspiracy*

published by J P Tarcher Inc., Los Angeles, 1980, shows how the germs of this conspiracy has already infected every aspect of human activity on: in medicine, in physical sciences, in education, in economics, in politics and in psychology. Many conspirators are open in their advocacy of the new transformation. Many others are quiet. They believe that, they can be more effective that way.

The funny thing about the Aquarian Conspiracy is that conspirators of whatever social status they be are linked by their inner discoveries. For they all believe that you can break through old limits, past inertia and fear, to levels of fulfillment that once seemed impossible. Aquarian conspirators are more productive, confident, and comfortable with insecurity.



A WARM CONSPIRACY IN A COLD PLACE

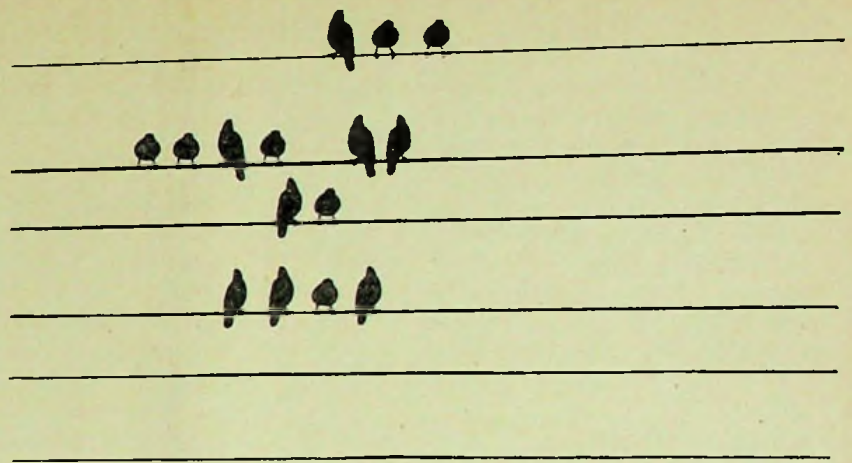


Problems are experienced as challenges, a chance for renewal, rather than stress. *It can all be otherwise.*

### Paradigm Shift

Trust is the key to the earnestness of transformation of the Aquarian Conspirators. They are not cynical of change and the possibility of change. Least of all, they are not cynical about their own human potential. Trust and lack of fear are the key words. "We can learn to savor the scars of our remorse," said Theodore Roszak, "until finally we take our whole identity from them." Our conformity to old ideas, be they in health or philosophy or politics seem to be because of a fear of ourselves.

The emergent culture or new movement, call it what you will, is then "provolutionary...an ascent of consciousness and paradigm shifts." A paradigm shift, briefly, is a total shift in our way of thinking and perceiving. This has happened time and again in human history. Characteristics of the new paradigm shift in health are illustrated in the box on the next page.



### FEAR OF FLYING OR CONSPIRING?

ous amount of stress and crises undergone by the human brain in modern times can lead to either a breakdown or a breakthrough into higher consciousness—a brain of greater complexity.

"More consciousness means more awareness of the body. As we become more sensitive to the moment-to-moment, day-to-day effects of stressful emotions on the body, the subtle ways in which illnesses expresses conflict, we learn to deal with stress more directly. We discover our ability

to go into the lap of freedom beyond grief and danger?

Conspirators throughout the world have resorted to a number of ways, which for a lack of better name, we will call *psychotechnologies* (A list of some of these psychotechnologies, is given in the box on page 4). A psychotechnology is a way of achieving wholeness of the person, of integrating the right brain and the left brain.

Research on epileptic patients who underwent "split-brain" surg-

*It started in the morning as I woke. In a dream before waking I heard a beat, a drum, a march from the first Neanderthal shamans through the Vedic seers and all the patriarchs. There was a sense that no one could stop it.*

—Michael Murphy, Jacob Atabet

### News from Science

Much of what is happening in contemporary science—some of the most exciting things in physics and neurobiology for instance—justify the beliefs of the Aquarian conspirators: Mankind is poised for a leap, for a transformation in growth.

Ilya Prigogine's theory of dissipative structures (Prigogine got the Nobel prize for chemistry in 1977) indicates that the tremend-

to handle stress, even when it escalates, by a different way of responding."

### Quest for Wholeness

An altered state of consciousness is another way of expressing our search for wholeness of the body, mind and the spirit. Aquarian conspirators aspire to look at life and beyond, by tapping the astonishing potentials of the mind and the body.

How do we break these barriers

ery has confirmed the existence of two hemispheres of the brain which interact all the time but each also has certain function of its own. Thus the left brain controls speech, is analytical, linear and casual in thinking; whereas the right brain is the source of fantasy, dreams, instructions and mystic vision. Cut off from the right brain, the left brain cannot see patterns and meaning in things. The left brain becomes

(Contd. on page 4)



## Shifting Perceptions

The new paradigm of health and medicine enlarge the framework of the old, incorporating brilliant technological advances while restoring and validating intuitions about mind are relationships. It explains many heretofore puzzling phenomena. Its coherence and predictive powers are superior to those of the old

model. It adds the fire and poetry of inspired science to the prose of workaday science.

"Holistic," when that adjective is properly applied to health care, refers to a qualitatively different approach, one that respects the interaction of mind, body, and environment. Beyond the allopa-

thic approach of treating the disease and symptoms of disease, it seeks to correct the underlying disharmony causing the problem. A holistic approach may include a variety of diagnostic tools and treatments, some orthodox, some not. A much-simplified comparison of the two views is given below:

### *Assumptions of the old paradigm of medicine*

Treatment of symptoms.

Specialized.

Emphasis on efficiency.

Professional should be emotionally neutral.

Pain and disease are wholly negative.

Primary intervention with drugs, surgery.

Body seen as machine in good or bad repair.

Diseases or disability seen as thing, entity.

Emphasis on eliminating symptoms, disease.

Patient is dependent.

Professional is authority.

Body and mind are separate; psychosomatic illness is mental, may be referred to psychiatrist.

Mind is secondary factor in organic illness.

Placebo effect shows the power of suggestion.

Primary reliance on quantitative information (charts, tests, dates).

"Prevention" largely environmental: vitamins, rest, exercise, immunization, not smoking.

### *Assumptions of the new paradigm of health*

Search for patterns and causes, plus treatment of symptoms.

Integrated, concerned with the whole patient.

Emphasis on human values.

Professional's caring is a component of healing.

Pain and diseases are information about conflict, disharmony.

Minimal intervention with "appropriate technology," complemented with full armamentarium of non-invasive techniques (psychotherapies, diet, exercise).

Body seen as dynamic system, context, field of energy within other fields.

Diseases or disability seen as process.

Emphasis on achieving maximum wellness, "meta-health."

