KEELEY CURES

*This alphabetized sampler was blocked short of publication, and is available only online. Each condition has a **What is it?** definition, the **Traditional treatment,** and **Keeley Cure**. I use the cures on myself, or informally on acquaintances. They are original, usually successful, and arise outside conventional medicine in veterinary clinics, American boxcars and around the world in contracting and recovering from 65% of the diseases in the Merck Manual. I'm not a physician, take no responsibility for outcomes, and disclaim any medical treatment should be supervised by a doctor.*

ADDICTIVE BEHAVIOR

What is it? The term brings drugs or alcohol to mind, but people also can be addicted to other substances and activities. The striking characteristic is the person may be compelled to something without acquiring gain or pleasure. Other tip-offs are continual use, solitary use, guilt, intimations that one is hooked, slacking at worthier endeavors, inability to hold a job, or financial problems that lead to illegal activities to afford the habit. In the extreme, a person continues without self-regulation until there is nothing left.

Traditional treatment: Varied, controversial and with ranging degree of cure. The two prongs of addiction, psychological and physiological, are divided and attacked. Possibilities include decreasing doses of substance or activity, quick withdrawal, symptomatic treatment, application of lesser addictive drugs, individual and group support.

Kure: Recovered peer. Repeat that, for it's the key Kure on the path away from addiction. One believes another who precedes him. This observation is from investigating circles of speculators, athletes, hobos and citizens around the world. Animals also become physiological and psychologically addicted to things.

I believe a weak personality becomes addicted to the carrot - something feels good and there is small will to resist again and again. On the other hand, a strong person likely gets addicted from the whip - in attempt to escape discomforts or difficulties of life. It's unlikely to come across someone who is immune to addiction; they simply haven't met their match. This is why parental control of the young and later self-control by the mature is imperative. My wrestling coach used to say, "There never was a horse that couldn't be rode nor a man who couldn't be throw'd," but the irrepressible individual is a rare bird.

This entry focuses on general addiction. (Also see "Alcohol abuse" on page x, "Caffeine" on page x, "Compulsive gambling" on page x, "Drug addiction" on page x, " and "Smoking" on page x.) The principles are usually applicable to any addiction. I have been treating a chocolate addict by his own definition. He was Kured with one e-mail which is summarized in the following. Find a recovered peer. If no one else will do, use me because I used to "do" chocolate as nightly reward to get through college. Remove the substance from sight and have no access to it. Substitute something for the addiction and reach for it instead, such as a piece of bread. For any addictive urge, drink a glass of water before giving in. Find a friend to call or e-mail if you backslide. Next, decide either to kick the habit at once or in degrees. You have the will to do it instantly, but can choose the slower course. The first method requires deep commitment, whereas gradual withdrawal is decreasing addictive dose over time. Touch base often with the recovered peer who is the model of your future self. Stay away from an environment that offers the thing or activity you want to avoid for at least 6 months after kicking the habit. Exercise and drink lots of fluids to vitalize circulation. Note that a workout program also promotes general health, distracts from urges and encourages discipline.. Establish a continual reward system but don't abuse it. Consider a support group. Finally, what is your priority in life? If it's health, then take care of an addiction now.

ALTITUDE SICKNESS

What is it? Also called mountain sickness, this is an interesting array of symptoms due to a decline of oxygen at increased altitudes. At 8,000 ft., for example, I've learned there is about half as much oxygen as at sea level. My belief is that lower barometric pressure at high elevation makes inspiration more laborious, so oxygen intake decreases and the symptoms come on. Weekend mountain climbers and pilots rather than high altitude residents get the sickness, and if one ascends gradually to great heights over a week's time he should not suffer.

Traditional treatment: Oxygen and descent to lower altitude. Mountain climbers use a mixture of air and pure oxygen for treatment, whereas pilots pressurize cabins. Fluids, rest and symptomatic treatment, which means to treat each symptom as it arises.

Kure: First, encouragement. Don't let high talk keep you out of the mountains. I could reel off personal stories from the Rewunzori's in Uganda to the Andes in Bolivia, but in each the lesson is that the human body adapts. Experts point to favorable increases in blood volume and red blood cell count during a week or more acclimation at target elevation, and I underscore this by postulating that each body cell adapts. So acclimate and hike and climb in comfort.

Next, insight. This is how it is on the streets of heaven, alone at 13,000' on some far-flung range. If you've acclimated it's fine, but if not I've developed an altitude sickness scale. The stages go from 1 (mild) to 5 (severe), of which I've experienced all: 1. There is difficulty sucking air, and breathing and pulse are rapid. This stage is not worth worrying about. 2. There is a tinge of headache that is not serious except if one ignores it as the signpost of step 3, in which insight will be lost. 3. Strange things happen. As with scuba "nitrogen narcosis", one may be disallowed from understanding he is confused. He can stare with a silly grin at a cloud and walk off a cliff to die with a fixed grin. Pain exists but one witnesses it as if from a distance. 4. Reality and body sensation return, and it feels horrible. There may be a pounding head and heart, dizziness, lassitude, and dangerous stumbling. I can walk at this stage for only 100 yards between 5-minute rests. 5. One is on the ground in the mountains and won't recover there. He must descend now.

The final tip is the role of water. I drink nearly as much at high elevation as during desert walks probably because of evaporation in the dry atmosphere. The resulting low blood volume produces a "shocky" feeling (View "Shock" on page x.) that's prevented and reversed by liquid replenishment. I think it's customary for hikers and climbers to reach stage two on the scale routinely, then proceed slowly while aware that if the condition worsens they should find a lower level.

ANXIETY STATES and PANIC ATTACK

What is it? When you run from a bear or see a naked spouse, this is good anxiety. When you wake up, walk through the day, and go to bed anxiously, your psyche needs pruning. The feeling may creep up slowly and be upon one practically unaware, or jump aboard as a full panic attack. My belief is that on a base level anxiety is flight or fright - what isn't?

Symptoms include heightened alertness, worry, perhaps impaired concentration, restlessness and irritability that can carry to insomnia, sweating, muscle tightness or trembling, rapid and shallow breathing, excessive fatigue, and maybe hot flashes. Panic attack is so-named for the acute condition. (Acute means sudden and extreme.) There may be a perceived dread, personal showdown with terror, and even fear of dying soon. Some place the causes as endless, from stress to drugs. To talk about anxiety opens a can of warms that makes fishing doctors and shrinks wealthy. The symptoms are real, but intertwine with life itself.

Traditional treatment: The usual claim is this mysterious condition of myriad causes with unpredictable onset has uncertain treatment. The single item properly addressed by today's medicine is prevention; if a cause can be identified, nip it in the bud. Psychotherapy is often suggested, but not by me before trying the following Kures. The exception is if

there is a danger to self or others. Drugs are the next downhill conventional step. In sum, there is little good about the traditional treatments.

Kure: No problem. Checker player Tom Wiswel once scratched his head in mid-game, “It’s too confusing for me. Time to simplify.” He cleared the board by trading down pieces. Least anyone undervalue the advice of this acquaintance, Wiswel won the world checker championship some two dozen times, often in a state of good anxiety. I write adventure articles for magazines and many are excerpts from an ongoing autobiography of perils in deserts, jungles and mountains. My stability is that when it comes to medicine, the physical underlies the mental almost every time. That is, given a mental condition it is well to look first for a physical cause. If you accept this premise, the Kures are easy.

Begin with getting fit. Anyone who sees a shrink without exercising daily needs his head examined. Also get trim. (See “Obesity” on page x.) Humor has value. Drink lots of good liquids (View “Bladder stones” on page x.) since anxiety has a neurochemical aspect and the idea is to flush the body systems as a spring flood cleans a canyon. Sleep well and warm. The first thing you do in the morning and last thing at night should be enjoyable. Surround yourself with strong, optimistic folks. Recovered peers are invaluable resources. Consider a support group, or single close friend to help you hurdle the tough moments. Support can be done by e-mail too, as the case of a Chicago friend who wrote that panic attacks were ruining his life. I e-mailed him once a week for a month and he was free to respond as the condition toned down.

Medications are too often crutches, not Kures. Use them briefly in a pinch, then toss aside. Some anti-anxiety pills would give me a panic attack, so I’ll take a glass of water and a walk any day. Don’t smoke or take caffeine. Watch educational TV rather than the news and cop shows or read a biography about an achiever. My conviction is that city noise figures in anxiety and panic. Consider moving from the source of irritation. Meditation is excellent. It may be soothing to admit you’re nervous and rehearse improvement by mentally picturing your ideal self and gaining on it slowly. Finally, while working as a psyche technician I used to tell patients, “At times and places it’s normal to be anxious,” and they were momentarily stunned and walked away apparently calmed by the reality.

The most outstanding Kure for many psychological conditions including anxiety and panic is to step back and examine priorities. One time as a young man someone asked me to order the most important things in life. I began with health. “Wait”, interrupted the inquirer. “Most people list family, job and financial security.” I replied, “What good are you to family, job and account if you’re in shambles.” Put health at the top of life’s goals.

ASTHMA

What is it? Breathed air passes the mouth or nose, down the trachea and into small passageways called bronchi within the lungs. Envision what happens if the thin linings of these passageways inflame and swell. There may be sudden breathing difficulty, wheezing, plus rapid and shallow breathing which feel like suffocation. In some people this bronchial asthma rears periodically for who knows precisely why.

Traditional treatment: The normal procedure is to look for a needle in a haystack of alleged irritants. These so-called allergens in home, work or hobby environment can include (to name a common few): dust, cold air, nuts, fish, chocolate and viruses. A treatment can trigger asthma, as in spraying a carpet for dust or mites only to react to the spray. Hence, the condition within conventional medicine is a Pandora’s box within a Pandora’s box. The present treatments are unsatisfactory; you may be asked to haul around an inhaler or peak flow meter, to pop corticosteroid pills and to endure desensitizing injections.

