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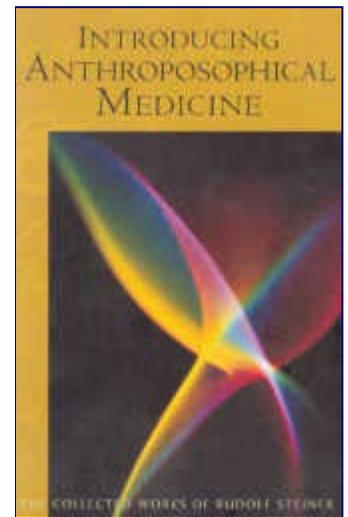
A READER'S JOURNAL

Introducing Anthroposophical Medicine, GA#312

Review Includes Only Lectures 1, 2
Linked to other Lectures at Bottom
Given March 21 and 22, 1920 in Dornach
by
Rudolf Steiner

Introduction by Christopher Bamford
Foreword by Steven M. Johnson, M. D.
Translated by Catherine E. Creger
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A Book Review by Bobby Matherne ©2011
Chapter: Spiritual Science



In Steven Johnson's Foreword, he focuses on the inseparability of spirit, soul, and body and poses the very good question, "How does the treatment itself affect the whole human being, including that human being's context (age, biography, personal relationships)([1](#)), of which the presenting symptom is only a part?" (Page xxxii) If we only examine the physical portion of a human body, it is as if the body is an oboe and we are tuning up the oboe to improve its performance, ignoring the fact that it is the oboe player who is suffering — the oboe player representing the relationship to the oboe similar to which the spirit and soul bears to the body of a patient who is ill.

[page xxxii] Physicians are often amazed and confused by the fact that the patient's receptiveness to a medicine seems to influence the response to treatment — hence the whole vexing issue of the placebo effect. At the same time, outcome-based research is today validating many of the "alternative" therapies that have their origins in spiritually-based methods of healing. Nevertheless, the "active ingredients" of such therapies elude current research techniques. New thinking is needed to understand life as it really is, the interrelated whole, in which the spirit and matter interplay with each other like the instruments of a symphony orchestra.

What attracted me initially to Rudolf Steiner's writings was his usage of modern, scientific terms to describe the spiritual realities of the world in place of the long, polysyllabic and unpronounceable Theosophical names. In his work on medicine, he likewise brought his spiritual insights into a form which can be understood by Western physicians who are curious about the spiritual underpinnings of their life's work.

[page xxxiii] In many instances, Anthroposophy helps to bridge the gap between Eastern spirituality and Western consciousness by translating the language of those traditions for practitioners educated within the context of materialistic thought.

Materialistic thought for doctors means their grounding in anatomy, physiology, and general biology

which focuses only upon the physical body of the human being. It is not surprising that such a methodology would create medical doctors who refer to patients by their case number or room number instead of their name. Room and case numbers do not have biography and personal relationships, only individuals do, and their name is an essential part of who they are and how they relate to the world. Doctor John today might order a battery of tests on Case No. 17, analyze the results, and enter the woman's hospital room, and instead of asking a question about her health, he tells her what he thinks needs to be done according to her objective test results. This usage of the word *objective* completely neglects the spiritual and soul qualities of the patient's life. A true medicine will include the spiritual and soul components as part of its assessment of *objective* reality. Thus Steiner begins with a discussion of the obstacles conventional medicine creates to a truly objective assessment of reality.

[page 1,2] First of all, I will give you a few indications of the obstacles that the modern, conventional study of medicine presents to a truly objective grasp of the nature of illness as such. Second, I will indicate where we must look in our search for an understanding of the human being that is capable of providing a true foundation for work in the field of medicine. Third, I will use an understanding of human connections to the rest of the world to suggest the possibilities of a rational system of healing. In this third section, I will answer the question of whether healing is altogether possible and conceivable.

The fourth and final item was one which every experienced lecturer does best to ask for: a list of questions which the members of the audience would like answered during the course of the lectures. Thus he laid out his plans for this series of lectures in medicine and established the foundation upon which Anthroposophical Medicine was born.

