

Differentiating natural death of tissues from pathological exaggeration of tissue – death.

In an earlier article called “healthy death” a key point was expressed which I now will address more specifically associated with actual physical manifestations of dis-ease.

“Grant to us the serenity of mind to accept that which cannot be changed; courage to change that which can be changed, and wisdom to know the one from the other....” Reinhold Niebuhr

Although heavily ideological, this quote contains great truth hidden within it which facilitates an understanding of medicine.

When we consider the dis-ease state to be that which is fundamentally based on suffering, not on pain, then a practical explanation of this is needed in relation to the tissues of the body. In situations such as leukemia, physical deformity, disease passed on at birth by mother or hereditary line, where there is no process of “self” and so no suffering, then can we call these actual dis-ease like any other?

These patterns cannot be called dis-ease although they are very commonly mis-associated. When there is “innocence”, so for example sickness experienced by children or animals in the wild is not dis-ease in the same way as that which is created in the adult through a disposition triggered by internal suffering of a “self”. Overall most dis-ease we see in the modern adult world is associated with the dis-ease of “self”. There are always weaknesses within the body which biologists term “genetic pre-disposition”, however scientists are increasingly waking up to the fact that genetics don't necessarily “turn on” automatically to create dis-ease unless artificial human factors are present to allow this to occur. Hence there is always a beginning in which the body is naturally compensating, as with the situation of having one leg shorter than the other which most people have to a greater or lesser extent. This only becomes dis-ease when someone, usually a father or mother, says “Oh my god! you have one leg shorter than the other, this is awful” due to their ideology that everything should be symmetrical in order to be “right”, otherwise it's “broken”, which is the standard response of generations of the human-condition. As soon as this happens the child with the leg difference is caught in self-identity and now “suffers” from a leg “problem”. This actually furthers the contraction associated with the leg and causes pain and tension which was not previously present. From a position where previously there was tissue compensation, i.e. the short tissue was balanced and distributed by the body as best as possible, now with the added contraction of “self”-image there is pathological exaggeration of tissue damage due to what can now be called dis-ease.

All that medicine can do here is to facilitate relief of the idea of “self” being “broken” or “mal-formed”, rather than being simply *as it is*, wholly accepted by nature, which occurred in the earlier child-like state of not thinking about or being concerned with it. When attention is drawn to it, genetic processes are fired which initiate the self-identity and suffering mental-emotions. Very often traits occur within families not because there

is congenital illness but because similar patterns of dis-eased thinking recur through generations.

To summarize we are looking at two things:-

1. Nature: Congenital illness, the natural process, strengths and weaknesses and the natural life-cycle and environmental effects: tissue-death
2. Self-consciousness add-on/artificial (human-nature) human factors: Pathological exaggeration of tissue damage, Suffering or dis-ease: dis-eased tissue

The first example fundamentally relates to the expression of nature wherein no dis-ease is occurring. Tissue lives and dies, it goes through a process of growth and expansion, is weathered by the environment, withers and dies away. This is all associated with tissue life and death cycles but ultimately the comparison is made when we are looking at natural death of tissues and exaggeration of this process via suffering/ dis-ease.

In healing the second example is the only aspect which is of interest. In suffering the dis-ease is energetic contraction. This *is* the dis-eased tissue formation, borne out of an idea or perception that “I am x, y z”. Medicine developed out of a need to let go of this, to be at peace with Nature as it is. This is the relief process of medicine.

When there is dis-ease the energy which could be used to help prevent tissue from undergoing further necrosis/ death is bunched up and stagnated, it cannot flow, imprisoned in a fearful contraction. With relief comes energy flow, thereby allowing the dis-ease to let go and as a result pain can disappear. There are however situations where the person is terminally in dis-ease, with massive amounts of dead tissue and the natural process of death is taking over the whole body. Even though the letting-go is perhaps at the root of the dis-ease process and cannot stop the momentum of the ravages of dis-ease and prevent death, the “person” will however have let go before death, which means the body fades away in peace rather than anguish.

In the earlier quote by Niebuhr we have the clarity and realisation to accept or let go of that which cannot be changed, and to differentiate this from sufferance and while we can't change through human intervention and intention, we can better understand the nature of dis-ease and the conditions of allowance and acceptance which fundamentally underpin the process of letting-go.

In the end medicine does very, very little, as Voltaire expresses:

“The art of medicine consists in amusing the patient while nature effects the cure.”

This rings true for any person involved in healing who realizes that it is not by them but through them that something occurs and change happens. Hence this process requires no false humility, simply an understanding that healing can only take place when there is a letting-go, otherwise it is a meeting of contractions as one person can often increase the contraction of another. This starts the realization that the usual hierarchical and

dominating ideology of an obviously deeply ignorant expression is not useful for the healing process.

To some degree we are all born with some particular “problem” or pattern. However for some patients these manifest as massive difficulties which they have always lived with and hence are “free”, until someone else rejects and labels them as “broken”.

Those practitioners who treat children recognise that their natural ability to deal with severe “problems” is far beyond that of most adults, there is no add-on of self-image, no situation of “before it was like that and now it’s like this.” There is just what there is. It may sound a somewhat ridiculous concept, but when we look in the mirror and consider the pimples we have, the various birth-marks and blemishes, these are exactly the same as being born with conditions such as like Type 1 diabetes, HIV from birth, leukemia, or a heart defect, but the point is that it’s always been there from the beginning. People can only be in dis-ease when there is literally a process of self-hood involved which fundamentally makes the body function inefficiently. A person lives and dies which is the movement of nature. If a person cannot survive past the age of ten or even earlier because of congenital issues this should NOT be seen as “not living a full life”. If there is death during birth or indeed at any time due to natural processes, this is NOT dis-ease or “unnatural”, it is simply the flow of nature. Any sufferance is only very deeply suffered by the adult on-looker, NOT the actual young bodyspirit expression which is simply being all it can be, unrestricted.

It is the adult sufferer who has a problem with the idea of death, not the child whom someone is “trying” to “save”. In fact it is the franticness of the doctor and the adult onlookers who are attempting to force nature’s hand which can make for great dis-ease/suffering. Of course everyone will do anything to prolong a child’s life and help them as much as possible, but when the point is reached where death is taking over, there needs to be a realization that whatever was tried will not necessarily stop the adult onlooker suffering. During the process of treatment it is important always to differentiate the person who is suffering, who is actually in dis-ease, and very often with the treatment of children it is the parents rather than the child who are in dis-ease state. The process of nature is completely infallible, it is only because we see failure within it and believe it to be separate from us, cruel and brutal, that we are unaware of the dis-ease we are living through. Fundamentally young children before the age of about five do not have dis-ease, although they may have congenital issues, then after this time dis-ease sets in and adds to this. Also in adulthood at the end of life when the body is full of necrosis and there is no possibility of “recovery”, this process too is death which is utterly natural and is not dis-ease but simply death. Dis-ease happens in-between times as an add-on to the weaknesses and strengthens already in the body, affecting these and exaggerating the ageing process and the tissue damage.

Those who treat the very young that no matter what pain occurs the expression is always the fullest it can be, there is an uncompromising natural expression from children that cannot be called dis-ease. Fundamentally nature lives until it dies and that's it, then it reforms. To understand dis-ease is really to recognise its nature as the exaggerator of tissue

damage in adults and to realize that this process can be relinquished, whence a child-like response to whatever pain is occurring can return and acceptance, because it is fundamental to life.

David Nassim
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