CARING FOR ANTHROPOSOPHIC REMEDIES
Giancarlo Buccheri
(based on a lecture held at the Goetheanum on 6/10/2007 on the occasion of the Annual Conference of the Medical Section)

The beginnings of anthroposophic pharmaceutics are to be found in the first decades of the last century. The first anthroposophic remedies came into being as a result of a number of doctors, who had gathered around Rudolf Steiner through significant karmic connections, asking him for advice about their patients. He answered their questions on the basis of his spiritual intuition with a particular goodness of heart and gave them a wealth of practical indications which, according to his wishes, were to be verified in everyday clinical practice.

In this way many compound remedies came into being which are partly based on old alchemical or homeopathic traditions, but which are also quite new in other respects: as an example I only need to mention the so-called medicines for typical illnesses (the whole range of "Doron" remedies) and the mistletoe preparations. On the one hand new basic substances were sought for and found, on the other new forms of pharmaceutical preparation were developed. Sometimes the process of production was more important to Rudolf Steiner than the basic substance. So as far as I am aware this represented a significant innovation in the history of European pharmaceutics!

Altogether about 370 (three hundred and seventy!) therapeutic substances or preparations can be traced to direct suggestions of Rudolf Steiner's. It needs to be born in mind that many of these medicines were produced by a very small group of pharmacists and doctors under what were sometimes the most primitive of conditions and with the greatest devotion and readiness to make sacrifices.

The Iscar preparation may serve as an example; it can be seen as the forerunner of the many mistletoe preparations available today. Rudolf Steiner recommended mistletoe for the treatment of cancer; Ita Wegman had this first mistletoe preparation made up by a Zurich pharmacist. The method of production was very simple and, for modern conditions, almost unthinkable and scarcely repeatable today. A mistletoe drug was extracted by means of water and glycerol – this extract was then preserved with ethanol. In order to lessen the pain caused by the injection of ethanol, novocain was added to the preparation. It was basically a daring form of therapy with which one could no longer confront, without further ado, either the medicine licensing authorities of today nor the patient themself.

The development which we are considering continued into the sixties and seventies of the last century, through the assiduous and devoted work of some ingenious pharmacists, who had been, directly or indirectly, pupils of Rudolf Steiner and who, in close collaboration with a number of anthroposophical doctors, struggled forward together on the same path. It was possible, without too many difficulties, to develop, clinically prove and bring to the market many good new preparations. As one example, I would just like to mention the Disci preparations from the Wala company.

3 Krüger, H: Rudolf Steiner's Indications for Medicines. Published for doctors by the Medical Section at the Goetheanum. Dornach, 1969
Along with the continued expansion of the anthroposophic medical impulse in Europe and overseas, more and more doctors prescribed anthroposophic medicines without particular problems, and they were used by increasing numbers of patients. Over the years it also became possible to find the first large pharmaceutical enterprises and the industrial-scale preparation of the most commonly used remedies became possible.

One could sum up the situation at the end of the first forty years since our anthroposophic remedies first saw light of day by saying that, in spite of the turbulent and tragic history of Europe, they were able to enjoy a peaceful and in many ways sheltered existence. Since the end of the sixties and the beginning of the seventies of the twentieth century, the situation has completely changed: the life of the medicaments has become ever worse, so that it is possible to speak with a certain justification of the 'survival' of certain preparations, while other medicines are faced with the danger of disappearing entirely.

This is linked with the step-by-step development of European legislation and affects not only our medicines, but also many others. As a result of the Thalidomide disaster at the beginning of the sixties, an ever more complicated registration and licensing system, of a purely defensive character, has developed, which aims to protect the populace as far as possible from any undesirable side-effects either of the new effective principles or the new pharmaceutically effective molecules. Today it is increasingly recognised that this system of licensing is not ideal.

On the one hand, leading figures from the academic world put forward the thesis that none of the pioneering achievements in the field of pharmaceutical research in the period from 1930 to 1965, such as the development and introduction into clinical practice of sulphonamides, antibiotics, psychotropics, steroids and so on, would have been possible, had they been subjected to the clinical trials considered normal today, with their concomitant demands on human and economic resources. A large proportion of the medicines available to us today, therefore, would simply not exist, if their quality, safety and efficacy had had to be tested according to today's regulatory principles.

On the other hand, it is openly said that the authorities responsible for medicines worldwide are no longer in a position to fulfil their tasks: from one side, the pharmaceutical industry increasingly complains at the ever higher standards applied in the necessary evaluation of new medicines, which makes it much more difficult to gain licences for innovative products and bring them to market and which demands massive financial resources. In individual cases, when new, sometimes very promising medicines could be brought quickly to market, one had to be prepared for significant therapeutic failures and/or many unwanted side-effects, which led to the medicines' swift withdrawal from the market. From the other side, patients' associations, often influenced by misleading newspaper articles and media campaigns, took every opportunity to achieve the earliest possible availability of all new drugs which they found necessary. Beyond all that, and in some eyes still graver, is the fact, generally recognised today, that the operating budgets of the medicines licensing agencies, starting with the American FDA, are met worldwide as to 50% and in some European states as to 80% by the pharmaceutical industry, which leads to a global conflict of interest: the controlling authorities are paid by the controlled medicines producers! I do not know if such a situation would be possible and accepted in other areas of society.