I recall, some thirty plus years ago, before I found Rudolf Steiner, that I read a book on homeopathy in which various tinctures, herbs, and substances could be used to heal people. The list of substances was extensive, but what they could be used to heal also formed a huge list and the items in the two lists overlapped! The same substance could be used for hundreds of illnesses or physical problems, and dozens of substances could be used for one problem! How could anyone ever make sense of such complexity, I wondered. And continued to wonder for 4 decades until I read this book. In it Steiner explains that one starts not with a problem, not with a substance, but with a *human being* — a full human being in every sense of spirit, soul, and body which is what the root word *anthropos* means. The word *anthropos* when *sophy* is added onto it forms the word *anthroposophy* and that is Steiner's word for his field of expertise: what it means to be a *full human being*! Anyone who comes to Steiner expecting something *less* than learning about what it means to be a full human being will leave disappointed. Anyone who does expect learning about what it means to be a full human being, will find a lifetime endeavor ahead of them! An endeavor which will prepare them well for their many lifetimes to come.

Medical doctors today who take the Hippocratic Oath are rarely, if ever, told this essential truth about Hippocrates.

[page 3] To an unbiased student, Hippocrates' views — which, as you may already have noticed, continue to play a role right into the nineteenth century — constitute not only a new beginning but also, to a very significant extent, the end of ancient views on medicine. In what comes down to us from Hippocrates, we encounter the last filtered remnant, so to speak, of very ancient views on medicine that were acquired by means of atavistic clairvoyance rather than by taking the anatomical route, as is done today. The relative position of Hippocratic medicine might be characterized best by saying that it was the point in time when ancient medicine based on atavistic clairvoyance came to an end.

The end of ancient views on medicine means that modern physicians, those since the time of Hippocrates, treat the patient as a material object instead of full human being. Thus, their overweening concern with chemical tests, electronic monitoring, and various X-Ray imaging techniques. But even early Hippocratic

physicians still sought the origin of diseases in the four humors of the body.

[page 3, 4] Speaking superficially — but only superficially — we can say that Hippocratic physicians sought the origin of all disease states in an imbalance among the fluid bodies that work together in the human organism. They pointed out that in a normal organism, these fluid bodies must stand in a definite relationship and that in a diseased body, their proportions deviate from the norm. Correct proportions were called *crasis* and incorrect proportions *dyscrasy*. Of course, these physicians looked for ways to influence the imbalance and reestablish the correct proportions. Four components in the outer world were seen as constituting all physical existence: earth, water, air, and fire (although fire was the same as what we now simply call warmth). As far as human and also animal bodies were concerned, these four elements were seen as being specialized into black gall, yellow gall, mucus, and blood. It was thought that the human organism needed the right mixture of blood, mucus, and black and yellow gall in order to function.

How do modern physicians and medical educators approach the humors? Chemically, basically.

[page 4] If modern, scientifically educated individuals approach a subject like this, their first thought is that when blood, mucus, and yellow and black gall mingle, they do so in accordance with intrinsic properties that can be determined by means of elementary or advanced chemistry. Seeing it in this light, people imagine this to be the origin of humoral pathology, as if the Hippocratic physicians had seen blood, mucus, and so on, only in this way. This was not the case, or rather, it was true of only one of these components, namely black gall, which seems most typically Hippocratic to modern observers. As far as black gall was concerned, Hippocratic physicians did indeed think that its ordinary chemical properties were the active factors.

These modern thinkers would be exactly in line with these ancient physicians, but only in the case of the black gall humor. The other three humors are affected by cosmic forces.

[page 4] They thought that these other fluid constituents of the human organism possessed certain intrinsic properties in the form of forces or energies lying outside our earthly existence. Thus, just as they saw water, air, and warmth as being dependent on the forces of the cosmos beyond Earth, they also saw these constituents of the human organism as being imbued with forces coming from outside the Earth.

Our modern doctors have blithely ignored the cosmic forces which affect water, e.g., and which enters the human body when water become part of the fluids of the body. They have no possibility of understanding the writings on medieval medicine because the clairvoyant information upon which these writings were based had died with Hippocrates. Steiner took it upon himself to help revive via his own clairvoyance and teach the principles upon which the physicians of Hippocrates time operated in the world. Those principles, not some cookbook approach to medicine, is what Steiner shared during these introductory lectures on the subject of medicine.

One of the first principles, which will be familiar to students of Steiner, is that two of the basic components of the human being are its physical body and etheric body. Paracelsus, a famous 16th Century physician, postulated the etheric body.

[page 6] The terms *archeus* as Paracelsus uses it and "human etheric body" as we use it actually sum up something that does indeed exist, but without tracing its actual origins. Doing so would oblige us to proceed as follows: we would have to say that the human being has both a physical organism, which consists essentially of forces that work out of the Earth, and an etheric organism, which consists essentially of forces that work out of the periphery of the cosmos.