Patient is (or should be) autonomous.

Professional is therapeutic partner.

Bodymind perspective; psychosomatic illness is province of all health-care professionals.

Mind is primary or coequal factor in all illness.

Placebo effect shows the mind's role in disease and healing.

Primary reliance on qualitative information, including patients subjective reports and professional's intuition; quantitative data as an adjunct.

"Prevention" synonymous with wholeness: work, relationships, goals, body-mind-spirit.



(Contd. from page 2)  
sterile.

The Aquarian Conspiracy is a conspiracy for the whole brain man of a larger and vaster synthesis. Many of the Aquarian conspirators are convinced that our present sense of inadequacy flows from cutting off our right brain—the part which gives motion to our speech, and imagery to our existence. We cannot leave the trap until we know we are in it.

### Relevance to Health

The relevance to health of all this is obvious. Much of the current ways dealing with the health of man is left brain, lacking in the vision of wholeness and wellness and viewing the body as a system to be repaired. Alternatively, the new paradigm in health will seek to understand the con-

nection between mind and illness. Healing is about caring and that is missing in the old (but still widely prevalent) model of medicine. "The trust of medicine is the wholeness of life. Its commitment is to keep the flame of life burning, not its embers glimmering."

The Aquarian conspiracy in healing and medicine will have to see not only indigenous medicine systems as complementary to western medicine, but also other psychotechnologies as relevant: meditation, guided imagery, consciousness, awakening, dream therapy, music therapy and dancing to name a few. The Aquarian Conspiracy in medicine is about helping people to come home and health will be the ultimate homecoming.

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## Are you a Fellow Conspirator?

If you are a fellow Aquarian Conspirator, if you are convinced of the ideas expressed in this article write if you will. Tell us how you are living the life of a conspirator. Do you have any new, exciting, innovative plans?

*It came to me that it was not my past that has stored my achievements but a future in whose underground soil waited through silent nights an unrealised immensity.*

— Rabindranath Tagore

## The Aquarian Approach

All these approaches might be called *psychotechnologies* — systems for a deliberate change in consciousness. Individuals may independently discover a new way of paying attention and develop original ways, triggers for a paradigm shift. *Health for the Millions* will discuss many of these psychotechnologies in subsequent issues.

- Sensory isolation and sensory overload, because sharply altered input causes a shift in consciousness.
- Biofeedback—the use of machines that feed back tone or visual readouts of body processes like brainwave activity, muscle activity, skin temperature — because learning to

control these processes requires an unusually relaxed and alert state.

- Autogenic training, an approach that originated in Europe more than fifty years ago — self-suggestions that the body is becoming relaxed, "breathing itself."
- Music (sometimes in combination with imagery or meditation), because of the brain's sensitivity to tone and tempo and because music engages the right hemisphere. Chanting, painting, sculpturing, pottery, and similar activities that give a creator a chance to become lost in the creation.
- Improvisational theatre, with its requirement of both total attention and spontaneity. Psychodrama, because it forces an awareness of roles and role playing. Contemplation of nature and other aesthetically overwhelming experiences.
- The "consciousness-raising" strategies of various social movements that call attention to old assumptions.
- Hypnosis and self-hypnosis.
- Meditation of every description: Zen, Tibetan Buddhist, Transcendental, Christian, Kabbalist, Kundalini, Raja Yoga, Tantric Yoga etc. Psychosynthesis, a system that combines imagery and a meditative state.
- Sufi stories, koans, and dervish dancing. Various



shamanic and magical techniques, which focus attention.

- Seminars like Silva Mind Control, Actualizations, and Lifespring, which attempt to break the cultural trance and open the individual to new choices.
- Dream journals, because dreams are the most available medium for information from beyond the range of ordinary consciousness.
- Arica, Theosophy, and Gurdjieffian systems, which synthesize many different mystical traditions and teach techniques for altering awareness.
- Contemporary psychotherapies, like Viktor Frankl's Logotherapy, which involves a search for meaning and the use of "paradoxical intention," the direct confrontation of the source of fear. Primal Therapy and its spin-offs, which summon up experiences of early childhood pain. The Fischer-Hoffman process, a similar re-entry into childhood anxieties, followed by an intense use of imagery for reconciliation with and forgiveness of one's parents for any negative early experiences. Gestalt therapy, the gentle forcing through of patterns of recognition, or paradigm shifts.
- Science of Mind, an approach to healing and self-healing.
- A Course in Miracles, an unorthodox contemporary approach to Christianity based on a profound shift in perception.

- Countless body disciplines and therapies: Hatha Yoga, Reichian, the Bates system for vision improvement, T'ai Chi Ch'uan, Aikido, Karate, Running, Dance, Rolfing, bioenergetics, Feldenkrais, Alexander, Applied Kinesiology.
- Intense experiences of personal and collective change at encounter groups, infor-

mal groups of supportive friends.

- Sport, mountain-climbing, river-running, and similar physically exhilarating activities, which cause a qualitative shift in the sense of being alive. Wilderness retreats or solitary flying or sailing, which foster self-discovery and a sense of timelessness.

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## A Kind of Conspirator ?

*Dear Augi,*

*I wonder if it is possible for you to contact Dr. Isanand Vembany, a Jesuit from Gujarat province. He stays in Newman Hall, P. Box 4002, Ahmedabad 380009.*

*Fr. Isanand is specialised in Western and Indian Philosophy. He did his Ph. D from Gujarat University. Currently, he is forming a group coordinating various voluntary agencies in India to spread the message that "India is on fire" and something has to be done urgently for the benefit of the masses. He calls the movement "Neo-Gandhian Second Liberation Revolutionary Front," As the name itself suggest the aim is to fulfil the Gandhian dream of "Second Liberation." The Gandhian movement which brought about freedom from foreign yoke was only a partial dream of Gandhi, his main dream was a "total liberation" by a process of placing power in the hands of the masses rather than in the hands of ruling elite and making them always accountable to people.*

*I am sorry I can't fully express Fr. Isanand's views in this note, but would appreciate if you could contact him and perhaps arrange to meet him somewhere to exchange his thoughts.*

*With best wishes,*

*N G P*

*PS: Remember me to Meera if she is around.*



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# Confessions of a Heretic

The shining image of the medical profession has been tarnished in recent years as a growing number of critics have discovered that doctors, who once enjoyed an unchallenged, godlike stature, have feet of clay after all. Since most of the criticism has come from people outside the profession, physicians have been able to brush it aside as uninformed, inaccurate or malicious. But when one of their own blows the whistle, they cannot ignore it.

Dr Robert S Mendelsohn is one of those who has broken the "company vow of silence." In his new book, *Confessions of a Medical Heretic* (Contemporary Books, \$9.95), he makes a devastating attack on modern medicine with statements as seemingly outrageous as "the greatest danger to your health is usually your own doctor."