So it is understandable that in this very year of 2007 an international discussion has begun among those responsible at the licensing agencies, in order to find out whether the currently applied parameters for preclinical and clinical research are adequate for enabling a judgment as to whether particular medicines are really effective or not; and/or whether they can and should be prescribed, when they are to be paid for by public health services and health insurance providers.

Another aspect of modern medicines manufacturing also needs to be mentioned: industrially-produced medicines are categorised as goods, and therefore subject to the written and unwritten laws of the economic sector. For example, there has existed in Europe for roughly the last 40 years the tendency to bring about a unitary market for all goods, including medicines. This tendency has fundamentally influenced pharmaceutical legislation across Europe. The first step in this direction was made by means of Directive 65/65: here were postulated for the first time the so-called "three pillars", on which the procedures for the registration and licensing of medicines throughout Europe by the regulatory authorities in the individual member states and, more recently, through a central licensing authority within the EMEA, are based. It is well-known that the quality, safety and efficacy of an industrially-produced medicine have to be proved by its manufacturer, in order for the medicine to be licensed for the market. In the meantime, developments in the health system have brought about further concepts for the evaluation of therapeutic measures, such as appropriateness, value-for-money and so on, but so far these play a

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subordinate role in the regulatory process.

All medicines including those, such as anthroposophic medicines, which have a tradition of decades behind them as natural medicines and have never shown any significant side-effects, have to deal with these three pillars which, as has already been shown, are of a purely defensive character and were originally intended only for new synthetic medicines.

The existential dangers for anthroposophic medicines, resulting from the taking effect of European directives from 1965 onward, were recognised at once by different anthroposophical friends, among them principally Gerhard Kienle. Through his valuable and significant political intervention, the concept of "Particular Schools of Therapy", which also includes homeopathy and phytotherapy, became embodied in law. At first in Germany, later on in other European countries.

A giant step toward the preservation of our medicines! Anthroposophic medicines have been able to survive into the present day because they were treated by the German authorities as "particular", which means that their quality, safety and efficacy were not evaluated according to normal academic medical criteria, but according to "particular" criteria elaborated by anthroposophical doctors and pharmacists in the course of twenty years of sustained and painstaking effort. I use the word "survive" quite deliberately, for on the one hand it was possible by this means to save the wealth of already existing medicines in many European and, latterly, other countries; yet it was not possible by this means to bring any new medicines onto the market.

It must be added that, for decades, the German invention of "Particular Schools of Therapy" was met with scepticism both by the Brussels authorities and by the medicines licensing authorities in other member states in which anthroposophic medicine was less well known and widespread and where there were no clinics to refer to. Only very recently has it been possible, for example, to have anthroposophic medicines included within the amendment of the directive on traditional herbal medicines. A very good sign! This has certainly enabled further anthroposophic medicines to remain on the market, albeit at great cost, yet here too no innovations have been possible.

In the article by Peter Pedersen of 2004 referred to on page 1, there is a description with many impressive examples of how anthroposophic medicines are facing not only great legislative and regulatory difficulties, but also grave technical difficulties which are bound up with pharmaceutical production per se in such small laboratories as those of Weleda and Wala; and which have led and will lead to a situation where many of the typical remedies of the anthroposophical school of therapy will in future simply not be able to be produced on an industrial scale.

So we are faced with the huge question: how can their future be secured? I have endeavoured to show how our anthroposophic medicines are caught existentially between the rock of legislative and the hard place of technical challenges. One could also put the question in this way: how can they assert themselves at all? How and where can their therapeutic value be recognised and taken into account accordingly, so that they can continue to exist at all?

An initial answer to this question is one that can easily be realised. An increasingly widespread and growing awareness, among their prescribers and users, of all the currently known therapeutic potentialities of anthroposophic medicines would provide the best conditions for securing their future, so that they may survive at all.

One may certainly ask oneself whether such an attitude would be sufficient not only to guarantee the survival of the medicines, but also to enable their growth and development. To achieve this would, in my opinion, require a very particular fostering, cultivation and care.

As many medical colleagues with sufficient practical experience will be able to substantiate, the indications for existing anthroposophic medicines and for their pharmaceutical preparation are not exhausted. Again and again we realise how, for example, many typical remedies such as the so-called "Doron" series can be effective even for medical conditions for which no indication is given in the normal, legally-sanctioned pharmacopoeia. On the other hand, we can often form the impression that the method of production or even of application may be looked at in a slightly different way!

One could also express the matter in a much more comprehensive and radical fashion: it would be an utter illusion to be able to treat cases of illness in the same way as was possible eighty years ago. The constitutions of the patients are quite simply different, the beings of the illnesses have become different. Any practising doctor could provide examples. This could be an area of research in itself.

To meet this altered situation, the medicines themselves must change. To an extent this has happened already. Consider, for example, the increasing fluctuation and occasional dramatic fall in the proportion of therapeutically active components in particular raw materials (healing plants or even healing springs), which has led and/or could lead to an alteration in the previous formula.

On the foundation of my thirty years’ experience in the practice of anthroposophic medicine, I should like to outline and propose an inner path which can be organised in eight stages. Each such stage corresponds to the forming of a particular quality of soul; all of them together will surely play their part in
ensuring that anthroposophic remedies with their therapeutic worth will be able to hold their ground in the times ahead.

