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The IIPM was formed in 2000, in response to a growing awareness that the mind and body should be considered in medical therapies in a holistic manner.

I would like to tell you a little about the organisation, and the principles it espouses, and why they should be important to any human being with an interest in their own health and wellbeing, or that of the people they care about.

Among the products owned by the institute, there are the Seehealth™ concepts, which are intended to deal with the treatment and prevention of psychosomatic disorders. we shall talk about these in a moment

We have these sayings:

“The future of medicine is anything you can imagine;” and “If distress wins, we lose; if distress is beaten, we win all”

The intention is to portray the idea of therapeutic uses of the person’s own resources to treat and prevent disease and disorders.

Since the development of modern western medicine, that is, say from around 1500AD onwards, it seems, the doctrines and training of medical people have been increasingly compartmentalised into areas of expertise and speciality, made more apparent and necessary by the huge advances in knowledge gained in the twentieth century, and which almost exponentially seem to be continuing into this century.

Question; “What is psychosomatic medicine?”

From the Greek “mind body”

Psychosomatic medicine is defined as that branch of medicine concerned with the interrelationships between mental and emotional reactions and somatic processes, in particular the manner in which intrapsychic conflicts influence physical symptoms. it maintains that the body and mind are one inseparable entity, and that both physiologic and psychological techniques should be applied in the study and treatment of illness.

That’s the official definition.

The inference to be drawn from that interpretation is that illness and unwellness in our human bodies have perhaps both sources and the potential for treatments in the mental aspects of the body as well as the physical.

Unwellness may be caused by various sources:

1. A cause external to the body.

for example,

- (i) cut skin and tissue, as in a physical invasion by some weapon or abrasive accidental force;
- (ii) a break to a bone, ligament tendon or muscle, caused by external force misapplied;

(iii) an invasion by some agent of infection, as in bacterium, virus, parasite, mould, spore or other irritative invader

2. A cause from within the body:

for example:

- (i) derivatives of mental activities, creating physical responses detrimental [stressful], to the body;
- (ii) mental activities creating mental responses with which the body may not wish to endure.

Ancient medicine and medical therapeutic interventions stated quite clearly that there is an indissoluble attachment between the mind and the body and worked accordingly

Western medicine, however, especially since the growth of psychiatry and psychology, has tended to depart from this idea, and is inclined to separate the ailments of the body, the soma, and the mind, the psyche.

Our view is that in any diagnosis, there should be a consideration of what is happening in the mind **as well as the body** of the patient.

I believe the proper Latin quote is "mens sana in capore sano"

Whether or not this diagnostic pattern is being followed in our current therapeutic setting, may be assessed by considering the drug bupropion hydrochloride, an anti-depressant available on the pharmaceutical benefits system, for the cessation of tobacco use.

The idea tested and sold to Medicare, was that a course of several tablets of b h would be taken concurrently with 9 sessions of counselling. Considerable quantities of the drug are today being prescribed, but rarely if ever with any counselling.

In other words, the bodily aspects are being treated, but the mental concerns are ignored.

Scientists, because of the miniaturisation of chemical and molecular structures, and our abilities to investigate them, are opening huge new areas of research, fields into which many researchers go, and almost disappear off the radar, so specialised is their work.

This is not to say that it is unworthy or unneeded. Not at all.

Deuterology and neutron science are opening vast areas of hitherto unsuspected knowledge

The outcomes of their work can assist other scientists in their fields to become more expert and knowledgeable and develop greater knowledge.

However, a recognition that a molecule is only a part of a compound, and is only a part of the cell, is only a part of the tissue and is only a part of the body part, and is only a part of the total body; needs to be remembered and accepted as such.

Truly it's forest for the trees time. We are perhaps in danger of becoming too blasé or cynical over health matters, through over supply of knowledge in matters of the body.

There are perhaps many who expect the "magic button" in therapeutics

In past times, a doctor was a person who enquired, diagnosed and endeavoured to create, by dispensary, a cure for a human unwellness.

Today, a doctor will, in 6.5 minutes, endeavour to diagnose a problem, and pass the task of therapeutic intervention, to an unknown chemist working in a multi-national pharmaceutical company, by prescribing a big pharma product.

