

# The Power of the Mind

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Special to The Epoch Times

This four-part series describes how the mind can keep us well or make us sick, and offers tools for harnessing this power.

## Part I: What We Can Learn From the Scientists and Mystics

What distinguishes Western allopathic medicine from all other healing traditions are two key concepts: the separation of mind and body and the notion that nature can be explained

materialistically, (based on the pharmacological treatment of diagnoses). On the other hand, every non-allopathic healing tradition recognizes the inextricable link between psyche and soma. "Dis-ease" is not limited to the physical body; thoughts and emotions are some of the causative factors. Healing necessitates addressing these elements. Getting well is not just about fixing the physical body.

Thoughts are powerful vibrations that can keep us well or make us sick. Negative thoughts can make us sick and keep us sick. Positive thoughts can heal us and transform our lives.

These concepts do not come from the realms of pseudoscience. In fact, there is a tremendous body of scientific research that can support these principles.

Researchers in physics and engineering have been conducting experiments that suggest the profound effects of consciousness on the material world—how our thoughts can affect us. 1

For over 25 years, scientists at Princeton University's Princeton Engineering Anomalies Research (PEAR) Laboratory have demonstrated powerful correlations between human intention and machine behavior. They have shown that untrained individuals can influence the output of random mechanical and electronic number generators, just by thinking in which direction the numbers should go. These effects were found to be independent of space and time. Effects also occurred when the individual was thousands of miles away. 2

These ideas are millennia old and have roots in many of the world's ancient traditions.

However, Western allopathic medicine usually ignores these concepts. Most doctors did not study advanced physics in undergraduate or medical school.

These models dramatically influenced our understanding of nature, and physicists became more like philosophers. These new views of nature

were parallel to the ancient traditions of other cultures, to the healing traditions of other cultures and to mystical, non-Cartesian views of life.

Homeopathic medicine, a Western traditional medicine with ancient roots, based on the law of similars, treats patients according to their mental, emotional and physical symptoms.

Ancient Chinese medicine and Ayurveda (traditional Indian medicine) draw links between bodily symptoms and emotions. In Chinese medicine, the lung is the repository for grief, the liver for rage, and the kidney for fear. In Ayurveda, the vata dosha (airy, light, thin body type, light and airy) may yield different types of arthritis and worry, while the pitta dosha, (medium build, fire and water elements) ulcers and rage. To even consider a separation between these elements is contrived.

In Part II, the dichotomy between Western allopathic medicine and the concept of the inherent connectedness of mind and body will be elaborated.

### References:

1. Tiller, W.A., *Science and Human Transformation: Subtle Energies, Intentionality and Consciousness*. Walnut Creek, CA: Pavior Publishing; 1997

2. Jahn, R.G., and Dunne, B.J., *Margins of Reality: The Role of Consciousness in the Physical World*. New York, NY: Harcourt Brace; 1997

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Chris Hondaro/Getty Images

**PRAYER:** Praying has been shown to have a beneficial effect on patients in coronary care units in hospitals.

## Race, Weight, Smoking Tied to Menopause Symptoms

NEW YORK (Reuters Health)—African-American women are more likely than other racial groups to suffer frequent hot flashes and night sweats throughout the years leading to menopause, new research suggests.

The study, which followed nearly 3,200 U.S. women for seven years, found that black women had the highest rates of so-called vasomotor symptoms—hot flashes, night sweats and cold sweats—while women of Asian descent had the lowest rates. The racial differences persisted throughout perimenopause, the years

during which a woman's menstrual periods gradually diminish before stopping completely.

However, women of all races did show some similarities. In general, hot flashes and other vasomotor symptoms were most common in the late perimenopause stage, regardless of a woman's race, said lead study author Dr. Ellen B. Gold of the University of California, Davis.

Late perimenopause is the point soon before menopause, when a woman goes several months between periods. In this study, the percentage of

women reporting frequent vasomotor symptoms jumped during the transition from early to late perimenopause, with the same pattern seen in black, white, Hispanic and Asian women. The findings are published in the July issue of the *American Journal of Public Health*.

The study included 3,198 U.S. women ages 42 to 52, who were followed from 1996 through 2002. During that time, the percentage of women reporting frequent hot flashes and sweats climbed from 11 percent to 21 percent—"frequent" being defined as six

or more days in the past two weeks. Compared with white women, black women were 63 percent more likely to have frequent symptoms, whereas the risk was lower among women of Chinese, Japanese or Hispanic descent.

The reasons for these racial differences are still unknown, Gold told Reuters Health, and ongoing research is aimed at answering the question. But the current study also found some other risk factors that, unlike race and stage of menopause, can be changed. In general, women who were overweight were at greater risk of frequent vasomotor symptoms, as were smokers.

The implication, Gold said, is that maintaining a healthy weight and not smoking could help prevent symptoms. "These are two things women can do something about on their own," she said.

"There are lots of good reasons not to smoke," Gold added, "and this could be another one."

Source: *American Journal of Public Health*, July 2006

## Death Risk Rises in Women as Obesity Worsens

NEW YORK (Reuters Health)—Obesity is known to increase a person's risk of death and now, new findings from a study of more than 90,000 women indicate that the risk continues to increase as the severity of obesity worsens.

"It's not good enough to consider obesity alone," principal investigator Dr. Kathleen McTigue of the University of Pittsburgh, Pennsylvania, told Reuters Health. "You need to look at degree of obesity."