1. Gratitude

The first soul quality which we are called on to develop within ourselves, in order to bring about the necessary warmth, we are going to call quite simply gratitude. Gratitude toward the pioneers of anthroposophic medicine, principally Rudolf Steiner and Ita Wegman, and toward all the medical and pharmaceutical colleagues who conceived the first medicaments; and sometimes under the most primitive of conditions, as I pointed out at the beginning of these considerations. Without their willingness to make sacrifices, all of us would simply not be in this hall; without their capacities for intuition and inspiration, there would be no anthroposophic medicines. In the history of medicine and pharmaceutics one is all too glad to look down on the past with a bit of a superiority complex. In the spirit of an albeit implicit positivism, and to the tune of the slogan: "we never had it so good", it is sometimes not so easy adequately to value old formulae and methods of treatment. How often we are inclined to criticise our predecessors, even though we would never admit it to ourselves. Yet the anthroposophical principle of development should have shown us that everything that surrounds us, all that we possess, can only be seen as the fruit of an earlier sacrifice. Criticism, even if only subliminal, engenders cold and hinders progress in personal development; whereas only with the help of gratitude can we spin the warm thread that we need for weaving a mantle of warmth to envelop our medicines in a worthy way. Gratitude in the face of our pioneers prepares the ground in our soul for cultivating anthroposophic medicines.

2. Love for the Healing Substances

Gratitude which is felt in the right way opens the eyes of the soul, which can then begin with the appropriate receptivity to open itself toward the outer world. Only in this way can the doctor dare to sit the exam set by nature, to use an original expression of Paracelsus, quoted also by Rudolf Steiner. On the search for the healing spirits, there can arise not only an ever deeper interest, but a genuine love for the individual healing plants, for the different minerals, for the colourful world of the metals, for the manifold world of the creatures who give their substance for the medicines. One could begin with the familiar examples of therapeutic substances which were incorporated in the original medicines created by our pioneers; later on one may find other objects for contemplation and meditation, according to one's karmic situation. Only through such inner work can we lose the abstract element in our awareness of the correspondences between microcosm and macrocosm, that is to say between the forms and processes in the human organism and the forms and processes in nature around us. This abstraction is our nearly constant companion when we begin to study anthroposophy. Love for natural healing substances is a further indispensable precondition of our care for the medicines, which are themselves formed from these substances.

3. Interest for the Processes of Production

Particular pharmaceutical processes are required to gain medicines from natural substance: medicines which are appropriate for the human being of today and the particular makeup of their physical and supersensible sheaths. Early in this article I tried to describe how anthroposophic pharmaceutics was not merely based on old traditions from western or eastern science, but that from its very beginning it took up the challenge of seeking and treading new paths. These new pharmaceutical production processes, although they are not all entirely described in an official pharmacopoeia, have proved themselves in the course of eighty years' practice of anthroposophic medicine. Consider just two examples: the metal mirror process of Weleda or the rhythmical procedures at Wala. We may feel it to be our responsibility to accompany such production processes with a warm and continuing interest, in order that they may be further refined and recognised. I would like to cite an event from my own biography. When I was a seventeen-year-old grammar school pupil, I was so taken by the devoted atmosphere in the plant laboratory of the Wala of those days in Eckwälden that I decided there and then to study medicine. I would wish that all anthroposophical doctors in the making might have the opportunity to undertake a placement in one of our firms; the impressions that may be gained there, under the guidance of experienced pharmacists, can remain for one's whole life, and can help enable one to keep the pharmaceutical processes alive within one's own heart when prescribing medicines which have been prepared in this way. Interest for the methods of production is a third element in caring for our medicines.

The next three qualities which seem to me necessary for the care, fostering and nurture of our anthroposophic medicines have to do with prescribing practice and are thus, more or less, the responsibility of the doctors.

4. Individual Courage for Cognition

I see the first responsibility of the prescribing doctor in their earnest effort to develop in themself sufficient courage for cognition, in order to battle against the mighty illusion of statistics. As a consequence of what is aspired to today in evidence-based medical practice, which can sometimes appear so seductive and is based only on statistically substantiated facts, one can observe a considerable weakening in the will-forces of doctors, which can lead to an inner bias or even actual enslavement - though that would be a
study in itself. Yet there is a further consequence, and one which concerns the medicines themselves. What would indeed happen if the medicines were prescribed not as the result of an original creative deed, but on the basis of some previously prepared therapeutic protocol? If they become estranged from an individual force of cognition, they can begin to develop their own life, in just the same way as many other well-known conventional medicines, which can lead to the formation of a new spiritual world with its own laws and which would not be without risks. A first risk consists in that it becomes increasingly difficult, as a result of the new elemental spirituality of a lower kind, for the individual medicine itself, with its healing forces, to be taken up by the physical and spiritual sheaths of the human being (Rudolf Steiner mentions the example from his time of [the analgesic] phenacetin, which is not absorbed at all by the astral body⁴). A second risk consists in that, new, previously unthought-of spiritual powers could appear from different quarters and make use of the medicines in order to achieve their not entirely positive goals in the world of culture or even that of economics; which has little to do with medicine as such or with the original therapeutic indication.