There are reasons for which we may applaud this form of medical intervention

The first is undoubtedly research:

On the basis of profit motive, much research has been done which may otherwise have never been done, by vast companies with deep deep pockets.

The second is epidemiology:

When doctors performed the whole treatment cycle, the population of the world was very small, and only a small minority of those had access to professional help. Today, many of the 6.6 billion humans on this

planet have access to very sophisticated chemical intervention.

the third similarity:

What works works. Each tablet and each draught of jalap is exactly the same as the last. Big pharma takes great care to produce conformity in its products.

In this way, results and outcomes can be confidently anticipated to be similar to those of the trials upon which the drug was approved.

However, as with every human effort there may be downsides:

1. The pharmaceutical and chemical manufactories of this world are producing mountains of chemical compounds for many kinds of purposes, and many of these are unaffected by water. They pass, therefore, through the digestive system of the recipient, and into the water system of the planet.

We are perhaps used to thinking of the seas as huge and all-absorbing, yet the volumes of unnatural chemicals we are bucketing into the water system, may be commencing to affect the fragile structures upon which we all rely for life itself.

To introduce a little perspective into these thoughts – someone told me recently that if we were to reduce the scale of the globe, the world to a soccer ball, then the seas would make the surface of the ball barely damp.

We at the institute believe that these thoughts should be prompting much more effort in using and promoting the kind of treatments we are talking about here.

Treat the distress first, then medicate whatever remains...

Emotions are a uniquely human evolution.

Such emotions as greed envy, hate rage anger change this world by their accompanying violence, exacerbated by the technology available to perpetrators of violence. Bombs, gunfire and so on.

Therefore it could be argued, if we could ameliorate such emotions, in the human experience then might the ecosystems of the world benefit, by a vast reduction in violent actions resulting in smoke and chemical accretions in the atmosphere, but and perhaps more importantly, a general reduction in the necessity for pharmaceuticals and their outcomes for us all, in terms of our life needs in mental health.

THE SEEHEALTH PRINCIPLES

We believe that stress is the unnecessary, unnatural and automatic reaction of a human body to distress, which comprises imagined events or the imagined results of events, which of themselves are not physical dangers to that body. This reaction is random in application, and results in conditions of imbalance and therefore potentially the unwellness of mind and body.

Distress, we believe may generate stress, in the form of imbalances and instabilities in the normal functions of maintenance, repair, defence, protective and memory processes.

All sectors of human society have become increasingly sophisticated and have gained the ability to communicate widely and intimately.

As a consequence, an individual human can be vicariously subjected to vast, invasive, and distressful experience of disaster, destruction and death. All of which is in addition to the individuals' own related circle of life's distressing events and experiences.

We believe that human beings have not evolved, nor are not suited to tolerate this torrent of distress.

We hold as paramount the concept that there is no distress or stress that is good distress or stress.

We believe, therefore, that if the individual has the ability to shield themselves from incoming distress-potential, then personal wellness, balance, health and happiness will comfortably be the outcome.

We believe that our modalities and protocols are able to offer sufficient protection and shield against distress, to be able achieve a higher level of wellness in the individual, in a manner which is systematic, efficient and economic

At the IIPM, we have worked on developing and acquiring such tools which, if properly employed, could generate such desirable outcomes.

What must such tools be?

SAFE:

All proposed therapies, especially those which invade the person in one way or another must be safe and seen to be safe.

In terms of the so called talking therapies, safety is, like beauty, mainly in the hands eyes and ears of the beholder.

The skills of the person delivering the therapies are of course vital, and these skills devolve in the main upon knowing the contra indications for therapeutic intervention.

For the Seehealth™ therapies, the contra indicated recipients are very few, almost to be negligible.

Anyone can use the therapies; the success depends upon the skill of the trained interpreter in delivery, and the attitude of the recipient in using them.

EFFICIENT:

Using and anti-depressant pharmaceutical as a benchmark, which takes between 2 and 3 weeks to provide relief from symptoms, the Seehealth™ therapies, must be admitted to be, in general, slower. Having said that, the individual determines the speed of use and outcome.