Bespectacled and surprisingly soft-spoken, Mendelsohn has a large following, including many in the medical profession, who believe, as he does, that physicians offer, on balance, more of a threatening fist than a helping hand. Many leaders of organized medicine, understandably, claim his statements are wild and that he is showboating to capitalize on the antidoctor wave.

Mendelsohn backs his gain-saying with an impressive list of credentials. He is an associate professor in the Department of Preventive Medicine and Community Health at the Abraham Lincoln School of Medicine of the University of Illinois and

adjunct professor of its College of Urban Sciences as well as medical director of Project Head Start for Chicago's private and parochial schools. He was also chairman of the State of Illinois Medical Licensure Board. In addition, he is a pediatrician, although he says that pediatricians are superfluous and can easily be eliminated. He is happily following his own advice by phasing out his pediatric practice, "which is almost down to nothing anyhow."

So when Mendelsohn urgently rips the Band-Aids off medicine's sores, doctors shudder. Of medicine he says: "I believe that more than 90 percent of modern medicine could disappear from the face of the earth—doctors, hospitals, drugs and equipment—and the effect on our health would be immediate and beneficial."

Of doctors he says: "Modern medicine is now better geared for killing people than it is for healing them. Doctors in general should be treated with about the same degree of trust as used-car salesmen."

Much of what Mendelsohn advocates is probably not new to readers of *Health for the Millions*. However the interview is published because of some new facts used by Mendelsohn in his arguments. Many of his arguments about American doctors are applicable to their Indian counterparts as well. The interview is published courtesy *PSA magazine* (January 1980).

**PSA:** In your book, *Confessions*

of a *Medical Heretic*, you said that physical examinations were basically worthless. But aren't regular checkups such as those for the Pap test and hypertensive screening effective in detecting early problems that can be treated?

**MENDELSON:** Let me give you my reference. British researchers found no change in the incidence of cancer of the cervix or in the mortality rate in those areas of England which have extensively used the Pap test and in those areas which haven't used it at all. Now, I think the reason for that probably goes something like this: Since the Pap smear has false positives and negatives, some of the people who are mistakenly diagnosed as having cancer of the cervix then get into trouble from overtreatment. My argument is that the Pap smear ends up saving some lives and killing others. Or, if you want to put it a different way, it's still a controversial item in medicine and should not be accepted as gospel.

**PSA:** What about catching early hypertension?

**MENDELSON:** My problem with hypertension is that the definition has changed. In 1971, the U S Public Health Service definition of hypertension was anything that was higher than 165 over 95. By 1977 it changed to anything that was higher than 140 over 90, thus making 13 million more people eligible for antihypertensive drugs. My concern is that hypertensive drugs have so many adverse



effects, that now that we're giving them to people that we never prescribed them for before, the benefits are out weighed by the risks. You see, my argument is that doctors are always manipulating the limits of normality to fit their own biases.

**PSA:** Wasn't there a study a while back that showed that even the treatment of mild hypertension resulted in fewer strokes?

**MENDELSON:** Yes, and that's the reason why they changed the definition. But that was a single study and it was far from conclusive. So again my answer is that this is all controversial and therefore should be reported to the public as such, rather than as dogma.

**PSA:** Well, if people are to abandon physical exams altogether, when should they go into see a doctor?

**MENDELSON:** I think there are a few things that they should do. Number one, they should see a doctor when they have symptoms.

**PSA:** Such as?

**MENDELSON:** Let me put it this way. The best part of American Medicine is emergency medicine. So, when you have emergency symptoms — acute appendicitis or kidney stones, hemorrhage or broken bones—then there's no question about it. That's where the benefits will out weigh the risks.

Now, if you have mild symptoms or symptoms of a chronic nature, that's where you can get into trouble with modern medicine. This is why I maintain that people have to look to other methods of keeping healthy and other methods of treating disease. For example, if you have high blood pressure, you've got to look for something other than drugs.

**PSA:** Meaning diet control and exercise?

**MENDELSON:** Yes, and since doctors know nothing about nutrition, you cannot look to them for advice. Almost all their nutritional advice is either wrong or outmoded.

**PSA:** Should a person even have a doctor to begin with?

**MENDELSON:** I would say it is not necessary because I assign to the doctor the role of lifeguard, and, as you know, most people on the beach don't have their own personal lifeguard.

*The efficient  
physician is the  
man who success-  
fully amuses  
his patient  
while nature  
effects a cure.  
— Voltaire*

**PSA:** In the event that somebody develops a symptom he's worried about, how does he then go about selecting a doctor?

**MENDELSON:** Let me start at the beginning of life and go right through. If a woman is looking for an obstetrician, she should look for somebody who has a low caesarian section rate, say 6 or 7 percent. And if she's selecting a pediatrician, she should look for somebody who will share with her the dangers of bottle-feeding and will also tell her the dangers as well as the benefits of immunizations. If you're looking for an internist or a general practitioner,

you should look for somebody who will give you information about the adverse reactions to the drugs being prescribed. And if you're looking for a surgeon, then I think you should ask a whole bunch of questions about what his success rates are, what his failures are. Just like a baseball team, I would love to see surgeons' records published like hits, runs and errors.

**PSA:** Are you saying basically that you should see a doctor who will share information with you?

**MENDELSON:** Yes. You should see a doctor who will be honest. I would say that if nothing else, that would be the single most important thing.

**PSA:** How should a person select a hospital and when should he go into one?

**MENDELSON:** He should never select a hospital, because hospitals don't treat patients and they should not treat patients. And if he selects the right kind of doctor, that doctor will protect him against hospitalization. Let me go back a step. You should select a doctor whose temple is the home and not the hospital. For example, I recommend for general practitioners, doctors who still make house calls.

**PSA:** You call drugs a sacred ritual that is often misused, but aren't some medications necessary, such as those for high blood pressure?

**MENDELSON:** Yes, for malignant hypertension, which is 1 per cent of all the cases of hypertension, drugs are invaluable. For Addison's disease, cortisone is lifesaving; penicillin for meningococcal meningitis. I am by no means a nihilist. I just think that the extremes have become the mean and that we're using drugs



and surgery in cases where they were never meant to be used.

**PSA:** What proportion of drugs would you say are being needlessly prescribed?

**MENDELSON:** I would say more than 90 percent, because the major categories of tranquilizers are almost all not just useless, they are absolutely hazardous. Antihypertensives, anti-arthritis, behaviour modifiers in children (ritalian, dexedrine and others like them) are almost always incorrectly prescribed. It wasn't so bad when medicine was restricted to the rich, but now with medical insurance covering the middle class and the poor, that means that everybody gets the same dangerous kind of care that once only rich people got.