5. Loving Contemplation of the Patient

I would see a second responsibility of the prescribing doctor in his struggle to resist the temptation to treat whole groupings of patients in a uniform fashion. We general practitioners know just how difficult it is to combat the illusion of uniformity which we feel when we cannot develop enough interest in the diversity of spiritual inscapes of our fellow human beings; the temptation then is to treat them all identically. What consequences would arise for our medicines if they were prescribed without reference to the different nuances of individual patients' situations? To put it plainly, over the course of the years they would lose some of their therapeutic power and, in a similar way to certain aged conventional medicines, become mere mirages, phantasms and empty husks. The drawer of many a chemist in Europe today with its little boxes, all looking alike, is the best image for what medicines have become - not only for the world of economics which sees a great source of profit in the manufacture of and trade in such choice products, but also for the daily awareness of the population - consumer goods of a transitory nature, even though they are fruits of noble-minded human spiritual activity. Do we really want our own medicines to suffer such a fate? If not, then we really have to exert ourselves, so that a new, loving light of cognition, in the spirit of an individualised observation of our patients, may illumine our therapeutic endeavours and take the ground from under the feet of the mocking spectre of uniformity.

6 Certainty in Thinking

The third responsibility of the prescribing doctor, in my opinion, consists in keeping oneself upright in the face of the tempting power of a different spectre: the illusion of monotherapy, the search for a luciferic panacea, that can be taken as a miracle medicine to heal an illness without active participation from either doctor or patient. We know many examples from the history of Western medicine and from homeopathy, such as the conviction that for such and such an illness or patient there is only one remedy. All the doctor need do is find this one remedy, however hard it may be; all the patient need do is take it and the therapeutic deed has been fulfilled in the best possible way. Such a reductionist attitude, which because of its simplicity is the Fata Morgana of every medicines agency and supervisory authority in the world, ignores the complexity of the human being and hampers any possibility of development, both for the patient and for the therapist. Such an extreme monotherapy can have serious consequences for the medicines themselves, especially for our anthroposophic ones which are so young: it can lead to the loss of vitality, of inner mobility, of potential for development, which I tried to describe earlier. Just as human beings and illnesses change and develop in the course of time, so also do the medicines. One can best meet the challenge from this spectre of monotherapy by not doubting one's therapy programme and by being certain in one's thinking during the therapeutic decision-making process. Certainty in thinking is thus a further, sixth quality of soul which we are called on to train in ourselves, in order to give our medicines the care they need.

7. Striving for Inner Freedom

A further quality that needs developing and which concerns all therapeutic activity relates to the spiritual history of Europe and the role played in it by Greek philosophy. The notion of the ethical state was postulated for the first time over 2,500 years ago by the philosopher Plato in his dialogue "The Republic"; this ideal has been enshrined in Europe ever since. An ethical state is one where human society is to be ruled consciously, both during the mediaeval monarchies and in the age of the modern republics. Now the situation today from the political point of view is such that, after the events from 1989 on and the collapse of soviet communism, the idea of the ethical state is simply obsolete. Marxist ideology, on which the structure of the communist system of dictatorship was based, was the last to take credit for the setting up of an ethical state of this kind. The only place where this idea is still recognised is the world of medicine; here

⁴Contributions to Rudolf Steiner's Complete Works, No. 122 (2000), 22
we cannot speak of the politically powerful but rather of scientific authorities, the so-called "scientific community", who have taken the place of the wise rulers in the platonic republic. These scientific authorities claim the right to look after the medical well-being of the populace; this means that they may decide which medicines will be allowed to enter the market and which will not. In this way, and mostly from behind the anonymity of a mask, they seek to determine the destiny of our medicines. During my twenty-year activity for legal protection for anthroposophic medicines worldwide, I have had sufficient experience of this. However the ideal of an ethical state is no longer an ideal today, but an illusion, for behind the mask of wisdom or of objective science is hidden in reality a will to power, sometimes even accompanied by monetary greed and corruption. The only way to fight this illusion is by seeking honestly to attain genuine freedom in one's own life of thought; only inwardly free human beings have the power to remove the mask of assumed wisdom from the face of those currently in power. Only through attaining one's own inner freedom can one contribute toward anthroposophic medicines being able to develop and improve; only through new ideas and new perspectives can innovation actually take place in the impulse of anthroposophical pharmaceutics. In other words, the freedom that is needed to fight the spectacle of the ethical state cannot be granted graciously "from above" by economic or political authority; it must come from below, must first be found and nurtured in us ourselves. When I use the word "us", I do not mean just the doctors or the therapists, but quite particularly the patients as well; for example, a deeply-experienced relationship between doctor and patient, which transcends the conventions of the current bourgeois social set-up, can play an essential part in the endeavour for inner freedom. Thus the beautiful and often misunderstood word "subsidiarity" can become spiritually concrete in a genuinely Aristotelian sense.