Kure: I hiked the Colorado trail, which courses along the continental divide from Denver to Durango. One morning, at 14,000 ft., I spotted an elfin figure in black tights cresting a saddle and coming toward me, then stop. “I’m happy and sad at the same time. Today is my last on the trail.” He had taken an odd route out of necessity causing him to end the 500-mile hike nearly where I stood. “The experts told me not to attempt this path. I was beginning to feel handicapped by

what they said. But look at this." He showed me a large, zip-locked baggy of medicine. "I'm terribly asthmatic, but haven't opened the bag. What's more, I've done something few people can do." The figure marched past while encouraging me to complete the trail, "The scenes ahead are just like the pictures in the guidebook – nothing doctored."

I think many diseases of unknown cause and cure can be treated successfully by emulating the recovery course of a recovered peer. That's where hope and incentive begin. This usually involves exercise. In addition, breathe warm air at night. Wrap the throat with a sweater or towel (See "Colds" on page x.) to insulate the trachea so that air reaching the bronchi is of a healing temperature. Desert or mountain air is clean air, so if your condition is serious consider a move. Many professionals miss a nuance about weather in treating respiratory problems in that as the bronchial tubes heal, the best climate for the condition may change. Cold air is fine for the initial inflammation and, in fact, you can stick your face in a freezer for an acute attack. However, chronic mild asthma should respond better to dry warmth if given time.

If you smoke, it's an embarrassment. My nearest desert neighbor at a mile down the road is a two-fisted breather, with an asthma inhaler in one hand and pack of cigarettes in the other. Avoid this. Drink lots of water, especially if lung mucus is a problem. Bring your blood pressure down. (View "High blood pressure" on page x.) If the asthma is diagnosed as psychological (Read "Anxiety and panic attacks" on page x.), try the physical Kures before pills and shots. Learn to control the relaxation response. Many asthmatic patients are overweight it is difficult to miss the correlation; diet if overweight. (View "Obesity" on page x.).

The embarrassingly broad label of asthma reminds one of the carpenter union whose only tool is a hammer and so sees every problem as a nail. It isn't much of a claim, but for a malady that is misdiagnosed 80% of the time, I estimate a 90% Kure rate.

BLADDER STONES

What is it? When a white substance such as calcium oxalate in the urine concentrates and forms tiny, marbles that lodge in the bladder or kidney (See "Kidney stones" on page x.), you'll know stones. Normally these calculuses are teensy enough that they are carried like flotsam in a small river and excreted. But if a stone lodges in, say, the neck of the bladder then more substance layers on over time and it enlarges with sharp faces. The symptoms are pain, urinary blockage or infection. Just as rough, over history, has been identifying the cause of stones.

Traditional treatment: The convention of limiting a diet of high oxalic acid is sensible. Spinach, leafy vegetables and coffee are to be avoided, by this rule. Drink lots of liquids. There are analgesics (painkillers) for comfort. Smaller stones can be removed through a cystoscope, a tube for viewing and removing, while larger ones surgically can be extracted. Other possibilities are sound or shock waves to render them smaller for natural removal during urination.

Kure: Drink distilled water. My former banker in northern California was a chipper middle-aged lady who degenerated into a sad affair over a period of a month. She started coming to work with a grimaced face, red-eyed from crying and pasty-skinned from medication. Since it was a small town with a one-person branch operation, she couldn't miss work. She broke down one day and told me that the pain of bladder stones and failed treatments had ruined her life. I asked when the symptoms had begun and she responded that they started in a small way three years prior, a year after moving to the community. Were there others in the area with the same diagnosis, I asked. She said yes, and named some neighbors. She and the others were on medications to dissolve the stones, sonic shocks to shatter them, pain killers to make life bearable and some faced surgery.

The Kure was simply to let the body flush out the stones and at the same time not add to them by drinking tremendous quantities of distilled water. "I've been drinking lots per doctor's orders," she lamented, but it was tap water which was adding layers to the stones. She switched and began carrying a jug of distilled water everywhere, and making distilled ice Kubes. Coffee she hadn't given up, which is understandably hard in such a time of toil, so I told her the secret to getting off coffee or tea is to drink a full glass of warm water before allowing the coffee. She found, as do the majority, that following heated water there is little taste for coffee or tea. (View "Caffeine" on page x.) In a week the bloom was back in her cheeks and she was off medicines including the painkillers. In a month, she was symptom free. She spread

the word to others in the area and was considering starting a web site for the treatment..

Think of yourself as a water transport system – it goes into the mouth and out in the urine – in order to grasp the importance of water and water type in your life. A short course on water may be a vital medical lesson. I divide drinkable water into four types: distilled, “bottled spring”, “bottled drinking”, and top water. Distilled water is essentially the same as rainwater from the sky.. It is commonly sold in supermarkets for use in irons and car batteries because it’s pure and mineral-free. Minerals could be said to contribute in clogging the iron, blood vessels (Note “Arteriosclerosis” on page x.) and urinary tract via stones. Distilled water is my preferred drink. The next best type is bottled spring water from the same market. Spring water is untainted unlike most all city-treated water and bottled drinking water. As the name implies, it is taken from an underground spring. The little desert town where I live nonetheless boasts two spring water companies that deliver 100-gallon containers in an oceanic business. Spring water has dissolved minerals and is fine except for the calculus or arteriosclerotic patient. Bottled drinking water, on the other hand, is only sometimes good and often no better than tap water because most is processed with toxic substances just like city water. Tap water is touted by some cities but is anti-Kure to health. In my town the nursery won’t use it on plants. (Also see “Compromised host” on page x.)

The message here is water increases fluid output from the body and along with it the stones. If the water is distilled there are no minerals to build stones. Augment this with the dietary treatment, and consider one of the teas from green pharmacy designed to dissolve stones. Recipes and these can be obtained from a health food store or a holistically oriented doctor. The term green pharmacy refers to natural remedies such as herbs, while holistic means taking a wide view in the diagnosis and treatment of a condition or, implied often in this book, holistic is recognizing that leaves and branches (symptoms) of disease are attached to roots (true causes), for which there are Kures.

CARPAL TUNNEL SYNDROME

What is it? This is when the hand and wrist (of one or both arms) becomes numb, tingly or painful from overuse, especially following long periods of such activities as typing, tennis, knitting or canoeing. The computer keyboard has brought the condition to public light, and now hundreds of thousands complain of it. It occurs when the median nerve, which courses through a narrow tunnel of wrist bones and by and a ligament at the base of the hand, is pressed on by surrounding tissues. The nerve becomes painfully inflamed.

Traditional treatment: A wrist pad at the base of keyboards, and wrist splints. Some take medication for pain and inflammation. People quit jobs and collect compensation.

Kure: One cue from having spent a lifetime in sports is that a musculoskeletal injury should be handled before it gets serious enough to see the doctor. Similar examples are shin splints to the runner, tennis elbow to a racket player, and “sore all over” to the school athlete after the first day of practice. Technically, musculoskeletal refers to muscle and skeleton, however I classify carpal tunnel syndrome as this also. Envision a nerve as a string which courses through tissues and bones. If overused, it and the tissues surrounding it will swell and hurt in response.

There are unique Kures, the first of which is preventative. The athletes learns that if his body parts are fit then he probably won’t get sore shins, elbows or “all over”. Similarly, In anticipation of a new secretarial job that involves computer work, he first thing to do is get the wrist and hands in shape. I came up with a technique for this that enabled me to win several national paddle and racquet championships, where a strong hand rules. Think of the hand as not a unit but a system of levers and pulleys. Exercise each segment – finger – independently. Moreover, work the weakest link of the system – the smallest finger – the most because a chain is as strong as its weakest link. Make up your own exercises, but most will be a simple matter of pressing the fingers one at a time against a stationary object such as a tabletop, wall, hand squeezer or rubber ball. Important but forgotten by even professional trainers is that a set of muscles usually has an opposing set. So, exercise the tops (extensors) as well as the palmer (flexors) sides of the fingers. Don’t forget the sides. I promise dramatic results for sports performance and prevention of hand and wrist injury such as carpal syndrome.

I have an invention that I think will circumvent carpal syndrome as well as revolutionize the modern keyboard

and typewriter. The keys will be thimbles rather than one-surface keys. Each thimble will strike in four directions –four characters – up, down, left and right. Typing speed will be increased by about 25 percent and there will be stronger fingers everywhere because they will press in all, rather than just one, directions.

If you already have carpal syndrome, there are three choices. Work through the pain at the risk of permanent injury, take frequent breaks at the risk of a boss's frown, or take time off to rest and practice the Kures. A few years back, I sat at a computer 8 hours a day for 365 days straight, and had only the slightest hint of wrist problem. This was accomplished by varying the height of the keyboard by layering books or boards under it every hour or so. I also placed a board in front of the keyboard for the heels of the hands to rest on, and periodically changed its height. One of the odder and more workable Kures was wearing mittens or gloves to bed. Sleep is the most underestimated healer in life, and the most overlooked aspect of healing is warmth. (View "Cuts and wounds".) So, for prevention or treatment of Carpal syndrome, wear something loose on your hand as you sleep. Additionally, sleep on your back so the hands lay with palms up, which extends and relaxes the tendons that have been pulling in a direction that causes the syndrome. With such innovations, carpal syndrome should be all but medically erased in the future.

COMMON COLD

What is it? It's a general term, as well as condition, for a group of minor, contagious viral infections of the respiratory tract. There is inflammation of the mucous lining of the nose and throat with the resulting garden variety of symptoms such as sore throat and coughing.

Traditional treatment: The usual fare is warm rest, aspirin, plenty of fluids, gargles, and possibly antibiotics.

Kure: The most common call I get goes like this: "My god, my throats killing me and I cough so much I've had to go into cloister. Any advice?" I concur with conventional therapy, but it falls short. If your doctor says drink lots of fluids, I remark double that and make sure that if it's water it's distilled or spring. (Read "Bladder stones" re: water on page x.) The gargle of your choice should be warmed. I think aspirin is a wonder drug, yet I gave it up long ago in favor of weathering out conditions. This is an individual choice. Use antibiotics only as a last resort. (See "Antibiotic abuse" on page x.) Any pill you take should be with a glass of warm water before, with the medication, and a third after. Now here is the meat of what I've learned from years as a disease guinea pig.