**PSA:** Many doctors, parents and schoolteachers swear by the use of amphetamines for controlling hyperactivity in children. Are you against this form of treatment?

**MENDELSON:** Yes. There's no question that it works, but I think that it's basically irrational treatment because of some of the side effects already known: the growth retardation, for example. And there are other studies that question its efficacy. There's absolutely no information on long-range side effects.

**PSA:** What can a person do to determine whether or not a drug is being properly prescribed or whether or not he should take it?

**MENDELSON:** He can do certain things himself. Before he gets the prescription filled, he can stop off at the public library and spend twenty minutes read-



ing up on his drug. And he won't have to do that if the FDA legislation gets passed mandating package inserts for every drug, not just The Pill. The second step is to talk about the drug and your disease with lots of other people. Discuss it with relatives, friends, clergymen and associates—do all the things the doctors' telling you not to do.

One of the most important parts of the prescription information, to me, is the rules for monitoring the drug. If you take a look at most of these drugs, there are extensive recommendations. For example, for the major tranquilizers, they recommend frequent ophthalmological examinations to detect the formation of cataracts. The same thing for cortisone. And yet, how many doctors monitor drugs? If you prescribe diuretics, you're supposed to monitor the electrolytes to make sure that you are not getting low potassium levels. So what do doctors do? They tell you to eat bananas instead of monitoring the levels. My feeling is that if drugs were prescribed

correctly, if doctors really followed the books and really followed the manufacturer's instructions, we wouldn't be in this mess today. But that would take a lot of time with each patient, because you can't do that in a hurry.

**PSA:** Recent government reports in the U.S.A. on unnecessary surgery state that there are 2.4 million unnecessary operations performed each year, leading to a waste of \$4 billion and 12,000 unnecessary deaths. These estimates have been criticized by a lot of people as being inaccurate.

**MENDELSON:** The American College of Surgeons (at their October 21-26 meeting) said that a little more than 10 percent of surgery was necessary. I couldn't get over that. Even surgeons now are jumping on the bandwagon.

**PSA:** But isn't it stretching it a bit far to say that 90 percent of all surgery is unnecessary?

**MENDELSON:** Well, let's take a look at the most common



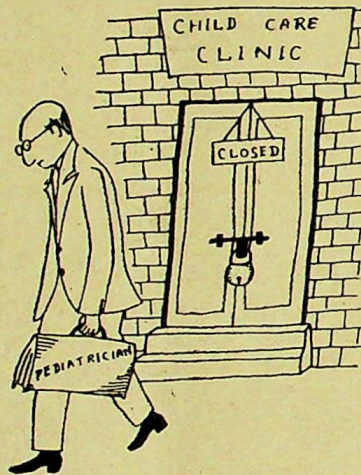
operations. The most common operation in this country is vasectomy—over a million a year. And it's performed without informing the patient of the already known risks, such as the changes in the blood enzyme. The second most common operation is circumcision on the first day of life. Nobody is ever told the risks of "routine" circumcision. There's at least another million; that makes two million. Then there's 8,000,000 hysterectomies, and nobody's ever told about depression following hysterectomy. Tonsils are still being operated on at the rate of about 7,000,000 a year. So that gives you somewhere over 3.5 million unnecessary operations, and that's without getting into cancer surgery.

**PSA:** You come down pretty hard on pediatricians, saying that this segment of the medical profession perhaps should be eliminated. Yet isn't that your profession? How can young parents be expected to have the know-how and confidence to treat all the maladies of childhood?

**MENDELSON:** Remember my phrase in the book about one grandmother being worth two pediatricians? Well, I tell people who want advice on mothering or parenting to go to people who have successfully raised children. My favourite organization these days is the La Leche League. Or any of the homebirth movements. I would go to them for advice and stay away from doctors, particularly if you want to nurse your baby. Pediatricians are death on nursing and even though they pay lip service to it. They'll think of any reason to tell a mother to stop nursing, and yet they don't know anything about it. They separate the baby from the mother at birth and destroy the opportunity to

breast-feed.

Also, pediatricians have never complained about obstetric excesses. It's almost like the Germans who knew what was happening (to the Jews), because the pediatricians knew that the obstetricians who gave analgesia and anesthesia were endangering the health of the babies, and they've known that since I've been in pediatrics, since 1940. No pediatrician has ever criticized an obstetrician, because if he does, he's out of business. Just stay away



from the pediatrician who looks benign and compassionate, because he's the most dangerous kind.

**PSA:** Why is that?

**MENDELSON:** Because he will seduce you into doing the wrong thing. If you've got a pediatrician who says, "Breast-feeding is for the cows," then you know where he stands. But if you've got a nice pediatrician who says, "I'm all in favour of breast-feeding," and then as soon as your child shows a little jaundice, he tells you to go off of breast milk, he is operating under the cloak of love much like the Spanish Inquisition did.

My arguments is that the most

dangerous kind of doctor today is the kind that looks as if he's a good guy. He's the guy you have to be more suspicious of; you have to ask him more questions and insist on documentation for everything he says.

**PSA:** There seem to be hundreds of so called authorities giving different advice to parents on how to raise their children. Dr Spock, for instance, has become an institution. What should young parents do?

**MENDELSON:** The first thing they should do is to reject any authority who says at the end of each chapter, "Talk to your doctor." Also, I would immediately interview the expert and see if he or she is the right one for you. I want to know what his or her experience was. How many children have they had? Were they born at home or in the hospital? Was the author sedated in childbirth or not? If it's husband, was his wife sedated? Were their babies breast-fed, and for how long, how successfully? What kind of diets do they use at home? Did they use jarred infant food or did they use their own food? Since all the experts I know are deficient in all of these respects, my answer is that I would trust no experts.

**PSA:** If breast-feeding newborns is supposed to be so healthy, why do most mothers shun it and bottle feed their infants instead?

**MENDELSON:** I think that there are two major reasons for that: the first is that they don't know the dangers of bottle-feeding, which are well-documented. They don't know about the diseases that occur *only* in bottle-fed babies, which doctors know. There is a long list of necrotizing enterocolitis of the newborn, neo-



natal hypocalcemia, neonatal hypoglycemia, e-coli meningitis, neonatal hypothyroidism — and about the other maladies that are much more common in bottle-fed babies — sudden infant death, child abuse, allergies, gastroenteritis, pneumonia, asthma. Then in later life, there are the correlations between bottle-feeding and hypertension, arteriosclerosis and obesity. Your whole life is affected by how you were fed as a baby. But nobody pays any attention to this. Even with the radioactivity, strontium 90 and the PVBs and the PCCs. It's been shown that breast milk has the ability to selectively keep these agents from being absorbed into the baby's body, and bottle milk does not. So bottle-fed babies, babies who have cow's milk, have a very high amount of strontium 90 in their tissues, while breast-fed babies have practically none. Mothers don't know because the doctors don't know, and if they do, they aren't talking.