8. Community Building Based on Trust (The Saturn Path)

We come now to the eighth and last quality which I regard as necessary in order to be able to nurture, foster and care for our medicines. It is true that the inner path which has been described must be trodden by each of us in our individual endeavour, yet it would remain fruitless unless it all became united with a deeply experienced feeling of community. It would be an illusion to think that a single, modern Don Quixote could achieve all. Instead a regular working together is needed, toward which each in their place - doctor, pharmacist, therapist, patient - contributes that part of the work which is possible for them. The basic precondition for this is recognition of the role and value of the other, as Rudolf Steiner himself taught us in the year 1924 in the lecture course "True and False Paths in Spiritual Investigation". The anthroposophical tradition calls the spiritual path which is described there, which includes this working together with another human being, the "Saturn Path". Rudolf Steiner spoke on that occasion about the path of the spiritual investigator through the different planetary spheres in order to gain knowledge about the spiritual forces which underlie the physical organisation of the human being. What stands out in this striking description is the great value which Rudolf Steiner ascribes to the collaboration with Ita Wegman who, thanks to her specialist medical knowledge of the physical organism of the human being, is in a position to help him in a quite concrete way. For, without the help of someone medically trained, it would not have been possible to retain and communicate to others the knowledge gained in the planetary spheres, so it would have been practically useless. However this collaboration can only take place because a karmic bond exists between the two researchers. What conclusions can we draw for ourselves from this? Of course it would be arrogant to measure ourselves against such a lofty event, yet this shining example from the two founders of anthroposophic medicine can teach us how important and fruitful it can be for us all to keep ourselves in relationship in our strivings. If we succeeded in creating clarity about our current, concrete, mutual relationships of destiny, we could draw strength from that, in order even better to be able to care for our anthroposophic medicines. For all true care requires an atmosphere of trust and this is not a given in our time; it must first be brought into being in our striving together and in the elaboration in a Christian spirit of our shared destinies. We can and will do this.

(Translated by David Macgregor)

Steiner, R: True and False Paths in Spiritual Investigation, GA 243, Lecture 10

ANTHROPOSOPHIC HEALTH CARE COURSE 2006-2008

Care - a modest little word, but fundamental in its usage as one of the most important aspects of what makes us human.

A small group of Anthroposophical nurses committed themselves to creating a course which was to inspire and enliven the twenty participants who were drawn to come together to learn and share experiences which enabled them to explore the meaning of illness; to learn about the healing properties of natural substances and their therapeutic use; and, through group work, aim to develop self awareness and a sensitive and caring attitude towards others in their care.

This was a course not only confined to nurses
because care for those who are in need is a responsibility for every one of us who feels the desire to develop a deeper responsibility for our fellow men. The content of this course was far-reaching.

All modules passed merrily with intensive information on each chosen theme.

The introductory module was designed to sharpen our observation and listening skills, supported by music and plant observation.

We progressed towards studying the underlying significance of warm and cold illnesses, supplemented by learning about compresses and teas which are efficacious for the various illnesses.

Rhythm is lacking in our present time, where we push the natural rhythms of day and night, sleeping and waking, which disturb our fundamental breathing process.

The rhythms of our biography and life style were studied and we progressed further with compresses and also added footbaths.

We continued to consider nutritional issues as well as childhood illnesses and their implication for later life. Some of us were fortunate to experience therapeutic baths - being brushed in the bath and then wrapped up like a mummy - wonderful!

We looked at the different life phases with the challenges that beset the soul. The secrets of the organs were revealed; the vividly tactile experience had quite a dramatic effect on our company!

Old age issues followed, looking at illnesses which pertain to this time, and seeing how this phase of life can be fruitful and fulfilling in spite of physical constraints.

Regrettably we then came to our last module which dealt with the threshold of death and the manifold emotions which surround this last experience of earthly life. We considered gentle aspects of care for those who are dying, looking at the needs of body, soul and spirit.

Throughout the course, during each module we were fortunate to learn ‘Einreibung’ (a form of gentle therapeutic massage), through theory, but mainly by practical application. Such enthusiasm was evoked that some of us will continue to learn more in follow-up sessions.

We had contributions from many speakers, and our learning was also enlivened by the arts - painting, singing, modelling, speech, story telling and eurythmy.

It would also be good to thank the various Camphill communities which hosted our meetings with the generous hospitality.

The knowledge and experiences offered us during the course, combined with a growing sensitivity of approach and active participation, promoted a trust in our own intuition; not only in understanding ourselves better, but most importantly with care, and compassion, the close ‘sister’ of care, to be able to recognise and care for the vulnerabilities of others.

The course was an inspiration and fulfilled everyone’s expectations. So, we thank those who recognised the deep importance of truly caring, in that they were able to offer us this opportunity to work together.

So many thanks, with gratitude and affection from us all.  

Jennie Tanser

OASIS TRAINING

Oasis Group Facilitation Training starting in January 2009 in 5 modules.

How to foster psycho-spiritual group support for people with chronic health issues and life crisis.

Oasis is a supportive programme for people suffering from long-term health issues, including anxiety, stress, depression and the effects of unresolved illnesses. Self-help and management of these conditions has been our main concern along with the support that a caring and confidential space may bring for a true listening and sharing of related concerns. Artistic exercises and biographical/life-story work provide the structure within which the sharing and conversation take place. We also provide opportunities for the development of self-confidence and the exploration of creative potential. Addressing feelings such as fear, anxiety, love, trust and courage can give us new hope for the future.

Motivation: The faculty of ‘will’ is that which is most challenged in our current culture. It is this faculty that makes us most human, enables us to find our destiny path and manifest our intention for life and yet it is that faculty of soul that is most under attack. For this reason we aim to consider volition in various ways, how it relates to depression, anxiety, addiction, isolation, anger and apathy and how volition might be awoken anew. As adults, the imprint of our spiritual body lies within our physical constitution. Remembering our connection to this body, the world and our ideals that live, sometimes hidden within us, may enable us to tap into sources of spiritual renewal and wisdom that are so urgently needed today to withstand the attack on the human spirit, soul and will.