Remember the value of warmth in healing. As my ninth grade science teacher pointed out, heating causes expansion. Drink warm fluids. I 'm an old-fashion believer in hot chicken soup, though avoid chicken when healthy. The more you drink the more you increase your blood volume, and this increase in blood flow brings in an army of white blood

cell soldiers and flushes out the battle wastes. I think that if you're accustomed to exercise, continue unless the cold is particularly severe. I stopped getting colds a decade ago, but prior to this there was not one that I didn't run or play through to the added benefit of the ongoing treatment. Concurrently, I made sure to get an extra hour of sleep each night while sick.

The most significant contribution I have for cold treatment is the throat wrap during sleep. In northern climes in which I was raised, wintertime meant wrapping the house water pipes to prevent freezing. Most people I've advised find that insulating their body pipes also works wonders. Think about it: each breath of air multiplied by hundreds over the night is warmed and that warmth s transferred to the inflamed mucous linings of the nose, throat and lungs. Knot the wrap at the back of the neck so it doesn't come loose. Get rid of the pillow to aid drainage and sleep on your back to give the heart pump a rest. Wear gloves and booties if cold phalanges awaken you.

A life of worry about whose hand you shake, glass you share, and lips you touch is a mockery. Just as flapnoodle is the alcohol swab the doctor rubs on the skin before giving an injection for, say a common cold. The point is microbes are everywhere, remindful of Holy Spirit sermons, without and within. Some are good guys and some cause disease. Be clean but not antiseptic. Personally, I grew up welcoming a new disease in order to observe its progress and my reaction; I had to chase kids to catch something. My first cold was like going to the rodeo. Understandably, not everyone wants to

play guinea pig but neither should they develop a germ phobia. (View “Phobias” on page x.)

A moment to define terms: Inflammation means redness, swelling, warmth and pain. Inflammation is the body’s natural attempt to combat the invading virus that supposedly causes the common cold. Often a patient combats the symptom of inflammation and unwittingly undermines the body’s defense against the infection. Infection means there is a presence of a microbe, such as a virus or bacteria.

I have a sense that Vitamin C megadose is helpful but I don’t endorse it as a Kure. As for medications, I worship their capacities, fear their consequences and avoid taking them when possible. I’ve been knocked down by dozens of diseases around the globe but the only one that really kept me down was a common cold in veterinary school that developed into secondary bronchial infection. There were extenuating circumstances in those days that predated Kures. After two months of hacking I came up with a three-punch combination. The first was a choice from the many over-the-counter cough suppressants which contain Dextromethorpahn, a drug that turns off the brain’s cough center. The second was oral antibiotics sneaked from the animal medicine chest. And the third was movement to keep the body systems good to go. The result was rosy health in a week, and the edge of this anecdote is if there is a secondary infection with the common cold, see a doctor. He’ll explain that a secondary infection is the result of a body weakened (see “Compromised host” on page x.) by the primary attack and he’ll know what to do.

A word to clear up confusing terms. Do nothing and your cold will last seven days, do everything and it will last a week, or take the Kures and it will be halved.

CUTS AND SCRAPES

What is it? A cut is a little slice into the skin, and a scrape is a more horizontal rough removal of a patch of skin. There can be blood and some pain but both wounds described here are minor enough to be self-treated.

Traditional treatment: Stop the bleeding, wash it, keep it clean, smear on antibacterial ointment, bandage it and wait. Possibly check your tetanus shot currency.

Kure: Let it bleed clean. Stop the bleeding after a minute with cold running water or ice. (This cut isn’t serious enough for a pressure point.). Keep it out of dirt. Don’t put anything on it, nor bandage it, and keep it from drying out. Next day begin moving the wounded area with exercise, especially if it’s near a joint or at the end of extremity. Over ensuing days, keep the scab from being knocked more than once; if this does happen a second time then bandage it. All coverings should be removed at night.

My methods may not be readily accepted by a microbe over-reactive society, but they’re my custom. I began experimenting on myself with various cut and scrape treatments after watching pets, wild animals, mechanics and street people recover from wounds with little concern and less cleanliness. It was appalling in the face of the germ theory I learned in school. Now I accept that to a healthy individual a cut or scrape heals great 90 percent of the time without a glance. The cut bleeds clean, clots by itself, gets cleaned in the course of the next bath, scabs and heals perfectly. A pet or mechanic may lick it now and then. The gradual benefit of not treating is the immune system builds over the years so one can endure greater wound with faster healing. (See “Antibiotic overuse” on page x.) The 10 percent of the wounds that get mild infection cannot be forgotten, and are treated unceremoniously by the aforementioned groups by draining the pus squirting on alcohol. I can’t recommend the general population allows wounds to heal without attention, but it is tempting and that’s how I do it because there is too much to do in life to linger on the nicks.

Some cuts require over-the-counter topical antibiotic. If a wound won’t close, the scab keeps coming loose, there is protracted infection, lymph node involvement, if there are many insects about, or if in a jungle – put on ointment. Cover it only if there is a lot of dirt or insects. I have a superior method of applying topical antibiotic or any surface cream for that matter. I discovered it one winter night in my desert trailer after I had burned (See “Burns” on page x.) my thigh on a Mr. Heater. This is a portable propane heater that has a round, 8-in. heating element which gets hot to the touch, as I discovered. Serendipity struck. On a whim, I applied ointment to a festering cut I had elsewhere and placed it close to Mr. Heater’s face. The heat caused the ointment to melt into the skin and be absorbed; it was excitingly like an intradermal

injection. Since that night I've also used a match, candle and incandescent light to facilitate the rapid absorption of topical medications.

Lacking heat, do you suppose there are reasons animals instinctively lick their wounds? There is cleansing, comfort, and I suspect the main reason is to increase circulation to the spot. I recall an early lesson in veterinary surgery as I scrubbed bedadine antiseptic onto the pre-surgical sight of a dachshund abdomen. A resident teacher approached as the dog lay awaiting scalpel under anesthesia and chided me, "Rubbing a surgical sight greatly increases the circulation under the skin. Just watch how he bleeds when the incision is made." And it did. The lesson here is that the goal of healing is to bring blood with its antibodies to the site. I recommend rubbing in an ointment for at least a full minute. This melts the ointment just like Mr. Heater, takes the antibiotic deeper into the tissue where microorganisms lay, and brings circulation to the skin. The rub need not be vigorous, just long in duration.

On rare occasion a bandage is required and here's a tip from a recent desert hike. There was a dime-size, weeping sore on my back directly under where the backpack presses the scapula. A Band-Aid wouldn't stick under the friction and summer sun, so I put a wide strip of duct tape on the dried area. It adhered for hours and Duct-aid comes in skin colors. In sum, let a cut bleed, keep it reasonably clean, move it, and if there is need for medication and a cover try Mr. Heater and Duct-aid.

FROSTBITE

What is it? Freezing of skin with possible damage to underlying blood vessels and tissues. The ears, nose, fingers and toes are most susceptible. (Also view "Hypothermia" on page x.)

Traditional treatment: Warmth.

Kure: My upbringing as an active outdoor kid in northern Michigan and Idaho gave rise to ideas for hypothermia (See "Hypothermia" on page x.) and frostbite. In Idaho I learned two medical facts from ice-skating. Pressure on the skin plus cold gives a more penetrating freeze than cold only. Sadly, frostbite can increase the likelihood of the same spot suffering in the future. Happily, at the same time I learned to combat the condition by layering socks inside oversized boots and skates not only for warmth but also against the pressure of shoelaces. In Michigan I learned from freezing my fingers often that mittens are better than gloves because the fingers heat each other in proximity. For treatment I began using a three-pronged Kure: Place the hands in warm water, drink the warm water, move the fingers. Thus, the heat in treatment should come from without, within and intrinsically via movement. Later, in hoboing freights on the winter "High Line" route from Minneapolis to Spokane, I discovered the additive effect of wind chill to cold in bringing on frostbite and avoided it by selecting inside "rides" such as boxcars. Finally, as a cold weather bicycler and distance runner around the world in which I had several bouts with penis frostbite, the remedy was found to wear a sock. I never brought it up to anyone else out of embarrassment until after reading in a new England medical journal that many outdoors men had the same problem and the publication recommended the sock too.

HYPOTHERMIA

What is it? It is being cold, or medically speaking there is a drop in internal temperature to below normal. The lower the body core temperature, the more severe the effects. Normal body temperature is 98.6. Down to 94 degrees the heart rate slows and metabolism drops off, which brings shivering, numbness and a grayish skin - uncomfortable but not serious for a healthy person. Below 94 degrees the speech slurs and thinking may be impaired with loss of consciousness. Wet or windy weather each doubles the severity of symptoms, by my estimation.

Traditional treatment: Slowly rewarm with blankets and remember to cover the top of the head. Warm drinks may be given. Some folks prefer to have an ambulance called if mental alterations set in.

Kures: As with frostbite (See “Frostbite” on page x.), my method of self-treatment includes three applications of warmth: external, external and via movement. The background for this is prodigious and I’ve met no one who has broader, longer experience with hypothermia. At the same time, here has never been a situation when I couldn’t Kure hypothermia by slowly warming the outside body, slowly taking warm drinks for the inside, and moving. Both the “experts” and I agree that increasing body temperature by more than a couple degrees per hour is contraindicated in the elderly, and even uncomfortable for the fit and young. My search and rescue instructors have always suggested skin to skin contact, and certainly recovery is more rapid than alone in a sleeping bag. One time on a freight train across rainswept Nebraska traveling companion Choo Choo Chelsea and I got in cold trouble. A sleeping bag blew overboard leaving us with a kids bag that the two of us couldn’t fit in at the same time, but it opened at either end and we crawled in opposite ends with only our feet sticking out. The hypothermia passed but the relationship became serious and lasting.