With his insight, Paracelsus uncovered the cosmic aspects of the human being which had been forgotten since the time of Hippocrates. Paracelsus was the harbinger of the work that Johannes Müller, his famous pupil Ernst Haeckel, and later Rudolf Steiner would come to build upon.

A sea change came about in medicine when in 1761 autopsy became a definitive source of information about diseases. Even though the etheric body is gone during an autopsy, the effects on the organs of the body caused by the illness when the etheric body was present can be recorded. Autopsy, as it were, sounded the death knell for what remained of the ancient clairvoyance-based medicine and signaled the beginning of modern materialistic medicine.

[page 8] Only from this time onward can it be said that autopsy became definitive. It was possible to tell from the corpse that if a certain illness — regardless of what it was called — was present, a particular organ must have undergone a specific change. These changes began to be studied during postmortem examinations. This practice constitutes the actual beginnings of pathological anatomy, while everything that had previously existed in the field of medicine was based on certain persistent effects of ancient clairvoyance.

We know from Steiner's other works that every human being also has an astral body and an Ego or "I am" eternal spirit. Those will be involved with various aspects of illness, injury, and healing also, but the etheric body is the life body and its effects are most noticeable by doctors and other healers. If you injure yourself, e. g., by a bruise, the area of the bruise will hurt because the etheric body has been dislocated temporarily from the injured area. Healing by laying on hands, I suspect, works because the etheric body of the healer flows into the injured space to supplant the missing etheric body and promote quicker healing of the area. It also reduces the pain immediately as shown by the success of the well known "Let Mother kiss it better" technique.

Steiner closes out the first lecture by saying, "the important point for today is to show that medicine must once again turn its attention to something that cannot be accomplished through either chemistry or conventional comparative anatomy, something that can be achieved only if we move on to consider the facts from a spiritual-scientific viewpoint . . . what is most needed is a spiritual recognition of the healing value that may be present in a material remedy." (Page 17)

Every new set of Steiner lectures I read — I have read over 191 books of his lectures — contains new and mind-boggling concepts that I either had not heard of before or contains fuller explanations of something which he had only hinted at earlier. The "heart is not a pump" is of the latter type: I have read in several places of his explanation of how the heart works and I will explain to you my understanding as a way of setting the stage for the new revelations in this book. Anyone who has watched the throbbing bulb of the fetus in the place where the heart will eventually grow cannot explain how the heart could be a pump as there are no visible pumping mechanism in operation(2). Truly one is witnessing the circulation of the blood (which is primary) causing the tiny hydraulic ram in the tiny bulbous heart (whose beating is secondary, caused by the circulating blood pushing the valves).

What is the function of the valves which act as hydraulic rams? To create vortices which intermix the blood from the lungs carrying oxygen with the blood from the intestines carrying nutrients from the digestive system. Rightly understood, the pulsing of the blood is not due to the pumping action of the heart, but it is absolutely necessary to ensure that the key ingredients of life: Oxygen and Nutrients are completely mixed together in the blood before it continues on its circulatory path to the cells of the body! The heart is *not* a fuel pump, to use an automobile metaphor, but it is rather a *carburetor*. What does the carburetor do? Its job is to get a balanced mixture of oxygen and gasoline to the spark plugs to ensure that the internal combustion proceeds smoothly. Too much oxygen, the fuel mixture does not ignite. Too much gasoline and the engine floods and won't run. An automobile requires two things to run: Fuel and Spark. Every mechanic knows that. But unless the fuel is the proper mixture, which the carburetor ensures, the engine will misfire or not fire at all, or will run very sluggishly with very little power. Does that sound to

you like someone with a "bad heart"? It should, because, rightly understood, *the heart is the carburetor* for the human body. It is *not* a mechanical pump(3).

[page 19, 20] If we take cardiology as our starting point today, however, the connection between knowledge of the human being and the needs of medicine becomes especially difficult. I could say that something present as a mere potential in the study of bones and muscles has emerged fully in the view that has developed with regard to cardiology. (Let us restrict ourselves to the heart for the time being.) And what is the general view of the human heart? It is seen as a pump of sorts, pumping the blood into the various organs. All kinds of interesting mechanical constructions have been invented in the attempt to explain the heart as a pumping machine. In reality, these mechanical constructions completely contradict embryology, but people have not been attentive enough to really question this mechanical theory of the heart, so it has not been tested, or at least not in the generally accepted scientific way. I will first sketch the situation for you, and what I present in the next few days will confirm, bit by bit, what I can initially present only as a point of view. The main thing to consider in looking at the heart is that the heart absolutely is not, and cannot be, a so-called active organ. The activity of the heart is not a cause; it is a consequence.