The training is open to individuals with appropriate life and/or professional experience who would like to deepen their relationship to and understanding of the kind of concerns raised by the above questions. The curriculum is firmly grounded in anthroposophy and also informed by insights drawn from psychosynthesis psychology. Experiential work in group and self-awareness will be included in the programme, along with artistic and biographical exercises relevant to the context of the Oasis curriculum, which has been
developed from the needs of its clients. A brochure will be available in the autumn.

The training will be carried by Melanie Taylor, Dr. James Dyson and Lucy Trevitt. Anne Welsh, trainer and supervisor at the Institute of Psychosynthesis, will also attend some modules as a co-facilitator.

Dates of the Training:
Module 1: Jan. 16th - 18th 2009;
Module 2: March 20th - 22nd;
Module 3: June 19th - 21st;
Module 4: Sept. 18th - 20th;
Module 5: Dec. 4th - 6th.

Schedule:
Weekends: Friday 4.00pm - 9.00pm;
Saturday 9.00am - 8.30pm; Sunday 9.00 am - 4.00pm

For further information contact:
Melanie Taylor on Tel: 01384 372239
or email: melanietaylor23@aol.com
to register your interest and/or receive an application form.

Due to technical problems it was not possible to put this report in the last issue. Please read this article and then the one in the previous issue for a complete report on this seminar.

NOTES ON WOMEN’S HEALTH SEMINAR AT PARK ATTWOOD CLINIC

Friday evening lecture (29. 02. 2008)
Speaker: Dr Bart Maris

Bart Maris gave an introduction into the course by covering four different areas a lot of women and their doctors have to deal with at one point or another in their life. These are contraception, infertility/subfertility, pregnancy and giving birth and lastly menopause.

He discussed how we have the choice to override physiological rhythms and phases of change by using modern technologies and medicines (ie contraceptive pill, hormone replacement therapy).

He emphasised how this can lead to a fixation in a woman’s constitution which may then not allow her to be open to receive spiritual influences. In the discussion which followed it became clear that this seems to be one of the dilemmas of our modern life style:

How to balance a woman’s desire and need to function well and reliably and be able to carry responsibilities in society on the one hand and at the same time leave space for a more open and cosmic body-soul relationship.

I found the talk thought provoking and a very good start into the seminar.

Dietlind Elsner

RHYTHMICAL MASSAGE THERAPY TRAINING

The Rhythmical Massage Therapy Training is ready to start again on the Monday 29th of September 2008.

It will be our third beginning of this two year course.

This third group of students is again a very international one, with people coming from America, Japan, Czechoslovakia, Hungary, Israel, Germany, Ireland, Scotland…..and England.

This course will continue to be taught at St Luke’s Medical Centre in Stroud.

We are now also working with Crossfield institute in order to get the appropriate accreditation for our training. (Appropriate, so that we do not compromise the quality of our course in any way!) This will help our students to feel more confident about their possibilities of work after the training, as well as making it easier for foreigners to get a student visa.

This two year course has so far been a beautiful journey both for students and tutors, and we are very grateful to those who have supported us.

Helene Martin

VISITORS FROM PALESTINE.

This was quite an unusual question; Was I willing to teach child development to a group from Palestine in a weekend in June in England.? The request came from Judith Bailey, who lives in Camphill in England and grew up in Israel. Her impulse is to create meeting points between Palestine and Israeli people. She had arranged an earlier meeting, where youth from Palestine and Israel performed a play together.

Not knowing the group I prepared something which would hopefully be accessible.

I wanted to speak about child development and illustrate this with children’s drawings. My newly acquired PowerPoint skills helped to project the children’s drawings onto the wall.
Meeting the group was quite special, it was a group of Muslim men and women. The women were teachers of all ages and the men were mainly retired or almost retired head teachers and two doctors. They were very friendly, the men spoke reasonable English, the women less so.

The hierarchical structure was very clear, who was in charge. They are a special group, who have a charity whose aim it is to stimulate education and give bursaries to students. They also have a few schools. It is more difficult for this group to get financial support from abroad, as no money has been allowed into the country for the last three years.

Their stories were touching: all of them come originally from areas which are now occupied by Israel. Their families were driven away from their farms, houses and land and are still living in simple circumstances.

The talk I gave was on child development, and it went better than expected. I brought the concept of the three streams which are important in a child, the hereditary stream, the environment and as a third element their own individual destiny. There was a beautiful moment, we discussed this element of freedom, individuality and destiny. In discussion the resilience of children also became visible, the children don't grow up in easy circumstances, and still most children are well balanced.

In the end I felt very humble to have met this courageous group of people.

We all stayed in the Asha centre, a beautiful retreat centre whose aim it is to create a meeting place for different cultures and beliefs, a very good place to stay.

Instead of being tired after a weekend jetting from Aberdeen to England, I felt refreshed and stimulated.