There have been dozens of terribly cold times in many countries, but I always knew that as long as I could walk and keep my head covered, I would live. Once on a southbound winter freight from Denver following the theft of my sleeping bag, I erred and hopped aboard a flatcar “on the fly” (as the train moved) because I wanted the ride badly. I was a healthy lad with a favorite sweatshirt which I figured were sufficient protection for a few hours until the train reached lower and more southern regions. Nighttime came and proved overwhelming. I was unable to move around on the shuddering flatcar, so just sat and witnessed the onset of steps into hypothermia. This is what happened over the short time of an hour: Shaking, numbness, confusion, pain, and drifting into unconsciousness. The later seemed welcome but I fought it in honor of Jack London’s short story “To start a fire” in which the freezing protagonist never woke up and was eaten by wolves. After a couple hours the train sided in the mountains to allow another to pass. Unable to stand, I rolled off the car and onto the snowy ballast near the rail, then crawled away from the wheels as the train started. I was lost in the mountains, but now I could move and begin the steps out of hypothermia. I belly crawled for five minutes, then on hands and knees for another five minutes, then managed a Frnakenstein gait for the good part of an hour. I happened across a sheep manger with straw and fell to sleep. In the morning it was a new, sunny day and I walked out of the mountains. Kures are better received from recovered survivors, so be assured that if you move to heat you’ll weather most any hypothermia.

HEADACHES

What is it? Call it migraine, tension, cluster or simple, it’s hurts. The causes are unknown or disputed, which is tolerable because there are treatments. The signs are mainly pressure and pain. It’s commonly said that 90 percent of all headaches are due to tension.

Traditional treatment: Massage, a cool and quiet place, nap, distraction such as sport, biofeedback, relaxation training, over-the-counter pain relievers.

Kure: If necessity is the mother of invention, this is a case of Kure being the offspring of headache. I developed a regimen during ages 8-20 that was so extensive I used to keep a list and check off the self-treatments one-at-a-time to ensure not one was missed.

Here’s the list: 1. Endure while doing something enjoyable, such as a quiet walk, until it goes away. 2. Lie down where it’s cool, for e.g. an air-conditioned room. Perhaps nap for a thirty minutes. 3. Cover the eyes with blinders or the palms of hands for five minutes. 4. Put an ice bag on the eyes and forehead. 5. Warm the hands by placing them in very warm water. I read this in a family magazine column and was gratified by the instant result. In time, I learned to substitute gloves for water, which worked well in combination with ice on the eyes. 6. Massage the temples. This can self-administered or by someone else. 7. The head support. This one knocked my socks off and I’ve been thankful to the student osteopath since his demonstration. He lay me on the hard floor and supported the back of my head with his two index fingers, one each under the two occipital condyles. These bony projections at the back of the skull can be felt as hard bumps near the bottom just above the neck. With the weight of my head resting totally on his fingers, he said to close my eyes and relax for a couple minutes. In that time a severe headache drained away. I learned to do it myself with two fingers each under each condyle.

There have been dozens of others on whom I’ve used the technique, often boasting that though the person may try to

retain the headache, it would disappear in minutes. It worked 90 percent of the time. I suspect the mechanism has something to do with either a pressure point below the condyle, and/or in conjunction with pressing on the long neck muscles that attach to those protuberances and tighten under tension. 8. Cold plunge or shower. I remember as my heart raced in glacier-like water that I would emerge clear-headed if only I could stay in for about three minutes. It worked. 9. Aspirin. 10. Throw in the towel and sleep for the night in a cool, quiet, dark place.

The treatments ran sequentially until success was had, and it was rare I got to number 7 before getting a Kure. Note that aspirin was a last resort and once as a kennel cleaning teen I went to the owner veterinarian and said, “I’m worried that I take too many aspirin.” He looked concerned and asked how many. “”Two a month, “ and he replied that it was not too many. I reflect even now on the determination to conquer disease without opening a medicine cabinet. As a postscript, at age 30 the headaches fairly stopped. The reason is I made a conscious decision to rebuke them come Hades or high water, and it worked. I believe strong resolve should be reserved for rare instances in life, and I have no regret for having dropped headaches.

HEATSTROKE

What is it? Overheating to a severe degree. (Also view “Hyperthermia” on page x.) The internal heat regulators are overwhelmed so body temperature climbs to the height of a likely medical emergency. Shock, brain damage, kidney failure, coma or death can result. The signs are body temperature over 104 degrees, headache, dizziness, confusion, hot, dry and red skin, profuse sweating initially followed by sweat shut-down, rapid breathing and heartbeat, and muscle cramps.

Traditional treatment: Nearly every case is treated as an emergency and a professional sought. While waiting for help, the patient is moved to shade or an air-conditioned room, cooled with a wet sheet, feet elevated, fanned and given cool liquids.

Kure: The reality is that there is often no help around when a person transitions from hyperthermia to heatstroke. Recently I hiked in the summer desert hills and became lost. After 20 hours and with all 3 liters of water gone, my tongue and oral cavity swelled and stuck together to impede breathing. I had to drink urine to open the airway. There was a GPS backup but it failed in this one instance; a second backup, a cell-phone was useless because I had no voice. I was in mild heatstroke when night’s cool saved me. I walked all night to safety.

Super-hydrating is the preventative Kure for extreme exercise in a climate apt to bring heatstroke. My formula is force-drink a pint each of distilled water, orange juice, milk and Gatorade before starting out. Wear a broad-brim hat. I concocted a double-hat for desert walking, in which one is placed atop the other, with about ½ inch space separating them. The top layer reflects the sun and the bottom holds sweat to act as a swamp cooler in a slight breeze. Douse the bottom one with water to enhance cooling. Key to hot weather walking without overheating go with the back to the sun, and save a downhill for the return trip. I walked the length of Death Valley as a childhood dream and found the going fine because my back was to the sun and it was winter months. In mid-trip I came across the bleaching bones of a hiker who apparently hadn’t read the Kures, though I don’t recall his orientation to the sun.

The onset of heatstroke is insidious, like altitude sickness and scuba nitrogen narcosis. A fit person can march through the mild warning signs of dizziness and confusion only to collapse when in too deep a state of heatstroke. When I walked the hot length of Baja California I didn’t trust myself and constantly drank water, carrying a jug in each hand and more in the backpack causing me to urinate every 15 minutes. Monitor urine for frequency and color to develop a relationship to body hydration. If heatstroke strikes, follow the traditional treatment plus slowly drink the tepid Kure combination of water, juice, milk and Gatorade.

My remote desert trailer is along an illegal alien pipeline that runs from the Mexican border into California. One afternoon I returned to find a dozen illegal Mexicans collapsed in the shade of the trailer. Some were eating the inside of barrel cactus for moisture and others were passed out. They were hyperthermic and approaching heatstroke with rapid respiration and heart rate, headaches, stupor and elevated body temperatures, but none thought it serious enough to want to call immigration and be shipped back to Mexico. I gave them liquids and shade, which is allowed by law, and saw them off to the North.

Humidity with heat brings heatstroke more quickly than heat alone, for the same reason that a steambath heats one faster than a sauna. I overlooked this once on a summer distance run in Houston and went to the ground, but learned the reviving effect of alcohol rub and ice rub. Now I've developed a habit when overheated to head for the nearby cold Colorado River to soak for 10 minutes. Relief is quick, and a cold shower or bath work as well. The biggest tip to pass from experience is your body adapts to heat, as to other extremes. Take heat in small doses for two weeks before a full outing. Freeze two gallons of water and carry it, drinking the trickle. By the end of the hike or workday you'll feel refreshed.

HEMORRHOIDS

What is it? Also called piles, this is a ballooning of the network of veins under the mucous membrane and skin which lines the anal channel and anus. They can be thought of as a varicose veins that causes itching, maybe bleeding, in the area. This is said to be an all-American condition and one of every people on the sidewalk has them.

Traditional treatment: Slim down, sit in hot water, soften your chair, soften the stool, keep the anus clean, exercise, defecate at initial urge, avoid constipation strain, lift heavy objects carefully, a high fiber diet, suppositories, itch ointment, drink fluids, and surgery.

Kure: I agree with the traditional treatments above. Try them one, not more, at a time and assay the result. Reuse the successes. This is called a controlled experiment, as opposed to simultaneously trying multiple variables and learning little.

The condition has been studied from so many angles it would be difficult to come up with original Kures had not it been for Racquetball. As a professional player I matched strategy to opponent, and n one match I decided to take the legs out from under a player who was renown for his stamina, figuring then his game would collapse. It worked, and a few years later he came to me grimly and said, "In that match you made ran me so hard I got terrible hemorrhoids. I've tried many treatments that don't work. You caused it, now can you fix it?" I felt so bad that I began a study of subject, placing each new solution into a shoebox until I had enough to write an intelligent report to the sport. These are provided above in the conventional treatments, plus there are some originals below.

I suspect there is a secondary infection in many hemorrhoid conditions, especially those that bleed. A secondary infection means the inflamed anal tissue is more susceptible to bacteria. (Read "Compromised host" on page x.) I disagree with the experts who advise avoiding soap at the anus since it irritates. Wash vigorously with lots of water and soap to cut the filth, then apply alcohol (and wait for the burn) or topical antibiotic. It is important to rub these in well (See "Cuts and scrapes") because the heat and mechanical action carry the cream into the tissue, not just on top of it. You can sit on a heater or nearly on a candle to facilitate ointment penetration, and for relief.

I emphasize the importance of toning the anal veins to resist ballooning by practicing total body fitness. Additionally, remember that when you exercise you help hemorrhoids in two other ways: you'll drink more fluids and lose weight in the long run. Finally, I believe anal intercourse should be avoided in the hemorrhoid-ridden person. Some day someone may link bleeding hemorrhoids to anal intercourse to AIDS.

INFECTIOUS MONONUCLEOSIS

What is it? A viral infectious disease most often seen in people aged 10-35. It is generally not serious unless the spleen enlarges. Usual symptoms are a bad sore throat, swollen lymph nodes, possibly enlarged spleen, fever, weakness, headache, stiffness and other typical viral signs.

Traditional treatment: Bed rest, fluids, aspirin and gargle for the sore throat. Monitor spleen size. Expect to lie still for at least 2-3 weeks.