The speed of use and acceptance of the way of life delivered by the teaching, will determine speed of outcome.

It was this particular aspect of the therapy's use, which led us to propose its protective and preventative nature.

“Question from the Audience: “Do you believe in the use of anti-depressant pharmaceuticals?”

“Answer: Yes. Their use in offering to a sufferer a firm platform from which to launch a long-term strategy is invaluable. There have been occasions when I have referred a patient back to their GP for such prescription to be considered, and always with good long-term results”

ECONOMIC:

The economics of the Seehealth™ methodologies are contained in the potential to provide a once-and-for-all therapy.

It does appear true that in the long term, a support mechanism may be beneficial, and to this end the Seehealth™ chapter system was proposed and established, to provide regular, economic support, in addition to providing a source of preventive help to others.

In a worthy tome of diagnostic notations, promoted by one of the world's leading pharmaceutical corporations there are noted 66 human disorders, illnesses and dysfunctions in which distress has been discovered and shown, as either causative or risk factor.

This list includes psychological disorders, including depression, dissociate disorders and all the phobias, together with significant numbers of physiological dysfunctions

Included among these latter, are asthma, diabetes, malignant neoplasm's in general, [cancers], and diseases of the circulatory, musculo-skeletal and connective tissue systems were shown to be associated by prevalence in groups of the Australian population who demonstrated high to very high levels of psychological distress.

All of which leads to a suspicion and reasonable presumption that if distress could be ameliorated, then so could levels of ill health to some degree or other.

This being so, it follows, that if the distress factor could be removed from the lives of the population, a proportion of a health budget may be diverted to other needs.

In addition, a raised level of health could contribute to the wealth of the population, by the addition of available labour and human input.

In other words, treat the distress factor during the primary care of an illness, and whatever remains, medicate.

This proposal has triple benefits to recommend it.

The requirement for evidence-based medicine, and detailed research findings given any particular modality for the relief of distress, is eased and to a degree ameliorated by the safety rating of the interventions. This naturally salves the supply-cost factors involved. Legislative controls over the delivery are simple and uncomplicated.

The financial cost involved in the delivery of such systems becomes highly desirable given the simplicity and single-use effectiveness of the modalities available.

The cost to the population of Australia of less than good health is in the order of \$428 per annum per capita. This results in a sum of approximately \$84.7 billion dollars for a population of 19.8 million.

It is self-evident that any population will benefit, by any form of preventive health measure, which results in a reduction in the quantum of financial load necessary to be levied and collected for the purpose of health maintenance and treatment.

The Macquarie Institute estimated in 2002 that unscheduled absenteeism on a per employee basis reached a record high of \$789 per employee per year in this country.

How much of that cost will be related to distress in the individual, resulting in unwellness, and/or un-enforced absenteeism, is a matter of conjecture.

Hypothetically, it could be as high as 25%, given the levels of employment dissatisfaction recorded in those figures.

A large corporation may have to make provision for something in the order of \$3.6 million a year, in respect of workplace absenteeism.

This apportionment is out of net profit. Taken globally, if similar figures pertain in other areas the cost to shareholders may be astronomical.

From its own internal point of view, a reduction in the sheer cost of the Australian health budget would be an objective in itself. In terms of its competitiveness and relevance globally, any improvement in the ability to manufacture and deliver more efficiently and effectively can be held to be an advantage.

It may be confidently being argued that solely the relief of distress in a workforce offers the distinct possibility of a greater efficiency in production levels from those employees.

So what are our modalities and why are they so useful and successful?

They are based upon the hypothesis that we humans have been in development for perhaps 6-8 million years, as bi-pedal hominids, and that so-called civilisation has only made its way into our orbit and evolution, for perhaps 40,000 of those years.

It seems reasonable therefore to suppose that we are still essentially the same animals, which were around 3 or 4 million years ago.

The hypotheses, upon which these ideas are based, arise from observations of present day humans, nature at large, and the generalised needs of nature in evolutionary terms.
Humans it could be thought developed in small groups, comprising one dominant male and a group of females.