Steiner tells us the respiratory processes and the metabolic processes are "thirsting" for each other and this thirsting is satisfied during the flow of the blood through the lungs. (Page 20) But along the way, a pulsation is set up by the interruption of the blood flow long enough (i.e. during one heart beat) to ensure a complete mixing of the two disparate blood flows, one from the lungs (air) and the other from the digestion (nutrients).

Steiner quotes an Austrian physician, Dr. Karl Schmidt, who wrote in his article "Pulse Curves and the Beating of the Heart" that "the beating motion of the heart resembles the action of a hydraulic ram which is flow-activated." (Page 21)

What does all this mean? One might ask.

[page 21, italics added] When we see all cardiac function as the consequence of these interpenetrating flows (as I can now symbolically term them) of fluid and of gas, we are still viewing matters only on the mechanical level. But ultimately, what is the heart? *It is a sense organ.* And ultimately, even if we are not directly conscious of the heart's sensory function, even though this is one of our subconscious sensory activities, the heart nonetheless exists so that our upper activities may sense and perceive our lower activities. Just as you perceive color processes in the environment with your eyes, you also perceive with your heart, although in the dimness of the subconscious. You perceive what is taking place in the lower part of your body. Ultimately, the heart is an organ of inner perception, and it must be addressed as such.

What are our upper activities and our lower activities? If we imagine the human body with a line drawn through the heart, the upper activities are divided from the lower activities and the heart is the sense organ which provides feedback and coordination between the two activities of respiration/sensory-neural and digestion/nourishment/metabolism. He says, "The balancing of nourishment with respiration takes place through our rhythmical activity, the significance of which we will still have to discuss." (Page 22)

How is the heart a sense organ? Good question.

[page 22] Essentially, the heart is the organ whose perceptible movement expresses the balance between these upper and lower poles. On a psychological — or perhaps it would be better to say sub-psychological — level, the heart acts as the organ of perception that mediates between these two poles of the human organization. You will see that only this principle, if kept in mind while studying everything that anatomy, physiology, and

biology have to offer, is capable of shedding light on the human organization. As long as you do not differentiate between these upper and lower poles with the heart mediating between them, you will be unable to understand the human being, because there is a fundamental difference between all of the lower organizational activity of the human being and the activity of the upper organization.

As Above, so Below is a famous dictum of spirituality and we can see its process in the way the Above region has a counterpart in the Below region. Basically, this means if something is wrong in the sensory-neural realm (Above region), we could expect to find something amiss in the metabolic realm (Below region) and vice versa. The dividing line I mentioned earlier does not actually go through the heart, but rather, the two regions are separated in space by the diaphragm which facilitates our breathing. The organs of the lower region, the spleen, pancreas, kidneys, liver, and the intestines are separated from the upper region by the breathing diaphragm. Any excess activity in the upper region of an individual can show up somewhere in the lower region as an abnormality in one of the organs located below the diaphragm. Any abnormality in the lower region can show up as an abnormality in the area above the diaphragm. A physician who understands this relationship can make a change in one region to fix problems in its polar region.

This relationship will not be discovered by the tools of the materialist scientist because there is no transfer of material substance only a polar relationship.

[page 22, 23] Everything taking place down below has its negative image or counterpart up above. We can always find a corresponding image in the lower region for everything that is involved in the upper region. The most significant point here, however, is that there is no material transfer of substance between the upper and the lower, but only a correspondence. We must always understand how to relate something from down below to something else up above, without insisting on a material transfer. Let us take a very simple example — the cough reflex and actual coughing — in the context of what is up above, or to the extent that these things belong up above. Their counterpart down below is diarrhea. We will always find that anything in the upper region has its counterpart below. We understand the human being correctly only when we are able to grasp these correspondence correctly, and we will encounter many of them in this lecture course.

I hinted at how these polar attributes can lead to disease and here's how Steiner describes the situation. If you know anyone who is a hard working thinker who suddenly develops problems in the polar region of their body, this is a sure sign of this connection and an adjustment to the worker's habits may be called for or evolve through some exigency connected with their problem. I knew a young man whose severe kidney stones forced him to retire and he has had no problems with his kidneys since then. As Steiner avers, "These are more than just abstract correspondences."