Kure: "You have the second worst case of mono in the history of San Diego county!" exclaimed Doc Hannah. "Get in bed." I was in the peak of health as a pro athlete, age 30, and the weakness, sore throat and nausea hit me like a ton of bricks. I lay

like a stone for a month and recall the number one radio tune was “There’s got to be a morning after”. Quick in, faster out is a medical adage, and one day I woke up, ate three breakfasts and was healed.

The lessons from this experience are hard-hitting: Diagnosis – a sore throat with weakness and enlarged spleen are clues of mononucleosis. Treatment. - stay in bed two days after you feel like getting out. If the spleen hurts or feels bigger to the touch, consult a doctor. Aftermath - relapse is a distinct possibility that some doctors underplay. In my case, I felt like entering tournaments immediately but my sports medicine doctor stepped in and said wait another month. Drink great volumes of good liquids throughout treatment and recovery.

LICE

What is it? Lice are small, gray, wingless bugs that crawl on the body and feed on blood. There are head, pubic (crabs) and body lice. Females lay eggs (nits) and these, or the insect itself, is spread by direct contact or via clothes. The itch and scratching may cause a secondary skin infection.

Traditional treatment: Prevent by cleanliness, washing clothes and checking for nits in pubic and head hair.
Avoid sharing clothes, hats and combs. Treatment is fairly straightforward and lice usually don’t pose a health hazard beyond nuisance. There are many over-the-counter body lotions and shampoos that work.

Kure: The lice pros forget to emphasize the mechanism of the killing cream on the skin or hair. Rub in well for a minute, leave it on for generally 12 hours. Stay naked with the lotion on if possible. Reapply if you sweat, bathe or workout. After the suggested time, I think it’s important to wash with hot water to get rid of the lotion, dead insects and nits too. In the case of scalp lice, massage the shampoo into the scalp, then leave on twice as long recommended. Read about the fascinating life cycle of lice to understand the importance of changing clothes and laundering daily n hot water. I would exercise often and drink plenty of fluids to promote vitality and reverse any toxic effect of the lotion.

It is common in third world countries to see families on the porch picking nits from each other’s scalps, and in a college hobo class I once taught we tried the same, though none were found. Some missions I frequent while vagabonding require a preliminary “bug check”, which is a diagnostic ultraviolet light shined on the crotch and head. One nit and you get the bum’s rush. True hobos, who ride the rails and usually eschew missions, sleep outdoors and have their own Kures. I have seen them “boiling up” their clothes in camps to kill the “gray soldiers”. They carry urinal soap in the pocket to stay lice-free. Herbal pharmacy also offers sweetflag, neen and turmeric as pediculicides (lice killers). Or, try the Elings cure and shave half your head.

LYME DISEASE

What is it? An infection common in New England caused by a bacterium that is carried from mice or deer to people. Animals remain asymptotic (no disease) except humans who may display the diagnostic bullseye at bite sight within 30 days. This is a red rash with pale center and the bite lesion (small, red and flat or raised) lays in dead center. Flu-like symptoms may occur in that month, while in the ensuing two years there is a preponderance of reports of other complaints including joint problems. Not everyone is susceptible to the disease, there is little chance of infection if the tick is removed within a day after attachment, and even for those who contract Lyme disease there is often spontaneous remission.

Traditional treatment: Tick check and removal, treat the symptoms, antibiotics and pain relievers.

Kure: The pillars of this disease, including diagnosis, testing, symptoms and treatment, in my opinion are inconclusive yet breed New England paranoia. I lived and hiked daily in a tick-infested Connecticut woods which crawled with mice and deer. I picked tiny “deer ticks” off the neighborhood kids, dogs and myself regularly. This tick-picking is the key to prevention of the disease. At a catered dinner table at which I sat the host turned to his wife and said, “Dear, is that a tick on the cheek?” She replied, “Yes, dear, shall I get the tick kit?” She did and we were entertained. He didn’t develop any symptoms, but one day I

met a woodsman who did. He had displayed the typical 3-inch red bullseye around the bite, developed some flu signs, then joint pain, and was cured by antibiotics.

Remember that not all ticks cause Lyme disease, and even among the correct ticks only 20-60 percent carry the bacteria. Even then, many people who are bitten don't contract the disease. I don't let it keep me out of the woods, and would volunteer as a guinea pig if it would have statistical impact. Of course, ticks should be removed and I disagree that one cannot be removed with head intact using petroleum jelly smear or a blown-out match on it's butt, though the pro tick kit with curved tweezers and integral magnifier is better. Mind where you toss the tick. I drink lots of fluids and move around for a day after taking off a tick. New Englanders will dispute it, but I think Lyme disease is a compromised host project of nature (See "Compromised host" on page x.), and if you stay in shape with accompanying excellent circulation and lymph systems you'll stay safe in the forest.

MUSCLE CRAMP

What is it? Painful tightening of a muscle from extended use, dehydration and electrolyte depletion. An injury may also trigger the cramp or, rarer, a systemic problem such as diabetes. Most athletes experience a cramp sooner or later and rise to compete again.

Traditional treatment: Ice the cramp and take fluids and electrolytes such as via a sport drink. Stretch the cramped muscle and massage. Pinch the upper lip. Quinine with doctor's approval.

Kure: Crying, like pinching the lip, distracts and often lets the cramp muscle relax, as I personally attest. I like ice on the spasm for the first hour while keeping the muscle in a stretched position and sipping constantly from tepid (not cold) electrolyte replacement drink. Note that any sport drink should be diluted 1:1 with water, whether used for prevention, enjoyment or treatment. . If you have a cramp prone muscle, stretch it before and during exercise and keep it warm and out of drafts during a rest or time-out. The adage "drink before you get thirsty and rest before you get tired" is prudent. .
In sports contests there may be no time to rest. I used to forestall cramps on the racquetball pro circuit by voluminous pre-hydration, plus a game strategy that utilized rally-ending "killshots" to shorten matches. Nonetheless, I succumbed to cramps a dozen times. The worst was at a Patterson, NJ tournament where I entered two events, singles and doubles, and worked to the finals in both. The cramps started on the plane trip home, and the two large trophies on either seat beside me were no help. I fastened the seat belt and both hands tightened. I raised my eyes in surprise and both lids cramped. Trying to relax, I tilted my head back and the throat contracted. Then other muscle groups went and I could do nothing but stare. This was an extreme case due to typical causes, along with the plane air conditioning. I sat it out and by the time the plane landed in Detroit had recovered all but the legs, which returned the next day.

I've experimented thoroughly with leg cramps of the quads, hamstrings and calves. Mental control plays a role, but stretching, warmth and liquids before and during extended workouts are better. You can "run through" a cramp as I did in a marathon, but it has a possible steep downside, so be careful. In the particular race, the leg tied up at about the ten-mile mark, then was okay by the 20-mile mark. However, once I tried to bicycle through a calf cramp on a trip between Canada and Mexico, and I still occasionally pay for it. If possible, stop and treat a cramp immediately. When icing skin, either move the cold around or pack it in a cloth. A night's rest and slow return to activity works almost every time for a muscle cramp.

Less serious is the related occupational cramp. These come from turning a wrench, writing, painting or typing, woe if a boss notices a slow-down. The contracting muscles are smaller, so less painful, and the Kures are the same as other cramps. Instead of a coffee break, take a sport drink one.

NECK STIFFNESS

What is it? It hits nearly everyone sometime and the symptoms include a sharp pain, tingling, ache or just the stiffness. There may be a grating sensation upon head rotation and a shooting sensation down the back or arm. You can wake up with a stiff neck, play sports and suffer it, or suffer a blow from an accident.

Traditional treatment: Apply cold during the first day, and heat thereafter. Stretch and exercise the neck. Rub in topical ointment to alleviate pain and inflammation. Visit the doctor if it persists or is accompanied by fever or swollen lymph nodes.

Kure: The methods above reflect those I used for years as a wrestler, however I came to devise more. Cold treatment in the form of ice within a cloth is crucial for swelling in the first 24 hours. At night, sleep with a long towel or sweatshirt around your neck for warmth. Sleep on your back without a pillow other than maybe a heating pad under the neck. A waterbed helps. (View “Sore back” on page x.) A cold draft on the neck anytime should be avoided.

From here on, the Kures become strange and proportionally effective. If one doesn’t get the stiff neck from sports, arthritis or accident, the likely cause is overuse at the computer, T.V., or from reading. The mechanics of these is that if you take any joint, put it at an odd tilt, and hold it there long enough, there’ll be stiffness. The head sits like a bowling ball atop the shoulders and is attached by the neck muscles. Most computer monitors are mounted lower than the nose and this makes the head roll forward on it’s stalk. This brings the muscles in the back of the neck into play to keep it from rolling forward, and after a few hours there,s pain or stiffness. The correction is so simple as to be laughable. Raise the computer screen with books, wood or bricks so the midpoint is eye-level or slightly higher. There is instant relief, as well as prevention all at once.

I once spent a year at the computer, eight hours a day seven days a week, typing an autobiography. My endurance was tripled by raising the screen and doubled again by turning the monitor upside down. (See “Vision problems” on page x.) The idea is that words and sentences flow from left to right (unless Hebrew, Arabic, Japanese or Chinese) and the body, especially the back and neck, “set” to receive the images as if preparing for little blows. When you turn the monitor upside down occasionally, the word flow in the opposite direction to allow the eyes, neck and back to set in another way. Similarly, if you read many books, learn to turn the book upside down and read from bottom to top, right to left. I’ve tested this on people with eye, neck and back problems to great satisfaction. You could also give “mirror writing” a try. TV heads should put the screen just above eye level.

Massage and exercising the neck help in recovery. I developed a sequence of neck rotations, flexions and extensions that are easily copied from the imagination. Analgesic heating ointments work but fall short unless rubbed in well for a minute. I have a theory that some chronic stiffs are the result of poor vision, and if you suspect this then fit yourself with a pair of nonprescription reading glasses from a pharmacy or see an ophthalmologist.

PSORIASIS

What is it? A common skin condition that shows in itching, red patches on any part of the body, though most frequently on the knees, elbows or scalp. The rash consists of raised, red bumps covered with whiter, flaking scales. In affected areas, new skin cells produce at an accelerated rate and work their way to the outermost layer where they accumulate to cause the ailment. General health is normally not altered, however the unsightly patches are tenacious and potentially embarrassing. The cause is unknown, though stress has a suggested role.