In a study published in the *Journal of the American Medical Association*, McTigue and colleagues evaluated the impact of body weight on death risk in 90,185 women enrolled in the Women's Health Initiative Observational Study. On average, the patients were followed for seven years.

Body mass index (BMI), a measure of body weight for height, was used to

classify the women as normal weight, overweight, or obese. Normal weight was defined as a BMI from 18.5 to 24.9 and overweight was a BMI from 25 to 29.9. The investigators defined three categories of obesity: obesity 1 (BMI of 30 to 34.9), obesity 2 (BMI 35 to 39.9) and extreme obesity (BMI 40 and higher).

"The risks of extreme obesity have not been well-defined," McTigue noted. But this study had enough subjects to assess that risk, she added.

As weight increases, so does the risk of death, but the risk is not statistically significant until one becomes obese, McTigue said. Compared with normal-weight women, she continued, "The risk of dying was increased 12 percent in all women in obesity category 1, while risk was increased 86 percent over seven years in women in obesity category 3."

In a University of Pittsburgh release, the researcher pointed out that "earlier studies, which tended to reflect lower degrees of obesity, may underestimate the risks of extremely obese individuals and overestimate the risk for mildly obese individuals in diverse groups."

She concluded, "More accurately assessing weight-related health risk may both improve policy decisions about obesity and assist women in making informed decisions about their health."

Source: *Journal of the American Medical Association*, July 5, 2006

## Eating Fish Helps Ward Off Common Blindness

CHICAGO (Reuters)—Cigarette smoking increases the risk of the most common cause of blindness among the elderly but eating fish protects against it, according to studies published last Monday.

One study from Massachusetts Eye and Ear Infirmary in Boston found that those who smoked had nearly a twofold increased risk of age-related macular degeneration compared to those who had never smoked. There was also a higher risk for those who had smoked in the past but quit.

Macular degeneration is a disease in which the sharp central vision of the eye becomes blurred. It is the leading cause of blindness after age 60.

The Boston study also found that those who ate more fish, including those who smoked, were less likely to have developed the disease, with the biggest benefit among those who ate two or more servings per week.

"About a third of the risk of (the disease)...could be attributable to cigarette smoking, and about a fifth of the cases were estimated as preventable with higher fish and omega-3 fatty acid dietary intake," concluded the study published in the *Archives of*



David Silverman/Getty Images

**EATING FISH PROTECTS VISION:** The risk of age-related macular degeneration is diminished by eating fish.

### Ophthalmology.

In another study appearing in the same journal, Australian researchers reported a similar protective effect from omega-3 fatty acids, especially among those who ate two or more servings of fish per week, even when a history of smoking was taken into account.

"Insufficient essential fatty acid intake could result in abnormal retinal metabolism and cell renewal," while higher levels of omega-3 especially from fish "may protect against retinal oxidation and degeneration," said the report from Westmead Millennium Institute and Vision Co-operative Research Center in Sydney.

## Move Around, Live Longer

CHICAGO (Reuters)—Elderly people who load the dishwasher, climb stairs or just keep moving are bound to live longer than their sedentary counterparts, a study said last Tuesday.

The study of 302 people from age 70 to 82 found those who engaged in more physical activity—not necessarily formal exercise—were much less likely to die than those who did not move as much.

"The message here is that for older adults, any movement is better than no movement and that this can come from usual daily activities," said study author Todd Manini of the U.S. National Institute on Aging in Bethesda, Maryland.

Among the one-third of study participants who expended the most energy, the risk of death over the six-year study period was 12 percent, compared to nearly 25 percent among the one-third who were least active.

Although the study did not specify why moving around might lessen the risk of dying, Manini said any exercise can help ward off ailments from heart disease to cancer.

Instead of relying on the word of the study subjects about their activities, they were given specially formulated water to drink that allowed researchers to measure levels of carbon dioxide emitted in their urine. Carbon dioxide is

released during physical activity.

The people in the highest activity group were more likely to work for pay, not just volunteer occasionally, and also climbed two or more flights of stairs per day, said the study, which was published in last week's *Journal of the American Medical Association*.

An editorial published in the journal called the findings "provocative," and suggested using a device to mea-

sure the intensity of activity to verify the results.

"Higher levels of activity energy expenditure appear to be protective and it is relevant to discuss how much and what type of physical activity is required to achieve these benefits," wrote William Haskell of the Stanford University School of Medicine and Steven Blair of the Cooper Institute in Dallas.



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**PHYSICAL ACTIVITY:** Grandchildren can help their grandparents to live longer.

## SAVE TREES!

The U.S. Department of Agriculture's **Asian Longhorned Beetle Cooperative Eradication Program** is checking yard trees for the Asian longhorned beetle and needs your help. By allowing surveyors in your yard you will help prevent the spread of this destructive pest and can save trees in your neighborhood. During this period, USDA officials would also like to remind everyone to be aware of the dangers of transporting firewood and other tree materials from established quarantined areas.

If you have questions concerning the movement of firewood, or have spotted an adult Asian longhorned beetle, please call 1-877-STOP-ALB or 1-866-265-0301.

For more information, visit [www.aphis.usda.gov](http://www.aphis.usda.gov)



United States Department of Agriculture

The Asian Longhorned Beetle Cooperative Eradication Program is comprised of the USDA Animal and Plant Health Inspection Service, USDA Forest Service, New York State Department of Agriculture and Markets, New York State Department of Environmental Conservation and New York City Department of Parks and Recreation.