[page 23] At the same time, in any healthy organism, an intimate association is taking place between the upper and the lower. In a healthy organism, this association of pairs is such that any particular upper-body function — perhaps a respiration-related activity or one related to the sensory-neural apparatus — must overcome another activity down below and run its course in complete harmony with this lower counterpart. An irregularity immediately occurs in the organism if a process from below somehow gains ascendancy or precedence so that it is far too strong for its corresponding activity above, or vice versa. (Later, this will lead us to a true understanding of the disease process.) Upper functions must always correspond to lower ones in a specific way — overcoming each other, taking place in ways that reflect their orientation toward each other, as it were. This orientation is very specific and is individually different in each person, but in every case there is a very specific correspondence between how upper processes and lower processes run their course.

As humans we strive to remain balanced, but sometimes one of our realms may veer off-course and an imbalance begins to reveal itself, a dis-ease or ill-ness appears first in the etheric body. For practical purposes, one can simply ask the patient about the first signs of their ill-ness, as that will reveal the source of the dis-ease. Steiner gives us an example of where the lower region is over strong, which can result in a problem in the upper region.

[page 23, 24] Let us assume that down below, in food intake and in the digestive system in the broader sense, the inherent chemical and/or organic forces of the ingested food predominate. In a healthy organism, all of these forces that are active and inherent in the food itself, all the forces we study externally in the laboratory, have to be overcome by the upper element to such an extent that they become irrelevant to any internal activity of the organism. No outer chemistry or outer dynamics or the like continues to function. It is all completely overcome. It can happen, however, that the correspondence is not strong enough for the upper element to really grasp and pervade its lower counterpart completely. In a sense, the upper element cannot completely "cook" the lower or — as I might also put it — etherize it through and through, which would be a slightly more accurate description. In such a case, the process that predominates in the human organism really does not belong there. It is a process just like those taking place in the outer world, and it should not be taking place within the human organism.

As a cook, I know that food must be cooked thoroughly for it to be digested properly, and I make sure that happens. But if I get interrupted by a long phone call, I may run out of time, and the food will not get cooked long enough. The process which should have taken place in the outer world of my cooking pot must then take place inside the human eating it which may lead to a stomach ache. This is a crude example of what Steiner said above about the etherization of the food being like an internal cooking which goes on.

He gives us the two polar opposites of *hysteria* (excessive independence of metabolic processes) and *neurasthenia* (debility of neural system, perhaps revealed by negative thinking). In hysteria we find metabolic (nutrient) processes driven too hard. In neurasthenia, we find the call on the upper organs so demanding that its forces do not reach into the lower flow of nutrients. Clearly the ability to understand these processes in the early stages before they reach detection by lab tests and procedures is important. And, unchecked, these aberrant processes will eventually reach that stage where even the most materialistic medical doctor will be able to point to the conclusive evidence, but the patient may be very sick or dead by that time.

[page 25] You can also see that it is more important — far more important, I might say — to study a syndrome's outer manifestations than to study defective organs postmortem. An autopsy of defective organs merely reveals consequences. The essential thing is to grasp the overall picture, the phenomenon of the illness, which in some way will always tend more in one direction or the other, toward neurasthenia or hysteria.

My first exposure to the abdominal diseases which result from hysteria came in a book by the famous Swedish doctor Axel Munthe⁽⁴⁾ who strove to maintain a successful practice for the rich women in Paris for many years. These women were mildly hysterical, and they came to him on a regular basis complaining of abdominal pains. He diagnosed them as suffering from an inflammation of the appendix or *appendicitis* and gave them various medications to provide them relief. They each went away happy and returned in a week or so for a repetition of the examination, diagnosis, and a new prescription for relief. Then one year, a remarkable thing happened, a doctor in America was reported to be curing appendicitis by removing each patient's appendix. Voilà, no more appendicitis. But Dr. Munthe's ladies refused to allow him to take out their appendix and consequently stopped coming to his office for treatment. He became desperate because, as a young doctor, he had no large reserves of money to fall back on, and his primary source of income had dried up. He talked to his fellow doctors who revealed that they had similar

problems and they had begun diagnosing their patients' *identical* symptoms as *colitis*. Dr. Munthe began doing the same and soon his waiting room was filled with eager ladies who left very pleased with a diagnosis of colitis and a prescription. And they returned on a regular basis as before.

The above anecdote is true and would be humorous but for an interesting fact, colitis is rarely diagnosed these days, a hundred years after Munthe's Paris practice, but the exact same symptoms are presented to gastroenterologists and internists who diagnose it as *irritable bowel syndrome* and these patients make up a substantial source of their income.