Traditional treatment: Use moisturizing creams for dryness, cleanliness, controlled ultraviolet light, mineral salt bath, vitamin A topically and orally, symptomatic treatment of itching.

Kure: For prevention, I believe a person who relaxes daily is less prone to psoriasis. A fit person who eats well, drinks good water (View “Bladder stones” re: water on page x.) and exercises daily should never need worry about it. For treatment, I suggest strong exercise and especially swimming. Understand that raised heart rate during physical movement increase circulation through the skin and underlying tissues, which promotes healing. Outdoor exposure to sunlight and air is beneficial. I concur with vitamin A therapy without going overboard, but if taken orally precede this and any medication with a glass of water before and another after. Eat well and consider becoming a vegetarian. Wear no clothes over the rash, and try to find a hot spring to soak in.

A rare date visited my far-flung desert trailer last year and was shy about showing her legs. “I have psoriasis that won’t go away.” She acknowledged that stress multiplied the condition and benedryl relieved it. (This is a popular medication for sensitivity or allergic reactions.) I told her to walk down to the wash (a dry, sandy riverbed), take off her clothes, put a layer of clean, white sand on the patches and sit in the sun for an hour. She returned in smiles and with hardly an itch, for the condition had abated by half. Next I went up the hill to a desert family for advice. “Why,” the lady of the house said, “I was just

bitten by our pet scorpion and have some benedryl I'd be happy to give." She produced a baggy with a small amount of ointment that had melted in the heat. My date applied it in the convenient pre-warmed form (See "Cuts and scrapes" re: heating and rubbing in ointment on page x) and found even greater relief. After three days of the repeated regimen, the skin had healed well and she returned to civilization.

RUNNER'S KNEE

What is it? Pain at the front one or both knees, sometimes with inflammation. Actually a small sprain of the knee ligaments caused by overuse rather than sudden trauma. The condition is fairly common in varying degree s among joggers.

Traditional treatment: Initial diagnosis is on the basis of discomfort. Most knee conditions respond to rest with hot or cold pack treatment. Another activity should be engaged for a few weeks to prevent recurrence. . In moderate cases, mobility may be hampered by swelling, but in severe instances cartilage may tear and cause the knee to lock up and a doctor should be sought. Aspirin or anti-inflammatories may be used. . Athletes find the symptoms more a nuisance than permanent.

Kure: This entry deals narrowly with overuse by the runner or athlete. I have seen it often, suffered it occasionally, and treated it with satisfaction. Prevention begins with the shoe, and the air soles work well. Consider a quality insole for this jarring injury. Moreover, try two insoles per shoe. (View "Bruised heel" on page x.) Running or working surface is as important as shoe. I never had the symptoms while running for five years on the "hard sands" of high tide along the California coast, but the old injury would flare on pavement. Dirt roads make fine surface. If you run a track, circle in the opposite direction and feel the relief, usually, provided to the outside leg and knee which is allowed a longer strides. Once I ran 100 laps around an indoor eighth-mile track to prove the point. The traditional treatment of switching to an alternate sport is both sound and underrated. Stick with the other activity until symptoms abate, plus at least two weeks. A similar program is alternating sports by the week, running for one, bicycling the next, swimming the third, and so on. Finally, there is the "run through the pain" course as advocated by my former cross-country coach. I once did this in a marathon and the pain disappeared at mile twenty, but this is not something I recommend.

My proudest discovery used to be outlandish: walking and running backward. Now, though, track coaches realize that quadriceps (front) muscle tears on their sprinters can be prevented by having them sprint backward to strengthen the hamstring (rear) muscles. This stabilizes the knee to avoid sprain. Once I jogged backward for an hour on a treadmill and rather than feel knee pain, it subsided. There are other exercises such as leg "cross-overs", "kangaroo hops" and "monster walks" (taking large steps while bending the knee), as well as exercises with weights. From a lifetime of and recovery from mild knee injuries, I use and suggest ankle weights for knee strength and stability at home, at the work place and in the sports field.. Use them before injury for prevention, or during rehabilitation - after there is no more pain or swelling.

Ice or heat? Apply ice to swelling during the first 24 hours, especially in the first hour. If there only pain, I don't use ice except for pain. Wrap the ice in a pillowcase or towel. My habit is take sports injury to the pool where flutter kicking using a kickboard or while holding the poolside builds strength, endurance and flexibility. I once invented underwater racquetball, using a lightly weighted ball and scuba gear. I've also done sprints in water, but it requires waist or ankle weights to keep from floating. Surf running in a foot of water builds tremendous legs. Race horses train underwater with heads out, and I foresee the same for two-legged athletes. There will be gyms underwater to the shoulders until space exploration takes us to Jupiter where tremendous gravity resistance will be the training grounds for champions.

Once I went to a doctor for a job physical and noticed him limping. He was a triathlete and had a sore, swollen knee from running and working. "Let me tell you five things about knee injuries your doctor won't tell you," I said, and proceeded: 1. Switch to bicycling until the inflamation goes. 2. Run on nothing harder than dirt. 3. Start backward walking and running. 4. Sleep on your back with the knee elevated. 5. After recovery wear ankle weights around the office. I tapped my own weights and said to check with me in two weeks.

SNAKEBITE

What is it? This entry describes a bite from a venomous snake, as opposed to a nonvenimous one which usually can be treated as a simple wound or animal bite. A poisonous snakebite is always serious, yet unless the victim is a child, elderly or infirm, there is not a likelihood of death.

Traditional treatment: Modern advice is seek medical attention immediately. First aid is to place the bitten area (usually a hand or leg) lower than the rest of the body, immobilize it with a board splint, and some authorities allow application of ice. Some suggest capturing the snake for identification.

Kure: One familiar with past decades of recommended snakebite procedure averages the sum and comes up confused. Modern experts say sit and wait for help, as if bites happen at the supermarket vegetable stand. Bitten folks tell me walk to safety if the wound's on the hand, or play wait-and-see if on the leg. Factors that come into play include fitness, distance to vehicle, availability of shelter, food and water, plus size and type of poison bolus.

There are four venomous snakes in this country – rattlesnake, coral,, water moccasin – and I'm pleased to have encountered them all in the wild. I'm most familiar with the western diamondback rattler, which I've jumped, skirted and stoned to scare fifty times. Yet I maintain respect, and one time after walking 600 miles through Baja California I chose to turn back just short of the goal because the rattlers got too thick.

Humans appear large to American snakes and I've never had one chase me, nor have I heard a reliable account of it happening. The meanest looking snake I ever saw was a water moccasin while on a walk the length of Florida. He had a brow like an ex-con, was four feet long, and peered menacingly through raindrops as I dipped into his guarded pool for. He held his ground, as snakes will, but didn't attack. However, had I had fish breath or been carrying a fresh catch he would have been in my face because this is his daily fare.

My Kure procedure was developed after I understood the idea of a bolus of poison lying in the tissue and the desirability of stalling its absorption and transport to the heart, lungs and brain.. I carry a suction "Extractor" available at outfitting stores which creates a vacuum to draw the poison. My mental rehearsal for a venomous bite is this: Apply the extractor, a suction cup, or suck the poison out by mouth. Visualize the bolus as the size of, say, a pea and assume it stays firm in the tissue for about a minute (depending on the type of venom and site puncture) before being absorbed into the blood. I personally use a tourniquet as once taught in Boy Scouts and Red Cross first aid, but authorities now discourage its use. After suctioning, I apply ice to reduce circulation from the wound toward the heart and keep the bitten appendage lower than the rest of the body for the same reason

Some desert folks where I live catch rattlers by hand, but the most prolific was Butch, my San Diego flea market mentor. He displays scars of a half-dozen bites on his left arm, as his technique is to distract with the left and grab behind the head with the right. He says that after each bite the arm swelled painfully, he iced it, lowered it, took aspirin for pain and after a nauseating night felt fine. The point is to discourage snake catching while reversing the poppycock about aggressiveness of American snakes and their bites.

If you enter foreign jungles be careful because they grow bigger and great care is in order. My Peruvian guide was hired to shoot one that was bothering a village. He found the snake partially coiled on the ground and 45 feet long, looking down on him. He fired a shotgun blast from ten yards into the ear and It chased him through the jungle, knocking down small trees for a hundred yards before it expired. On one occasion in India, I was nose to nose with a 10 foot black cobra that rose from a from a charmer's basket. The man motioned with his flute that I could pet the snake so I did on top the head. It nudged my hand affectionately like a poodle, however it was stupid of me in the first place and I hope never to repeat the risk. (View "Traveler's illness" on page x.)

Two rattler snakebittens reported to me that they were rushed to the hospital and given antivenin. The trick is to give this intramuscularly. One of them didn't know this, nor his doctor, and seconds after the intravenous drip began he was "code blue' with a stopped heart. The other victim did know this but his ignored words before going code blue were "Not intravenously!" Both were revived and billed for cardiac arrest. Certainly a hospital or doctor's office is the place to be five minutes after a venomous bite, but it's prudent to know the Kures too.

SPRAINS AND STRAINS

What is it? A sprain is an injury to a ligament (attaches bone to bone), while a strain usually refers to injury of tendon (attaches muscle to bone). Either happens most often when there is twisting at a joint such as the foot or wrist that makes little tears in the ligament or tendon. There is pain and swelling, and sometimes a bruise and redness.

Traditional treatment: Most sprains and strains are mild to moderate and disappear in a few days by treating with cold packs and keeping weight off the affected joint. Most problems are treated at home using the acronym RICE: rest, ice, compression and elevation. Some people favor over-the-counter analgesics. If the condition lingers with pain, there is marked joint immobility or an increasing swelling then a doctor is consulted.