The second reason is purely economic. These days, it takes two incomes to support a family — everybody has to go to work. Something like 55 per cent of all mothers start nursing, but after a couple of weeks, they have to give it up because now the trade off is poverty versus breast-feeding.

**PSA :** You recommend that people avoid the medical profession and seek alternate methods of care such as chiropractors. Are you advocating that people go to chiropractors instead of doctors?

**MENDELSON:** I don't have to advocate it; they're flocking to chiropractors. The great advantage that chiropractors have is that by law they are not permitted to use drugs or surgery, and

therefore, they cannot do as much harm as the physician can. After half a dozen physicians couldn't get rid of her back trouble, my wife went to a chiropractor, and she's gotten excellent results. And in a lot of states in this country, chiropractors are delivering babies at home. As far as I'm concerned, they can be absolutely trusted.

**PSA:** Kidney dialysis, heart and kidney transplants, as well as other procedures, have saved thousands of lives. These therapies result from medical research. Isn't research necessary to make these kinds of advancements?

**MENDELSON:** My problem with instruments such as the dialysis machine is that the tools of modern medicine are so powerful that they damage the people who use them: the radiologists and leukemia; anesthesiologists and cancer and genetic defects to the kids; renal dialysis and hepatitis. If anybody ever did an accurate calculation, it would turn out that the only thing renal dialysis does is change who will die — kill some who would live and save some who would die. Therefore it must be regarded as experimental.

**PSA:** How does that address the question of medical research in general? Are you in favour of it?

**MENDELSON :** Absolutely, as long as everybody knows what's going on. You see, I'm confident enough that the information concerning the side effects of these things is known right at the beginning of the studies.

**PSA:** If we are getting sicker as a result of modern medicine, as you mention in your book, why

are people living longer?

**MENDELSON:** I don't think that people are living longer; I think we're making a mistake in the statistics. Everybody says that in George Washington's time the average life expectancy was thirty-eight years. However, most of that was caused by the deaths of newborns. If you lived to age five, then your life expectancy was exactly the same, maybe a little better. There's some evidence that if you lived to age five or ten a hundred years ago, your chance of reaching ninety was better than it is today. In fact, Linus Pauling now has some statistics that show that life expectancy is dropping for adults, and I think he's right. Because now we're suffering from the so-called degenerative diseases, which I don't think are degenerative at all. I think that most of the degenerative diseases today are going to be shown to be due to X-rays, drugs and polluted food, additives, preservatives and immunizations.

**PSA :** Speaking about immunizations, the control of communicable diseases, especially through immunizations, has been regarded as a mechanism that has caused the greatest improvement in people's health. Do you seriously advocate that parents not have their children immunized?

**MENDELSON:** What I advocate is that parents have access to the same controversies that are going on inside the medical journals. For example, doctors in Connecticut had rubella and mumps immunizations stopped. I think people should know that Dr Edward Shaw, an eminent pediatrician from California, has come not against the whooping cough



vaccine and it's got a lot of neurologic dangers. I think people should know the link found this year by the head of the Tennessee Communicable Disease Department between DPT and sudden infant death, which resulted in the withdrawal of 3,20,000 doses of live vaccine from the market. All I'm saying is that immunizations are very controversial inside of medicine. Even the polio immunization. Sabin and Salk point out that three-fourths of all the cases of polio in the last ten years have been vaccine-induced. I don't see any reason why people shouldn't be just as confused as doctors are. Right now they don't believe that doctors are confused.

The other thing that people should know is the suspicion by people like Robert Simpson from Rutgers University that immunizations and allergy shots and the introduction of any foreign protein by injection into the body may later lead to the so-called immunologic diseases like multiple sclerosis, Parkinson's and rheumatoid arthritis.

**PSA :** So what do you tell parents? Not to have their children immunized?

**MENDELSON :** I'll tell you what I tell them: My grandchild is seventeen months old and has not been immunized. Immunizations are just as controversial as what I call the other three holy waters of modern medicine; silver nitrate in the eyes of babies, routine intravenous fluids to labouring mothers and flouridated water. They're still controversial.

**PSA :** You attack the medical profession on numerous grounds. Why, then, do you still belong to the American Medical Association (AMA)?

**MENDELSON :** I suppose I've gotten so used to paying my dues that when the bill comes in, I pay it, I don't know. I've always belonged. I suppose it may be that there lurks a splinter of hope that I can influence the AMA. And that is really irrational. I can't get myself to sever my connections. You see, there are two models of heretics. There's the kind that I don't want to be; that's the Joan of Ark model. And then there's the kind that I would like to be; that's the Martin Luther model. Martin Luther left the Catholic church, but he didn't stop being a Christian. Maybe that's the answer. I don't really want to do anything to those guys. I just want to put them out of business, that's all.

**PSA :** I think the majority of them would think that's pretty bad medicine for them to swallow.

**MENDELSON :** All I want is to have the government start a massive retraining program for doctors so that they can get into some kind of honest work, myself included.

**PSA :** Your denunciation of the medical profession has stirred the wrath of many doctors. How have they reacted to your book?

**MENDELSON :** The major reaction I get from my friends is that they want to know why I spread it out before the public instead of leaving it inside the medical journals. To which my answer is that nobody reads medical journals, not even doctors, because the purpose of medical journals is to impede communication. The real purpose, of course, is to promote associate professors to professors. The second reaction that I'm getting is a lot of fan letters from doctors whom

I call "closet medical heretics."

**PSA :** Since you go so far in saying that 90 percent of surgery is unnecessary and that most doctors should be eliminated as far as their jobs are concerned, and that we'd all be better off for it, would you say that you are saying this to be taken with a grain of salt? Or are you saying it as an actual thing that should be done?

**MENDELSON :** I admit that I say it with considerable humour, because it's too grim to be presented straight out. But I'm dead serious about it. And furthermore, I think that if it isn't done, it will bring our country down—not only from the standpoint of health, because doctors are now so dangerous to the health of each individual, but from the political standpoint because of the fantastic amounts of money that are now going into the medical system. I think that's a greater danger to our country than the petro gouge right now. It's totally unrecognized.

\* \* \*

## ORAL REHYDRATION PACKETS

made by Mahila Mandals available at 40 paise a packet (for half a litre solution) with instructions in Hindi/English available.

For details write to:

**Voluntary Health Association of India**  
**C-14 Community Centre,**  
**S D A New Delhi-110016.**



## Health For A Million

December 2, 1980 was a gala day for the Health for One Million project of Southern Kerala. Over one thousand village level health workers gathered for a one day convention in a school premises in Trivandrum. They presented an attractive exhibition of items made by themselves for teaching nutrition, child care, herbal and other low-cost remedies, responsible parenthood and organizational charts.