[page 25] Similarly, in the other direction neurasthenia assumes an organic form in diseases of the throat and head. For the medicine of the future, it will be extremely important to study these "imprints" of what are initially functional/physical symptoms in neurasthenia and hysteria. The consequence of hysteria that has become organic, if I may put it this way, will be irregularities occurring anywhere in the digestive system or in abdominal processes in general. But what takes place in one such system of organs works back into the organism as a whole. We must not ignore the fact that irregularities occurring here work back on the entire organism.

There was a time in my life, in my middle twenties, when I went through both a mild hysteria and neurasthenia. As a result of the hysteria (I called it hypochondria back then), I was beset by amoebic dysentery caused by some tropical intestinal bug, Dr. Everett told me. It required me to submit stool specimens to confirm the disease and later ones to confirm its absence. I went through two courses of this disease in two years. There were the symptoms in the abdomen caused by some "excessive independence of my metabolic processes" as Steiner calls it on page 24. After that disease was over, I moved to neurasthenia with a series of throat infections leading me to have a tonsillectomy at age 29.

[page 25] In neurasthenia, we have an upper function that demands too much of the upper organs; as a result, something that should have been transmitted from above via the heart in order to take place down below instead takes place prematurely up above and reaches its conclusion there. The activity in question is not transmitted through the damming-up process in the heart and thus does not extend down into the lower flow, the flow of liquefied nutrients.

That was me at age 28 or so. My heart was blocking the transmission of my feelings to the lower organs causing the throat problem which resulted in the operation which seemed to solve the problem. What is interesting to me now is first to note how quickly I went from hysteria to neurasthenia, and what was going on inside of me mentally and emotionally at the time. The hysteria showed itself to me by my overweening concern with my health. The slightest thing could trigger some dreadful fright that I might be dying and soon I was back in Dr. Everett's office. He finally located the amoebic dysentery and I felt a relief at knowing what I had was curable. At one point, the repeated stool specimens caused me to begin describing to the kind old doctor what my stools looked like between specimens, and one day he told me, "You know, Bob, there is no silver standard in Paris for stool specimens." That droll statement caused me to smile and I think that helped to cure my hysteria and stop my constant worrying about my health(5).

But soon my throat was sore all the time, almost as if an underlying condition had arisen that the hysteria had been masking. This time, the crucial element of my healing actually came a few days before the operation when my surgeon, Dr. Zurik, looked at me and said, "This is a serious operation, Bob, you are an adult now." That statement hit me like a lightning bolt, "I am an adult!" No one had ever told me that before. It was if he had said, "Time to put away your childish things." Yes, childish things, like my hysteria and neurasthenia. And I did. The operation was a success and I recall vividly the recovery period when I arrived back in my home in Kenner, surviving on frequent chewing of *Aspergum* (aspirin laced gum) which was the only thing that seemed to relieve the pain in my throat. Barely functional, I was facing a severe hurricane Camille heading straight for us, which could overtop the Lake Pontchartrain levee a few

miles north of our home. I was hauling food and furniture upstairs and making my four children ages 4 to 9 feel comfortable and safe. We survived the hurricane fine as it veered at the last moment to the Biloxi area, and a month later I took a job in California. I grew up a lot in those few years. I had indeed put away my childish things. And now for the first time, I can see the relationship between what was going on in my head to what was going on in my body.

This next passage could be titled, "Suppress Cough Suppressants", because Steiner leads us to understand the importance of the cough reflex as a corrective action taken by the body, which otherwise might run into physical ailments. This is the first time I've read anyone explaining the benefits of coughing, and yet, I've avoided cough medicines and suppressants ever since the events of my twenties (back in the 1960s). In addition, I have noticed in many movies when a person is under pressure, they break into a nervous cough. It is a real cough by their cough reflex designed to keep certain things getting in to skew either their upper or lower region. It is best not to suppress this balancing reflex of the body by artificial cough syrups and suppressants.

[page 28] When a person's lower organization is such that it cannot be controlled by the upper organization, the cough reflex is a healthy reaction on the part of the body, an attempt to prevent certain things from getting in. Simply preventing coughing by direct means under any and all circumstances may cause damage, because harmful factors will then be able to enter. The body coughs because in its present condition it cannot tolerate these harmful factors and wants to eliminate them. The cough reflex is just a sign of something happening in the organism that makes it necessary to prevent the entry of invaders that could otherwise easily gain access.