Kure: There is much to add. It is imperative to elevate and ice immediately following the injury before swelling becomes extensive. The most popular sprain is the ankle. It should be wrapped in towel-covered ice and raised a bit above the leg to beg the aid of gravity. Stay this way at least 30 minutes. Continue the 30-minute sessions at 3-hour intervals until most the swelling is gone. Discontinue at night but sleep with the injured spot raised. It's likely you'll wake with a normal looking joint the next morning, but proceed with caution. Now comes a transition period during treatment that is an art among veterinarians accustomed to horse lameness. Their historic controversy over application of cold, heat, or alternating cold/heat can be distilled to this: Apply cold for the first 24 hours or until the swelling is gone, but never heat. After the first 24 hours, and especially if the swelling is gone, apply nothing or warmth. In 2-3 days consider alternating cold-heat in 15-minute rotations to stimulate circulation as well as avoid swelling. During those 2-3 days continue to elevate the affected limb at night, and keep it warm. Wear a sock or mitten on an injured foot or hand at night, but it must fit loosely.

My baptism to sprains/strains came in college paddleball with a sudden, badly twisted ankle. The recovery was routine over a couple days, and I was back on the court again. Over the next two years in the sport of fast start-and-stops I repeated the sprain in both feet a dozen times and was guided to my own methods. I found a Kure in hi-top tennis shoes, after which there was hardly a reoccurrence. Hi-tops with canvas uppers add tremendous ankle support. My choice was Converse brand because I wore different colored shoes on each foot to display individuality and the company offered a crayon box selection. Later they sponsored me.

Note that the acronym RICE is excellent for the initial golden 24 hours, but after the swelling and pain are out my conviction is gently move the joint to provide circulation to the area and to prevent it from stiffening. Easy sessions of walking, swimming or biking are fine. If the swelling persists, I advise to visit a sports medicine doctor rather than a regular MD. When I was 25 my regular doctor told me that because of past injuries I had the body of a 40-year-old. When I was beyond 40, my sports medicine doctor said that because of my active life I had the body of a 25-year-old.

As with other musculoskeletal problems, start with the most conservative treatment and progress to the more dramatic. I disfavor painkillers and non-inflamatories other than aspirin for mild injuries. Temporary braces are okay but catch them if they become a mental crutch.

STROKE

What is it? An obstruction of an artery carrying blood (with oxygen) to the brain, or the rupture of one of the cerebral arteries. The brain's requirement for oxygen is cut off with the result of a sudden, severe headache. There may be weakness or paralysis on one or both sides of the face or body. The legs may tingle and become numb. The signs of stroke have much to do with the severity. There also may be speech and swallowing difficulty, nausea, vomiting, vision abnormality, dizziness, confusion, memory loss and unconsciousness.

Traditional treatment: There is no cure, and two-thirds of cases result in permanent disability. Strokes are the third leading cause of death in America. Prevention is the key.

Kure: But there is a Kure, to a degree. First, I agree with prevention because a stroke is like getting hit by a tank, and it's better to get out of the way first. Picture arteries in the skull as thin convoluted straws that carry oxygen in solution to the

brain. These can be kept clean and open by proper diet and exercise. Food that is low in fat, cholesterol and salt keeps the arteries from narrowing. Exercise builds blood vessel integrity. Drink good water other than from the tap. (View “Bladder stones on page x.) Lose weight if needed so the heart doesn’t have to pump so hard. If you don’t like the idea of delayed gratification then statistically you’ll be a risk to join the aforementioned two-thirds.

Put aside a block of the day for relaxing. (See “Anxiety state” re: life priorities.) Hypertension is the greatest risk factor with stroke. The simple mechanics in my mind are that when the body “revs” continually it begins to think this is the normal state. The pressure of blood against its vessel walls is harder, and the chance of rupture increases. Besides stress, continual use of caffeine, tobacco and cocaine or amphetamine raises blood pressure. If there are regular periods of winding down, blood pressure decreases and the chance of stroke diminishes

At a relatively young age I had one of the more severe strokes I’ve read about. It was a painful learning trip to Hades for a few minutes until paralysis took over. I think respiration shut down until I lost consciousness. The next day I was surprised my timbers hadn’t been shivered permanently, and attributed it to being fit, if overworked. The first week of recovery I chose to spend in solitaire without conventional malarkey. I drink lots of fluid, walk great distances daily and found quiet places to read. I didn’t watch television or read the newspaper. Within a week all dizziness and uncoordination was gone, never to return. I went on to explore life as fully as before.

If you have a family history of stroke or high blood pressure, or are unable to switch at will into a lower mental gear, then look now to exercise, food and relaxation to pave your future well being. I used to work in an old folk’s home where I learned much of courage in stroke management. One old–timer remarked, “Listen here sonny. This ain’t a dress rehearsal. Live but live well.” The greatest healer of disease is a recovered peer, and hence the value of this book; I’ve contracted and shrugged half the diseases in Merck’s manual, including stroke.

TEMPOROMANDIBULAR JOINT SYNDROME (TMJ)

What is it? Pain and inflammation in the joint where the upper sides of the lower jaw hook to the skull. It’s curiously more prevalent in women. Tendons and ligaments that hold the jaw in place normally work smoothly, but with the condition there is a painful uncoordination during eating, speaking and other activities. The claims for cause include grinding the teeth for whatever reason, improper teeth alignment, eating chewy food, and whiplash or a blow to the jaw. In more serious cases there can be swelling at the joint, a clicking or popping noise, a locked jaw, headaches, earaches, and secondary muscle pains in the neck, shoulders or back.

Traditional treatment: Common sense attempts include hot and cold packs, eschewing chewy food, the conscious halt of teeth grind, stress avoidance, dental assistance or surgery, and tranquilizers or pain relievers.

Kure: This frequent ailment has irritated me in the past on three separate occasions: One time from chewing sticky candy too long, another from going into solitude only to return and talk too much all at once and strain the jaw, and the third time when struck in face. The TMJ sensation is distantly painful but mostly irritating. In one of the instances I got jaw clicks and that’s when I decided TMJ was simply a sprained or strained jaw. The conventional cures work but are incomplete. My technique on two occasions was give the face an overall rest and sleep warmly on my back without a pillow. The symptoms remitted in two days. The third case was tenacious and after a month I visited an orthodontist ground my teeth to perfectly expensive alignment that was ineffective. That’s when I gave serious consideration to TMJ and compassion to the hundreds of thousands of sufferers.

Let’s start Kures with the wisdom teeth and admit that perfunctorily pulling them is a money-making machine for dentists and a direct cause of TMJ. Of course, Veterinarians have parallels in their pet array of inoculations, and MD’s with yearly physicals for the healthy, so I’m not picking on anyone professional. I had mine routinely yanked at a young age for the usual poppycock reasons. Keep your wisdoms if your dentist gives you a choice. The reason is they are the large rear part of the platform interface between the lower and upper jaws, which is where TMJ occurs.

Grinding teeth is probably for the same reason why folks bite their nails – noise. Chronic TMJ victims should shy from the stress of noise and its facial ramifications. Sleep quietly on your back without a pillow so the jaw falls back into a more

restful, natural position. Chiropractors may suggest poor posture as leading to TMJ a la thrusting the chin forward, but they forget this also takes place if you sleep on your stomach. People who say they can't stop talking and have TMJ have likely self-diagnosed the cause and Kure. Finally, I developed some preventative jaw exercises for myself which are easily explained by pressing the lower jaw against a resistance to the side and downward directions. I think general fitness would cut the incidence in half, as with any other joint sprain or strain. I finally got rid of my worst case with these methods, combined with eating nothing but soft foods for two weeks.

TICS

What is it? Involuntary, quick, repeated movements (or less frequently vocalization) of unknown cause, ranging severity, and varying duration. The tics usually involve muscle groups in the face or shoulders and arms, though they can be elsewhere. Some common cases include multiple blinking, raising the eyebrow or forehead, mouth-corner twitching, head turning, shoulder shrugs, facial grimace and leg kicks. . Psychologists are fond of pointing to accompanying behavioural disturbances.

Traditional treatment: The cause of simple ticks is said to be mysterious, giving the pros little to build on. Most simple tics spontaneously disappear in a year or so without treatment. Behavioral therapy is used, or drugs in extreme cases.

Kure: Mechanism is important in disease treatment because if one identifies cause and removes it then usually the disease no longer exists. My idea is that in a simple tick there is a nerve and a muscle involved in a vicious loop of mutual stimulation. Soon there's a re-firing nerve and an inflamed muscle. Which comes first, the nerve or the muscle; it can be either. If one can be corrected, the tic disappears. He question becomes how to bring to rest one or the other.

Treatment requires getting at the tic from inside and out, and it can take weeks or months to heal. General exercise accomplishes the inside job by continuously changing the "bathwater" in which nerve and inflamed muscle sit. Specific exercise of the tic muscles warm it and produce a "memory" that eventually lets the area relax. Good diet and especially water must be taken. Massage to the affected area twice a day.

The next idea is offbeat, but I've used it regularly in sports to success. Any body movement can be performed by any of a number of muscle groups. Take the simple act of raising the hand over the head - there are many muscle groups to choose from to orchestrate this. I think the best way to move, from walking to throwing a baseball, is to use the smallest muscle group that is closest to the point of action. The application to tics is simple. There is one muscle or muscle group that produces a tic, yet there are other non-diseased muscles that can take over the same movement as the tic. Learn those other groups by practice, use them and give the tic a chance to rest and heal.

There is a place for will power, therefore for behavioral training, in this condition. I once experimented with blinking for a month, attempting to stop. The blink has been said to be a natural tic. I succeed for periods of up to an hour, then usually slipped, but am convinced that with fuller attention better results could be had. A tic victim can concentrate in like to free himself. One finds more will power in times of less stress, and thus by simplifying, slowing and quieting, the condition may self-correct. Sleep with the affected area in a relaxed position that mildly stretches the involved muscles. . Consider earplugs and nightshades. Warm it all night. There is no place for tobacco or caffeine among tics. Decrease orgasms but continue to workout at the gym or track.

TRAVEL FATIGUE

What is it? A low energy condition that may accompany travel. The primary symptoms are not serious but can sour vacation fun or undermine business efficiency. There may be headache, nausea and decreased mental performance. There is no infectious agent though being compromised could allow a secondary condition such as a cold to take hold. It usually disappears within a couple days after return to home port.