The village level health workers were nearly all women. There were only a dozen or so male workers.

### An Inspiration

The Health for One Million project grew out of the convention of the Catholic Hospital Association held in Bangalore in 1973. The theme of that convention was "Health for the Millions." That theme has become the motto of the Voluntary Health Association of India. Father Lawrence Thottam of Leprosy Hospital, Pirapancode, Kerala, attended that convention, and on his way home he was meditating on how to bring the message of that convention into reality in his own community. Suddenly an inspiration came to him, "Suppose I start a project and call it 'Health for one Million.'" He wrote to Father Tong about this, who encouraged him, little imagining that a project of such magnitude could ever be realized.

### ...And Movement

Soon there was a printed leaflet describing the project plan.

There was evidence of local community support. From the time the project started, VHA I took a helpful interest in it. Sister Carol Huss introduced them to a proven type of mini-workshop called six plus one. Six or seven people live close to each other meeting once a month and focussing attention on one goal at a time to be attained. Sister Carol attended many of these meetings to help them get started. Sister Anne Cummins and Miss Simone Liegeois of VHA I also visited the project several times and assisted and encouraged.

### ...Forward

In 1974, the project was launched in a small way but it grew rapidly. It was solidly based on educational programmes, and the number of participants and beneficiaries grew rapidly, till recently there were more than a lakh of new ones each year. In July 1980, the total number reached one million. One thousand village health workers had been given simple health training. Of course, it is an on-going programme, and they can continue to learn more, and will indeed continue. The project is complete only in the sense that the target of one million beneficiaries was reached. This indicates about 200 families or approximately 1000 people for each of the 1000 village level health workers have benefited. Above the health workers there are three levels of supervisors and instructors. Below them, each health worker identifies 20 mother leaders, and gives them further

education, and each mother leader is required to visit 10 families and help them with health care and advice, and other forms of social and economic growth.

The 1000 health workers are distributed over ten zones covering the districts of Trivandrum, Quilon and Kanyakumari.

Duplicated and printed information about this project can be had by writing to Bishop Lawrence Mar Aprem, Archbishop's House, Trivandrum-695004, Kerala.

In the early stages of the project, Sister Eymard, a community health nurse of a local society called Bethany Sisters, became the assistant to Fr Lawrence. She is now practically in full charge of the project under a managing committee.

### Resolution Afresh

The Voluntary Health Association of India was represented at the convention by Mr Yesudian, Secretary of the Kerala VHS, Sister Anne Cummins, and Father James Tong, who was the chief guest.

At the convention, the main decision was not to go on increasing the number of beneficiaries, but to stop at one million, and to develop among them further and more intense educational and health related socio-economic programmes. They formally accepted the goal and challenge for their one million, of health for all by the year 2000. They have made a programme of five years, as the first section of the remaining 20

(Continued on page 15)



# NEWS from the states

## West Bengal

Two themes are prominent in WB VHA's plans for the year 1981: Community health and development training, and income generation for self-sufficiency. Following last year's residential training in community health and development, three more are being planned in the current year. Also WB VHA is actively investigating possibilities of starting an income-generating project to make itself more self-reliant.

## Orissa

OVHA has been involved since October 1980, in relief service to flood victims in

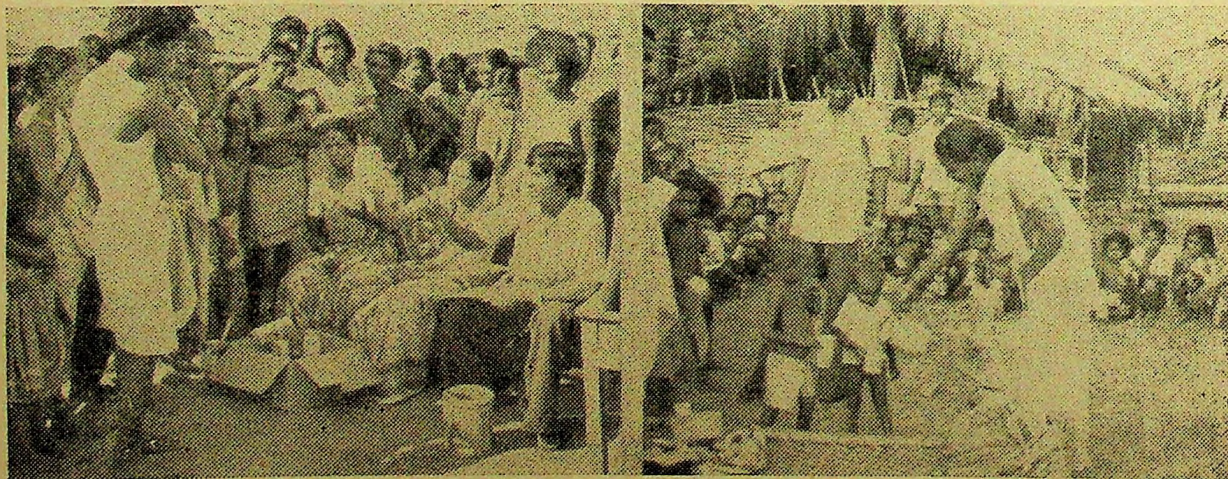
Gunupur subdivision. The program coverage initially included feeding of underfives and medical aid for mother and children. The

relief team consisted of workers from OVHA members in Serango, Doliambo, Berhampur and the organizing secretary, Bipin Chandra Moharatta.

The followup work now includes house reconstruction and school education for children.



**BUILDING ANEW.** Newly built temporary houses of village Raadu.



**ANY TIME IS HEALTH EDUCATION TIME.**  
*A mobile health team finds some time to explain a thing or two.*

**UNDER FIVES.** *Feeding and care at village Mukulipadar.*



## Andhra Pradesh

News reaches us at the time of going to press of a ward sister's course conducted from February 8-15 at Hyderabad. The beauty of the programme was that it was coordinated and led by Sr Josephine, a VHAJ correspondence course student who had taken this up as her term paper. Sr Delphine, Manohari Sigamani, George Ninan and Renu Khanna were involved in the earlier discussions on the design of the course.

## Kerala

Kerala VHS is really on a new track now. As part of a long-term plan, KVHS has decided to shift its focus into Idukki, Wynad, Malappuram and Palghat districts. Already KVHS has started a training programme in Manthody (Wynad). KM George, the organizing secretary of KVHS has also helped to plan the curriculum for the Diploma course in Community Service to be conducted at the Institute of Social Work, Rajagiri, where he will also be acting as a faculty. The first batch will be from February 16 to May 16, 1981.