Night sweats, of which I have no personal experience, is a condition used by Steiner to explain the unconscious anabolic processes and conscious catabolic processes. It helps me to remember that catabolic processes are "destructive" processes because the root "cata" appears in cataclysm and catastrophe. Anabolic are building up processes, on the other hand. Night sweats provide an example to illustrate the polar processes.

[page 29] In order to do full justice to this subject, we must know a bit about the intimate connection between all excretory functions, including sweat formation, and the aspect of our nature that includes psychological and spiritual activity. Building-up processes, the vital anabolic processes, really constitute only a basis for the unconscious, while excretory processes, wherever they may take place, correspond to the awake and conscious activities of the ensouled organism. Our thinking, too, corresponds to the brain's excretory or catabolic processes rather than to its anabolic processes. Night sweats constitute an excretory process that normally ought to parallel an activity of the soul and spirit, but because the upper part of the body is not interacting with the lower in the right way, this process waits until night, when the organism is freed from activity of spirit and soul.

What did my bouts of amoebic dysentery and sore throats have in common? Were they perhaps my body's marshaling of its forces against some unseen and incipient disease? This thought never crossed my mind until I began reviewing the material on pages 30 and 31. First a little more background on me. My Aunt Carolyn, three years older than me, had tuberculosis. She was living with us at the time when I was a senior in high school. All members of our household had tests for TB which were negative. She entered the Dibert-Brown TB Clinic on Tulane and Claiborne and I visited her there a few times. She was released after a couple of years completely healed and has never had a recurrence of the disease. Neither have I ever been diagnosed with TB, but a curious thing happened about 16 years ago when I had a minor operation to seal up a small belly-button hernia. The X-Ray they took showed a small spot on my lungs and the specialist I went to explained that it was a very old TB scar. Somehow my body, without my knowing it, had healed itself of TB at some time in the past by inducing series of sore throats and coughing and following up those corrective actions with diarrhea from the dysentery. As improbable as all

this seems, it matches the processes Steiner discusses on pages 30 and 31.

[page 30] The symptoms of an illness are united in a functional structure, a nonmaterial organization, as it were. In a certain sense, one symptom belongs with another. As a result, if other conditions in the organism ought to provoke some sort of reaction — let us stick to incipient tuberculosis here — but the organism itself does not have the strength to accomplish this, then the rational thing to do is to assist the reaction just at that point, causing one illness to follow on another. Ancient physicians stated this as an important rule in the education of physicians. They said that the danger in being a physician lies in being able to induce illness as well as drive it away. Physicians are able to induce illnesses to the same extent that they are able to cure them. . . . But these induced disease states are illnesses in their own right. And coughing, sore throat, chest pain, weight loss, night sweats — all of these are real symptoms of illness. It may be necessary to induce them, but they remain real symptoms nonetheless.

In my case, it seems that my body was able to induce these disease states to ward off the incipient tuberculosis, though I only recall sore throats out of the list of induced disease states. When I read the next paragraph, I noticed that the setting straight of the upset digestive process required the process of diarrhea, which is exactly what the dysentery caused me to have.

[page 30] Of course it is easy to realize that, having half cured a person — that is, having induced these symptoms — we cannot simply abandon the patient to his or her fate. At this point, the second part of the healing process must set in. We must take care not to stop with inducing reactions to ward off the disease; something must then ensue that cures these reactions and sets the whole organism back on the right track. We would have to ensure, for instance, that when coughing or a sore throat either develops naturally or is artificially induced as a defense against incipient tuberculosis, the digestive process, which in such cases always shows signs of constipation, is set straight. In one way or another, we will notice that this digestive process needs to be guided in the direction of an elimination process — diarrhea, for example. It is always necessary to allow diarrheal processes to follow coughing symptoms, sore throats, and the like. This points to the fact that a symptom appearing in the upper part of the body must not be seen in isolation.

What started out as a description of how our heart works as a carburetor and a sense organ has evolved into a deep understanding of the healing processes of the body by considering the upper and lower realms mediated by that marvelous sense organ, the heart. Compared to Steiner's knowledge, what cardiac specialists in modern hospitals know about the heart seem kindergartenish.

[pag 31] You see, once a real understanding of cardiac function enables us to grasp correspondences between the upper and lower parts of the human being, and once we also understand the first signs of disease on the functional or etheric level, as in neurasthenia and hysteria, we can then move on to an understanding of their imprints on the organic and physical level. By studying the outer manifestations of symptoms that belong together — including symptoms we ourselves have induced — we will discover how to guide the course of an illness in a certain direction, deflecting it to a greater or lesser extent in order to lead the entire process back toward health at the right moment.