Traditional treatment: Prevention includes being rested before travel, being fit, drinking liquids before departure, and

relaxing. Treatment is symptomatic for nausea, headaches, with a possible alcoholic drink or tranquilizer. Good sleep during travel is essential, as is proper food and continued liquids. Maintaining ones normal sleep and feed patterns during a trip helps. Time zones crossing is handled many ways. Some people choose a flight that arrives at the hour which normally begins the workday or, alternatively, that arrives at the usually bedtime hour and immediately go to sleep. Another option is arrive for an important meeting a couple days early and prepare by relaxing. Finally, some prefer to reset their body clock several days before leaving home by developing a sleep-wake cycle similar to the clock hours at the destination.

Kure: There are many conventional aids for this widespread malady, and I can add a few to the pot after having crossed thousands of time zones. Arrive hours early at the airport and spend time kicking back. Distraction works so bring a cliff hanger book. The amenities of flying business or first class are effective if affordable. Once after a month on a 13 country investigative tour for a speculator I felt myself becoming dull. I upgraded the tickets and used other Kures to be sharp in a couple days. In my opinion, physical fitness is directly proportional to resistance to symptoms. Keep the body's internal works traveling with lots of liquid; take your own in quantity onto the plane. I also pack a first meal in case the flight, train or bus is delayed. Some authorities advise eating less to beat traveler's malaise, but I disagree and eat more as long as there is fluids to wash it along. Finally, the "redeye" or night trip is a favorite because I sleep during transport and awake fresh as if never having moved.

I divide travelers syndrome into two categories: short and long term. The short occurs in the first couple days due to the stresses of haste, change in schedule and crossing time zones. The long-term condition comes weeks or months into the trip and is due to being intense for too long. The former has been covered, and the latter is common among my round-the-world ticket traveling peers whose journeys extend up to a year. I've seen them raving or crying without knowing why and, similarly, I've weathered bouts a couple times with insight. I tell people to force themselves every 3 weeks to stay in one place for four days, preferable a white sand island resort. During a stint of twenty years of nearly constant travel to a hundred countries, the longest swing was 18 months through Africa and South America. I learned that the acute form of travelers illness is hardly a factor on long trips, which is encouraging because it show the adaptability of the body and mind.

Whether short or long term, spend the first day at a new spot taking it easy. Continue to eat and drink well, and add an hour of sleep that night. I wear nightshades and earplugs during plane, bus or train trips to decrease sensory input. The best tip to health during travel is pack a pair of running shoes. The first step upon new turf is a sightseeing jog.

VISION PROBLEMS

What is it? This entry is intentionally general. It includes far-sightedness, near-sighted ness, lazy eye, photophobia, glaucoma, cataracts, double vision, detached retina and more, especially from a neurological viewpoint.

Traditional treatment: One customarily goes without forethought to an ophthalmologist (eye doctor) who prescribes aids.

Kure: Better vision can be had without glasses. Find books on your library shelf if you like on eye exercises for various conditions. I've tried their techniques and heartily recommend them for simple conditions like near or far-sightedness and some others. I postulated the use of eye exercises to improve vision because of a background in anatomy before coming across the books. The eyeball is like a Ping-Pong ball attached by muscles all around to its bony orbit. The eye also accommodates for distance using lens muscles, and the iris is muscular. So seeing is much under voluntary control is akin to lifting weights in that one strengthens and coordinates muscles.

I am a substitute schoolteacher and one way to grab class attention is by holding a book upside down and reading aloud. "How?" Is the reaction, and I reply, "This reminds me of the child who was handed a violin and asked if he could play. He said he didn't know because he hadn't tried yet." Then my class turns their books upside down and begins reading bottom-to-top, right-to-left easily. That is the lead-in to a course I once offered at a community college, "The art and science of backward reading and writing", and is also the best exercise Kure for general vision problems.

The backward reading idea began after I won some national paddleball titles and decided to switch to the opposite hand for competition. I was a natural righty with strong backhand which I secretly attributed to having longhand written so

much material. The motion of moving a pen across a paper from left to right is remarkably similar to the swing motion of any sport's backhand, so I began writing in mirror image with the left hand with the goal of a proficient backhand. Within a year I was placing well with both hands in tournaments and dreaming of meeting myself in the finals righty vs. lefty.
Convinced I was on to something with the backward (mirror) writing, I looked for ways to read in same, trying a mirror at first and then turning books by the dozens upside down. Later I would type pages by the thousands with the computer monitor upside down. I began to notice a visual difference too.
If you like to read and want greater strength at it then try this. Read an hour with the book positioned normally for 15 minutes, turn it upside down for the next 15 minutes and alternate throughout the hour. You'll have unbelievable stamina and eventually be able to read continually for hours. It's like curling a weight with one hand, then resting that muscle while you curl with the other. Do you do sports like baseball, tennis, soccer, boxing or basketball? If so, try backward reading to cause your eyes to track objects better from right to left. Words in a sentence flow like sports balls, and when you practice reading with flow from right to left you automatically improve your athletic vision.

Next, go to go to mirror image writing. That's what I did after discovering the advantages of backward reading. Leonardo da Vinci called it his secret mirror code, but I developed it independently. At school I write an assignment on the board and the girls pull out their compact mirrors and read it aloud. I show the class how to practice writing the mirror alphabet and simple words, as I had done in learning.

We are a visual society, bombarded by the second with print that flows left to right. I hypothesize we are visual versions of hunchbacks, overdeveloped on one side. This causes eyestrain, headaches, neck and back strain. (View "Stiff neck" and "Sore back" on pages x and y.) Turn a book upside down and after reading a while find as others have that they suddenly adopt a different head, neck and back posture and their little pains disappear. Many visual problems improve also. If convinced of this Kure, the next step is writing in mirror image and turning computer monitors upside down.
Any monitor should be set at eye level or slightly higher. Placing the monitor higher than normal corrects a lot of neck and back strain since the head is like a bowling ball with muscles attachments at the neck to keep it from rolling off. With this more relaxed posture the eyes function better in the long haul. (View "Neck pain" and "Back pain" on pages x and y.) Some other tips: Dim the contrast. Pick a print that is sans-sans, i.e. simple and pleasing to the eye; I prefer Arial in 8 point. Use black and white rather than color. I've learned to see things around me and recall them in black and white because recall is quicker, more acute and after image disappears more rapidly. It isn't as pretty or fun, but that's the trade-off. These applications hold for TV's too.

I was a child diagnosed as myopic, photophobic, strabismic and having one of the worst cases of depth perception the doctor had ever seen. I conquered these without glasses or professional help, and encourage others to try the same Kures before consulting an expert. Note that the book Keeley Kures was born when I got an e-mail from a photojournalist acquaintance, Art Shay, who was having a terrible time with double-vision. "I've been to all the specialists and nothing works." I introduced him to eye exercises, backward reading and writing, and made some changes in his computer habits. As his eyesight improved I got an e-mail, "You ought to write a book on Keeley Kures." He became the co-author and the rest is history. One day perhaps this book will be printed in mirror image, sold with an attached mirror as a training aid.

WARTS

What is it? A benign, often persistent skin growth caused by a virus infection and found most commonly on the hands, soles of the feet, elbow or face. Appearance depends on location and type. They are only mildly contagious (except the genital variety) and not spread by direct contact. People with weakened immune systems (See "Compromised host" on page x.) are more susceptible. Toads have wart-like bumps but humans don't get warts from handling them.

Traditional treatment: The usual technique is wait for spontaneous disappearance within two years. Others include over-the-counter wart-removal medications (usually containing salicylic acid), freezing them off with liquid nitrogen, destruction with caustic chemicals, laser surgery, and electrocautery (burning them off with electric current).

Kure: The list of treatments is impressive and my contribution to arrange them into an itinerary. A rule of thumb is begin any disease treatment with the most conservative therapy and advance to the most aggressive or expensive. Start with a removal medication and experiment one-at-a-time until reaching treatments that require a doctor. Don't scratch or itch at the bump, and stay in shape to keep the immune system roaring. The most annoying wart is situated where it receives irritation, so if it's under the fingernails or on the sole of the feet you may choose the more aggressive therapy. For face warts use an electric razor or grow a beard to cut down on nicks which create virus entry points. Consider preparations from the herbal pharmacy such as dandelion latex or birch bark. Mine carried me around by the right knuckle for ten years defying every treatment and wish, until I went to India.

A thin guide led me down a cobblestone street jammed with shanties in a Bombay shipyard to a closed blue door. "This is the doctor," he hollered, and the door magically opened. A teenager in soiled rags slipped out clutching an antique leather medical case. He cracked it with a squeak to reveal a neat arrangement of scalpels, suction cups, hoses and medicine vials. He turned all attention to the knuckle of a gathering circle of shipyard ragamuffins and inquisitive neighbors, as kids crawled out windows, and a cow peeked out a front door. He was so professional and the case so worn that I forgot his youth and dirty rags.

"This is what wart roots look like," the doctor announced, shaking a vial of gray slivers that resembled half-inch flukes. The crowd gasped, and so I resisted asserting that everyone in the West knows warts have no roots. Nor did I argue as he set the fee at a buck a root.

He snatched a scalpel, demonstrated its keen edge on a dirty shirt, and took my finger in a steady hand. The wart lopped off onto the street without ceremony or anesthesia. Spurting blood threw the circle of watchers back, but only for a moment. "Now for the roots!" he drew them in. A quick hand movement produced a suction thimble that fell atop the red wound. In-and-out it squeezed the liquid up… he held high the cup.

''Roots!' he shouted, and poured a thimbleful of blood and gook onto a cobble. "Count them: One, two, three, four…and five!" They wiggled like tiny worms in soup.

The scamp extended his other hand, as I haggled the fee down to $3.00, that he swiped.

"Jungle powder!" he declared, and sprinkled black powder from a vial onto the wound, pressing it in with his forefinger. "Go in peace,' he said, lifting it. 'The wart is gone."

The crowd removed, the cow pulled in its head, the doctor closed the case, and the wart never returned.