Perspective is of course most important in viewing these things, and it must be seen that in those times, there may have been only a handful of humans, rather than the 7 billion we have as a world population today.

Our hypothetic view is that the male brain was designed for just three tasks.

Our human male would fight to the death any other adult male he encountered.
He would feed himself, from the best, before anyone else;
And he would father, keeping his females pregnant whenever they came into season, or sexually attractive.

On the other hand, the female brain was designed to perform other jobs. Not better, you understand just different. Her tasks were to hunt, gather, and invent.

Our human female invented the wheel, controlled fire, developed communication, pottery, weaving sewing and spinning, and quite possibly the control and use of metals.

At some point in our perspective, and here you have to be prepared to imagine the million-year perspective, in which our females had a long period of relative inactivity, in which food was very plentiful.
During this period, there emerged from that well-organised female brain, abstract thoughts.

Thoughts that had no place in reality.

All well and good. However, the natural order of things includes a design in all animals for protection.
This is generally known as fear.
Let us define fear. you may see that it is probable that few of us have experienced fear for a very long time.
All animals possess this reaction. Fleas to falcons, and whales to rats and dogs.

It is our belief that fear is not an emotion.

Fear, it seems to us, is a natural reaction to a danger, which is presented by our sense.

One, some, or all of them.

let us look at the effects in our bodies when a real danger presents itself to us or almost any living creature

- hair rises to trap air and save heat
- blood pressure; heartbeat rate; respiratory rate increase
- liver releases food into the blood;
- oxygen and food rich blood carried at high pressure and high speed by enlarged [dilated] blood vessels to muscles;
- all unused systems shut down;
- tyrosine=dopamine=adrenaline
- flight or fight [in that order]

This response is common to all animals, indeed most creatures. It is fast, efficient, automatic and effective.
When the danger has passed, everything is returned to normal quickly and efficiently.

However, the fundamental instinct of protection in us humans is upset by the introduction of imaginary danger.

If our automatic systems have to choose between regular tasks such as maintenance and repair, and protection, protection wins every time.

But let us assume for one moment that the means of protection against imaginary danger are unknown

and poorly evolved. In this case, random and spasmodic outcomes are created by a system trying to defend against a danger that does not exist.

And what can the body do in there?
Anything.

Not only have recent study outcomes revealed that certain important and life-threatening disorders have a causation in distress, but just last week it emerged that the eventual outcome of a disease or disability is affected by distress.

You may imagine that this came as no surprise to us!

However, the logic seems self-evident.

Don't have unprotected distress!

In recognising these things many years ago, we have developed systems of defence that are simple and effective.
And may be used by anyone.

The principles upon which we work, are in developing for the individual human, defence systems which suit the individual, and can be used throughout life.

These relatively simple methodologies are taught over 6 or 7 hours of teaching, together with some hours of practice and support.

Once learned, they are intended to become a part of and a way of life.

The objectives are to short-circuit the pathway from the automatic response mechanism, to the imagination by defensive thought processes;

Deliver self-confidence in the individual and a fundamental belief in their own abilities by logical suggestion;

Prevent unwellness created from the stress-response
We are not saying that longer life will be the result, although it may well be;

Rather that a healthier life will be the outcome, whereby the individual may expect to live a healthy life free of major disabilities, and will end life doing what he or she wants to do, and not what someone else tells them to do, because they are sitting dribbling in a wheel chair.

We are now working with an increasing number of small groups of interested people, usually with a common thread of life activity; for example graziers and farmers; an extended family group; or people who wish to preserve the effects of the therapy used in the past for ridding themselves of some disorder.

This development is slow, because it lacks the money to develop it more widespread, but has over the past 3 years, demonstrated its effectiveness.

As one chapter member said just three days ago, out West in the bush: "It's a quiet revolution!"

You can see that we could not provide our techniques and apply them here, hands on, as can massage therapists, reflexologists, kinesiologists and so forth.

It would be like asking you to teach your full school year's curriculum in an hour.

Nevertheless, I hope that some of these ideas have provided fertile seed to germinate into new thought.