In Malappuram, plans to contact the Muslim Educational Society, and work through them are being carried out. Plans are also afoot to contact specific institutions in Idukki district.

## Southern Region

Transactional Analysis (TA) training programmes for all the staff of GREMALTES, Madras has been initiated. A new aspect of these training programmes have been TA programmes in Tamil, conducted by Jaisegar of VHAJ

for lower grade employees. A novel germ of an idea which is likely to take shape is using the holistic health approach of yoga, meditation, autogenics and imagery with leprosy patients. This would be somewhat on the lines of the programme with cancer patients in Poona (reported in December 1980 *Health for the Millions*). Plans include a control group and an experimental group. All good wishes to them for success in their creative venture.

\* \*

February 1-6, 1981, Hyderabad was the scene of VHAJ's fifth seminar on organizational development and growth. There were 20 participants. The theme of the seminar was "The Aquarian Conspiracy." Almost all of the participants decided to become conspirators of the Aquarian variety at the end of the six-day programme. VHAJ has decided to actively followup on the participants and facilitate the conspiracies.

## New Delhi

Dr B Shankaran, Director General of Health Services in the Union Health and Family Welfare Ministry has been appointed director of the World Health Organization at its headquarters in Geneva, and has taken charge of his new assignment in the first week of February. Dr ID Bajaj, Additional Director General of Health Services will succeed Dr Shankaran.

\* \*

The guild of service in association with Canara Bank has announced a scheme for supply of artificial limbs to needy persons. Interested persons may apply to: Guild of Service, c/o Dalmia Charitable Trust, 4 Scindia House, New Delhi 110001.

\* \*

The Government of India has entered into an agreement with the Indian Drugs and Pharmaceuticals Ltd, (IDPL), to start manufacture of oral rehydration salt (ORS) on a large scale. Manufacture is likely to start from the beginning of 1981.

The IDPL would be supplying 5 million packets next year for distribution through the periphery health workers. In addition, IDPL would be marketing the ORS through its commercial channels at a price of about Re 1/- per packet. It would also undertake the promotional and educational activities for production in private sector and the community in general. The ultimate objective is that ORS beside being available with all the periphery health and community workers will also be available through commercial channels in villages.

\* \*

## 60 Bulk Drugs to Cost More

The Government has hiked prices of over 60 bulk drugs. With this the number of bulk drugs whose prices have been revised upward so far have gone up to over 80.

The Government has already issued notifications giving effect to these price rises.

The Government has also revised prices of formulations—32 leader and 30 individual prices.

Prices of more bulk drugs and formulations will be raised, according to official sources.

The Bureau of Industrial Costs and Prices is engaged in working out prices of over 30 bulk drugs and hundreds of formulations.

While Government has amended the Drugs (prices control)



order, 1979, allowing non-leader prices to rise to the level of leader prices. Hitherto the Government had fixed a ceiling for non-leader prices of drugs.

Following are some of the bulk drugs whose prices have been revised upward: Vitamin B2, Tetanus, Antitoxin, Dapsone, Analgin, Ampicillin, Anhydrous, Vitamin "E", Vitamin B 1 (oral), Vitamin B 1 (hydrochloride), Vitamin B 1 (mononitrate), Vitamin "C", Phenacetin, Gas Gangerene, Antitoxin, Morphine, Morphine Hydrochloride, Morphine Sulphate, Codeine, Cod-

eine Phosphate, Codeine Sulphate, Narcotine, Vitamin B 12 (cyanocobalamin) Vitamin B 12 (hydroxycobalamin) Sulphamoxole, Benzocaine, Hydrochlorothiazide, Amphotoericin, Aspirin and Salicylic acid.

\* \*

(Continued from page 12)

years before the turn of the century.

One special comment about this project is that it has not been supported by funds from abroad. Each beneficiary is expected to give two rupees per year. Much of the running expenses has come from

this source. However, 96 centres have received food supplements from Catholic Relief Services. There are, however, many other centres which have not received this food.

Of the 1057 village level health workers now working in the project, 419 are Hindus, 69 Muslims, 569 Christians. 263 are of high school level and above, 357 are of middle school standard, 397 of primary school standard and 50 are illiterate.

\* \*

## NEWS

### A New Agent

A new biological agent effective against the insect vectors of malaria and onchocerciasis (river blindness), and a new test for the diagnosis of trypanosomiasis (sleeping sickness) at an early stage, are two of the tools now being field tested against these three widespread diseases. For more information contact the World Health Organization, Division of Public Information, 111 Geneva 27, Switzerland.

### OR Tablet

The Programme for Appropriate Technology for Health (PATH) has developed an oral rehydration tablet. The tablet, which conforms to the World Health Organization's oral rehydration formula, is now being tested in Bangladesh, Thailand, the Philippines, and Indonesia. For more information write PATH at 4000 NE 41st Street, Seattle, Washington, 98105, USA.

### Women in Society

The International Planned Parenthood Federation (IPPF) has published a wallchart entitled "Women in Society." The chart gives data on life expectancy, percentage of women in the labor force, information on literacy, abortion, voting rights, and contraception. The chart costs US\$ 1.00 and is available in English, French and Spanish from IPPF, 18-20 Lower Regent Street, London, SW1Y 4PW, Great Britain.

### Disabled

ASSIGNMENT CHILDREN, a biannual journal published by the United Nation's Children's Fund (UNICEF), is looking for information on primary health care for the disabled. Any information on mental retardation and illnesses, blindness, xerophthalmia, goiter, motor diseases, and other disabilities should be sent to Pierre E Mandl, Editor, ASSIGNMENT

CHILDREN, Villa Le Bocage, Palais des Nations, 1211 Geneva 10, Switzerland.

### Traditional

The International Association for the Study of Traditional Asian Medicine has been created to study the traditional medical systems of Asia and North Africa. The group plans to organize international conference and to issue two bulletins each year to encourage the exchange of information among scientists and scholars. For more information write: Prof Charles Leslie, Secretary-General, IASTAM, University of Delaware, Center for Science and Culture, 28 West Delaware Avenue, Newark, Delaware 19711, or Prof A L Basham, President, IASTAM, Australian National University, PO Box 4, Canberra, Australia.

★ ★





AFPRO's training schedule for the year 1981 mentions several training programmes including those on agriculture; masonry, dairy, goats, poultry and animal husbandary management; and biogas plant construction. More information can be obtained from AFPRO, C-17 Community Centre, SDA, New Delhi-110016.

The Pastoral Sociology Institute, Secunderabad, a center for training leaders for community development in India, conducts courses in Adult Education, cooperatives and small industries. The institute's philosophy is achieving self-reliance of people through cooperative enterprises and self-help programmes. More details may be obtained from: The Director, Pastoral Sociology Institute, 222 West Marradpally, Secunderabad AP 500026.