Marga Hogenboom

CORRESPONDENCE

Love does not rule
Love transforms
It is a question of coming together
Not by manipulation but in freedom

Dear friends,

This is written on early Sunday morning, after/during the special gathering of the anthroposophical medical section in Steiner House, London, turning to the task of the anthroposophical medical section, guided by the admirable devotion of Dr Peter Selg and inspired by the extraordinary biography of Dr Karl König.

Anthroposophy teaches us that death is a necessary condition for the birth of the spirit, and that evil is the egoistic shadow of the altruistic spirit self.

More than 16 years ago (February 1992) an evening was dedicated in Camphill community Glencraig to the statement appearing in the cycle "From Symptom to Reality in Modern History" in which Steiner puts equality as the guiding principle in the free spiritual sphere (free from the other spheres, that is) and freedom as the guiding principle of the social sphere.

After much deliberation, representatives of the Camphill movement chose to name the very moving celebration of 50 years of Camphill a "Social Impulse," a "Social Renewal." Now that Camphill is approaching 70, it is time to reconsider again this crucial suggestion that if we want to increase our support for the extension of fraternity beyond the boundaries of Camphill communities, or any other charitable organisations, then freedom must be experienced as the unfolding heart of the social question. All attempts to work out of equality in the social sphere are bound to fail over the long run, to the same extent that we fail to call ourselves "responsible world citizens," individuals who are learning the meaning of becoming human during their time on earth, beyond legal territories, beyond political dictates or any other segregations which eventually can only lead to wars and bloodshed.

Only when two or three are gathered in His name, only when the community is a community with all "existing Beings," only then will the Michaelic seeds of a true threefold social order be allowed to put down roots on our resurrecting earth. Only then will Manichaism, Rosicrucianism and Anthroposophy not only inspire our hearts, but also make it possible for each one of us to create lasting bridges, uniting all worlds.

Yours,
Moti Shaltiel

COURSES & CONFERENCES

AGM OF THE EURYTHMY THERAPY ASSOCIATION

15th- 16th Nov 08
10am Sat.-1pm Sun.

The consonants as a reflection of the working of the Four Archangels in the Zodiac

Eurythmy with Ursula Ziegenbein (for many years leader of the Eurythmy Therapy Training in Stuttgart) Lecture and study on the theme with Dr. Jenny Josephson (required reading: GA229 lecture 5, 13th Oct. 1923) costs £45 (incl. lunch) if possible, please arrange your own accommodation, otherwise contact Lesley or Katherine

If you are going to attend or need further information please contact: Lesley Forward Tel: 01342 822483 or Katherine Beaven 01342 822759 or Katherine@bevbach.co.uk
4TH BIENNIAL CONFERENCE ON COMMUNITY BUILDING AND SOCIAL RENEWAL

Creating Community Today
New Lanark Tuesday 12th - Friday 15th May 2009

You are invited to this fourth Conference at New Lanark which will bring together up to 200 participants interested in exploring ways forward for community life and work.

The Conference aims to be fully inclusive in nature with an emphasis on openness to all. Contributors will include: David Adams, Maria Albiez, Colum Beagan, Claire Griffiths-Bronzino, Jeannie Carlson, Lana Chanarin, Fran Clay, Margaret Colquhoun, Ann Druitt, Almut ffrench, Rudiger Grimm, Melissa Harwood, Paul MacDonald, Angelika Monteux, David Newbatt, Cornelius Pietzner, Andrew Plant, Tom Ravetz, Margaret Shillan, Swantje Siebke, Andrene Thompson, Soleira Wennekes

Conference Fee:
£250.00 includes lunch, supper & tea breaks during the conference & access to the visitor facilities.
Accommodation is extra, from New Lanark Mill Hotel, Waterhouses and Youth Hostel, to a wide range in the surrounding area.

Conference leaflet and booking forms will be available from early 2009.

For further information, & to register interest please contact:
Jack Reed or Duncan Dewar, Garvald Glenesk,
15/16 Avenue Road, Eskbank, Dalkeith, Midlothian, EH22 3BP
Telephone: 0131 454 0031 or 07792995581       Fax: 0131 454 0209

ACESTA AGM

7th November

The AGM of the Anthroposophical Curative Education and Social Therapy Association (ACESTA) will be held at Orchard House, Nutley Hall.

All are warmly invited to the afternoon open event, and those wishing in addition to attend the AGM are also welcome.

9.30 for 10am: Meeting of the ACESTA Committee
12.15 - 1pm: AGM
1 - 2pm: Buffet lunch
2 - 4pm: Open mini-conference on the theme 'From Curative Education to Social Therapy, featuring a talk by the recently appointed Director of Emerson College, Gregg Davis. The aim will be to focus attention on the challenges now facing the anthroposophical curative movement and the vital role that its social-therapeutic aspect has to play in meeting and creatively responding to them.

An artistic contribution will follow.

If you intend to come, kindly inform the Nutley Hall office (01825-712696)
or by email at office@nutleyhall.org
DIARY DATES

10th - 12th October
AAAT annual conference and AGM
Details have been sent to all members.

Saturday 18th. October
Celebration - ST. Luke’s Day, the Anthroposophical Medical Practice in Forest Row will be 25 years old and on that evening there will be a celebration. If you would like to take part, please telephone the Practice on 01342 834422 at the beginning of October.