Steiner closes Lecture 2 with a brief discussion of homeopathy. My earlier reading decades ago in non-anthroposophic literature was that in homeopathy, very diluted substances (which could be poisonous at stronger concentrations) were given to patients so that by causing the symptoms of the illness they have, could cause their body to get well, thus, the origin of the word, "homeo" meaning "similar". What I had assumed was that progressive dilutions would continually decrease the effect of the chemical, but I find now that my materialistic assumption from my chemistry lessons was wrong!

[page 32] If you call to mind the properties of any substance, the properties that make its effect apparent to us in any way, you have what is absorbed into the human being's lower functions once it has been overcome by the organism, as happens in digestion. It is also possible, however, to homeopathize substances (if I may put it like that), to eliminate the substance's internal cohesiveness. This happens when we dilute the substance in any way or prepare homeopathic doses. The resulting phenomenon has in no way been given due consideration by our modern science, and in any case people tend to consider everything abstractly.

But one cannot continue dilutions indefinitely; there is a rebound effect.

[page 33] No such activity ever vanishes into infinity. Instead, it goes only as far as the limits of a definite sphere and then snaps back on itself as if it were elastic. Admittedly, however, its qualitative aspect is then often different from the quality of the original outgoing force. Only rhythmical processes exist in the natural world. There are no processes that lose themselves in infinity; there are only processes that rebound on themselves in a rhythmic way.

This is true of both quantitative and qualitative expansion. When you begin dividing a substance, it possesses certain properties from the outset. These properties do not decrease into infinity as you continue the divisions. Beyond a certain point, they swing back and turn into the opposite properties. This inner rhythm is also the basis of the contrast between our lower organization and our upper organization. Our upper organization is a homeopathizer. In a certain way, it immediately counteracts the ordinary digestive processes, forming their opposite, their negative image. It could be said that when homeopathic pharmacists produce their dilutions, they are really transforming properties that otherwise relate to the lower human organization into properties that then relate to the upper human organization.

This completes my review and study of the first two of the twenty lectures in this book. I have learned a lot about some of the mysteries of my own life that I didn't even consider to be mysteries or knowable. I have learned that my writing reviews of Steiner's lectures takes me into a deeper understanding of his spiritual science than I could receive on a first reading. I look forward to sharing with you my study of the rest of the lectures in the coming months, and will publish these in multiple reviews as I progress through the rest of book.

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----- *Footnotes* -----

Footnote 1. For those who write for help with using the doyletics memory procedure, I created a short questionnaire for them to use: "Send this information — Name, Location in the world, Age, Sex, Marital Status, Children, Occupation, and Current Challenges in your life." This allows them to shed light on who they are as a human being rather than focusing on one presenting problem.

[Return to text directly before Footnote 1.](#)

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**Footnote 2.** With modern technology I was able to witness a short video of the throbbing bulb of a live fetus. One can only wonder how Steiner witnessed this in his lifetime a hundred years ago.

October 22, 2013 Update: I received a link to this [enlightening article](#) which says, among

other things,

**In 1932, Bremer of Harvard filmed the blood in the very early embryo circulating in self-propelled mode in spiralling streams before the heart was functioning. Amazingly, he was so impressed with the spiralling nature of the blood flow pattern that he failed to realize that the phenomena before him had demolished the pressure propulsion principle. Earlier in 1920, Steiner, of the Goetheanum in Switzerland had pointed out in lectures to medical doctors that the heart was not a pump forcing inert blood to move with pressure but that the blood was propelled with its own biological momentum, as can be seen in the embryo, and boosts itself with “induced” momenta from the heart. He also stated that the pressure does not cause the blood to circulate but is caused by interrupting the circulation. Experimental corroboration of Steiner’s concepts in the embryo and adult is herein presented.**

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Footnote 3. Granted, ingenious engineers, by pretending the heart is a pump, have created mechanical devices which by a pumping action can cause the mixing of oxygen and nutrients to occur for a certain period of time, but it is not an efficient or long-term replacement for the human heart so far as I know. Mechanical devices lack the amazing sensing mechanisms of the heart and a replacement human heart will out perform any mechanical heart in the long run.

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**Footnote 4.** As described in his famous book, [The Story of San Michele](#).

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Footnote 5. Another droll comment from Dr. Peter Everett’s dry wit came after I had noticed him commenting on my low blood pressure every time he removed the strap from my arm. I grew concerned, so I asked him one day what that meant. He replied, “It means you may be cursed with a long life.”

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