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Wanted (1) DGO or MD in obstetrics and gynaecology; and (2) MD in general medicine or paediatrics. Retired or experienced MBBS may also apply. Salary according to experience and qualifications. Furnished quarters

provided. Apply to : Rayalaseema Development Trust, Health Department, Bangalore Highway Anantapur, AP - 515001.

### Lab Technician

A Laboratory Technician wanted for Kashi Kushta Seva Sangh, Ashapur. PO Sarnath, Varanasi, U.P. Please write care Sri Prahlad Das, Vice President.

### Doctors

Experienced MBBS doctor wanted for Victoria Hospital, Dichpalli 503175, Nizamabad District, Andhra Pradesh. Minimum age 35 years. He should be prepared to undertake medical as well as administrative duties. Salary Rs. 1200-35-1500-30-2050-75-2425 plus allowances. The hospital has 250 beds and is involved in leprosy control and treatment, research, rehabilitation and com-

munity health. Write for details caredirector. Victorial Hospital.

MBBS doctor also wanted for the above hospital to be incharge of their community health project. The doctor who is selected will be incharge of medical services in a population of 40,000 with six village health committees and 23 VHVs. There is a 12 bed community ward with laboratory and X ray facilities. Salary: Rs. 1000-30-1300-40-1700-60-2000 plus allowance. Write care director.

A National Organisation requires an energetic young person to supervise production of its books and other audio visual materials. Capacity to write simple English and suggest ideas for illustrations desirable.

Apply with bio-data and minimum salary expected to:

The Editor, Health for the Millions, VHAI, C-14, Community Centre, S.D.A., New Delhi - 110016.

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## LOW COST AIDS

Aids for the disabled, handicapped and impaired seem to cost one too many for inscrutable reasons. Reproduced in this page are some low-cost aids for the handicapped. These were some of the products of a low-cost aid workshop organized with the help of Don Caston, a British resource person, the British Council and the government of India.

The most interesting aspect

of these aids is that they can be fabricated with the use of very few easily available tools: the hand saw, the hack saw, screw driver, planer and chisel. The material used also is inexpensive. All the equipment can be dismantled at very short notice, adjustable and easily portable.

Readers are invited to send other low-cost ideas for sharing with others.

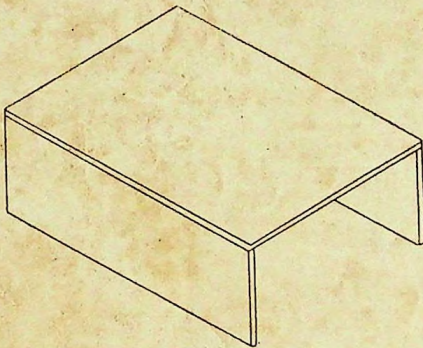


**BUCKET SEAT**

Use: Helps children with cerebral palsy in sitting up and in socialization.

Materials required: Bucket, Roofing bolts.

Approx. Cost: Rs. 35/-

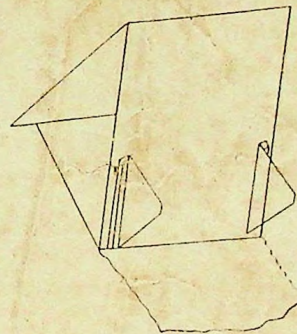


**STAND FOR FLOOR SEAT/  
CORNER SEAT**

Use: To be used against the corner seat. Used for playing and socialization.

Materials required: Ply, Aluminium Angle, Roofing Bolts.

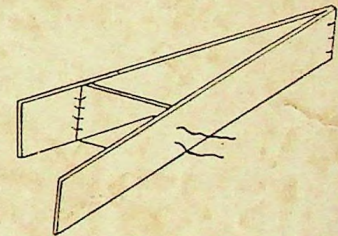
Approx Cost: Rs. 50/-



**BACK REST**

Use: Serves as a back rest. Materials required: Ply, cloth, nylon strings.

Approx. Cost: Rs. 20/-

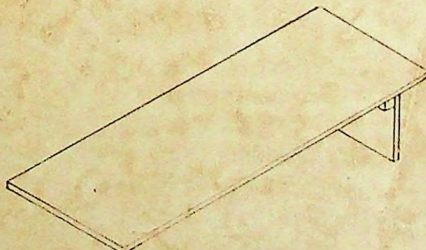


**LEG SEPARATOR**

Use: Helps in separating legs of severely palsy patients with scissoring.

Materials required: Ply and aluminium angle.

Approx. Cost: Rs. 10/-

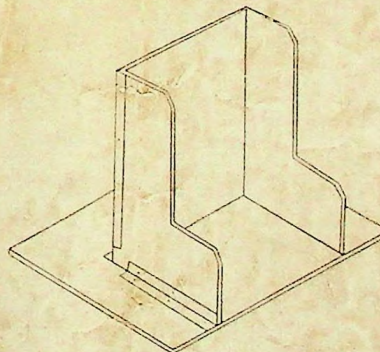


**PRONE BOARD**

Use: Useful for children upto 10 years of age who have problems in sitting. Helps child to lift the head and in reaching the objects.

Materials required: Commercial Plywood, Wooden Battens and Nails.

Approx. Cost: Rs.30/-

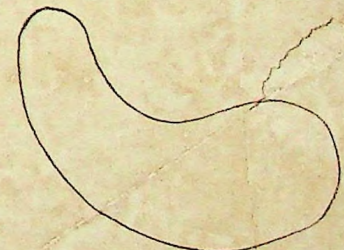


**FLOOR SEAT**

Use: Useful mainly for patients with cerebral palsy with or without scissoring of legs. For patients with no hip control. For use of a child of 10 years. Helps in sitting.

Materials required: 6 mm Ply, Roofing Bolts, Aluminium Angle.

Approx. Cost: Rs 75/-



**KIDNEY BOARD**

Use: Serves as a writing board and the child/adult finds his convenient place at the stomach level.

Materials required: Ply  
Approx. Cost: Rs. 7/-





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## *The Road Not Taken*

*Two roads diverged in a yellow wood,  
And sorry I could not travel both  
And be one traveller, long I stood  
And looked down one as far as I could  
To where it bent in the undergrowth;*

*Then took the other, as just as fair,  
And having perhaps the better claim,  
Because it was grassy and wanted wear;  
Though as for that the passing there  
Had worn them really about the same,*

*And both that morning equally lay  
In leaves no step had trodden black.  
Oh, I kept the first for another day!  
Yet knowing how way leads on to way,  
I doubted if I should ever come back.*

*I shall be telling this with a sigh  
Somewhere ages and ages hence:  
Two roads diverged in a wood, and I  
Took the one less travelled by,  
And that has made all the difference*

— ROBERT FROST