Saturday 15th November
Irish Medical Section meeting at Dunshane
10.30am-4.30pm
Contact: Maria van den Berg, maria@glencairg.org.uk

15th-16th November
AGM of the Eurythmy Therapy Association
with Ursula Ziegenbein and Dr Jenny Josephson
Michael Hall, Forest Row. See page 9 for details

21-23rd November, Medical Section Conference for Members of the School of Spiritual Science. "The Gospel of St.Luke as an Inspiration for Anthroposophic Medicine." This event will be held in the Mount Camphill Community, Wadhurst, Sussex.

22nd November 2008 (10.00 - 16.30)
SCHOOL DOCTORS’ MEETING
Venue: Bristol (Helios Medical Centre)
Theme: Learning Difficulties (esp. the role of and approach to the retained primitive reflexes as these are increasingly worked within Steiner /Waldorf education). We also plan to have an initial conversation about the role/profile of the school doctor at Steiner/Waldorf schools.
Contact: For further information please contact Hedda von Schwarzenfeld (hedda@doctors.org.uk) or Bettina Lohn (b.lohn@doctors.org.uk). A more detailed invitation will be sent out nearer the time. Sorry for the date clash with the Medical Section meeting!

24th or 31st of January 2009:
AGM of RMTA in Stroud.

27-28 February 2009
Seminar: Women’s Health (2), led by Bart Maris, Consultant Gynaecologist. Venue: Park Attwood Clinic. Course organiser: Maurice Orange

27-29th March 2009
A weekend seminar on Colour Light Therapy with Marianne Altmaier, Lucien Turci and Hazel Adams will be held at Blackthorn Medical Centre. This will give a general introduction to working with the glass panels developed by Marianne and Lucien and is for anyone who is interested in how this work is developing in Germany and the U.K. Fuller details will appear in the next Newsletter.

24-25 April 2009 * * provisional* *
Seminar: Cancer and Immunotherapy with Mistletoe. With: Prof Stefan Martin (Immunology), Dr Broder von Laue, Prof Gene Feder and others. Venue: Raphael Medical Centre. Course organiser: Maurice Orange

ANTHROPOSOPHIC HEALTH CARE COURSE
A second round starts in April 2009 with 9 modules (each 4 days), finishing in 2012
Details from Judith Jones, Simeon Care for the Elderly Cairnlee Road, Aberdeen AB15 9BN
e-mail judithjones999@hotmail.co.uk
(See page 6 for a description of the first course)

June 2009 ( date to be confirmed)

5th - 7th June 2009
Annual Rhythmic Massage Therapy Conference with Ricarda Meyer, Nick Blitz and Aoine Landweer-Cooke in Aberdeen,Scotland.

THE HEART AS THE KEY TO THE KINGDOM
October 2008 - June 2010
Weekend Courses for Personal and Professional Development. Exploring creative life processes and perspectives for change. Hosted by ‘The Glass House Project’ - Stourbridge, West Midlands
Spiritual and Psychotherapeutic Perspectives
Seminars, Experiential Learning and Art

Oct 31 - Nov 2  2008
Seeing and Interacting with Heart
Methods for understanding challenging issues in cultural and social life today

Feb 13-15 2009
Hearing the Heart of the Matter:
Communicating Creative exercises for deepening listening and interaction

May 15-17 2009
Working with Change
Working with how to read deeper destiny questions in life events

For further information please contact the facilitators:
Marah Evans: 01453 750097
or Karl-Heinz Finke: 0049 (30) 611 089 21
Living-way…
Rock Cottage, Whiteshill, Stroud, GL6 6JS
Email: mail@Living-way.org
Website: www.Living-way.org
FROM THE EDITOR

Last October I attended the annual conference of the Medical Section in Dornach and listened to the talk given by Doctor Giancarlo Buccheri on “Caring for Anthroposophic remedies”.

I found it very inspiring to hear how he has lived with this theme for decades and the vision that he has of how we can care, on so many levels, for these remedies.

I spoke to him about the possibility of translating his talk into English. He re-worked the talk for publication in the doctors journal from Germany, of which this article is a translation.

Giancarlo Buccheri works in Milan as a doctor and for many, many years was the chairman of the International Association of Anthroposophic Doctors. A position he recently stepped back from in order to take on other responsibilities.

I wonder whether it would be possible to explore together in many different ways how we care for the “tools of our trade” which we use on a daily basis with regard to fulfilling the tasks/aims/goals that we have taken on in life? I look forward to hearing from any one who would like to take this up in the newsletter.

John Browning

LIMESTONE TO GRANITE

The office is on the move from the Cotswolds near the river Severn to the outskirts of Aberdeen by the river Dee.

The new office contact details are in the box at the bottom of this page. There will be a new email address which has not been finalised at the time of going to print. It will be in the next issue. Mail sent to the current email address will continue to be dealt with even when the new one is up and running.

The change over takes effect from October 1st.

From then on Stefan Geider will carry responsibility for the activities of the Medical Section office. He will be assisted in a secretarial capacity by Mignon Manning.

“We look forward to giving you a picture of the intentions and future development of the Medical Section work in the next issue”.

Office

The contact details for the office are as follows:

Anthroposophic Health & Social Care Medical Section Office, c/o Camphill Medical Practice Murtle Estate, Bieldside, Aberdeen, AB15 9EP Scotland

Telephone 01224 869621
Email medical.section@yahoo.co.uk