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April/May, 2005

# arizona choices

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***plus***

**Dancing on the Path: local news, events and tidbits**

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**Why People Don't Get Well by Phyllis Winslow**

**Conventional, complementary and traditional choices for treating your pain from:**

- **Jennifer P. Schneider, M.D., Ph.D.**

**and**

- **Louis Mehl-Madrona, M.D., Ph.D.**

**Dr. C. Norman Shealy, M.D., Ph.D. on**

## Why Patients Use Alternative Medicine And Why Physicians Should

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# *Welcome to Arizona Choices!*

***Arizona Choices*** is designed to be an unbiased showcase for choices in health, wellness and the environment. It will present conventional, complementary/alternative and traditional perspectives on these issues with the goal of providing a forum for education and discussion. We do not advocate one approach over another: we believe that increasing awareness of the multitude of choices and of the possibility of integrating or combining them for best results is the most responsible, and ultimately the most effective, path to wholeness for both humans and the planet.

It is well-documented that integrative medicine works. Andrew Weil, Deepak Chopra, Norm Shealy and Louis Mehl-Madrona are but a few of the most famous practitioners who are working to expand the range of effective treatments for human suffering. Optimal therapies and efficacious preventative measures will only emerge after evaluating all possible approaches and thoroughly measuring their results both singly and in combination with each other. We believe that the healing arts in all their forms contribute to the advancement of consciousness, which in our view is the highest form of service.

The overlap between science and metaphysics is becoming more obvious (and useful) all the time. It can be said that they are just two ways of describing a universal set of data. We believe that creating a non-partisan forum for the two, which share the goals of raising consciousness, alleviating suffering and illuminating the best way to coexist with the planet and all its inhabitants, is a worthy project - one that will benefit many.

Thank you for choosing to read us! We hope you get much from the experience, and that you also choose to participate in Arizona Choices' evolution. **Bob Peizer, Editor**

# Why Patients Use Alternative Medicine – And Why Physicians Should

**C. Norman Shealy, M.D., Ph.D.**

**"For 27 years... alternatives have been a major part of my practice, and that of most successful physicians."**

**Dr. C. Norman Shealy, M.D., Ph.D.**

David Eisenberg and associates[1] reported in 1993 that 54% of American adults used at least one unconventional, non-allopathic therapy in the previous year. These included relaxation techniques, chiropractic, and massage. The authors estimated that Americans made more visits to alternative health care practitioners than to allopathic primary physicians in the same period (the study was done in 1990).

A study in 1994[2] revealed that over 60% of physicians *recommended* alternative therapies to their patients at least once in the previous year. Twenty-three percent of these physicians had incorporated them into their practices and 47% had *used alternative therapies themselves!*

In a May, 1998 JAMA article[3], John J. Astin, Ph.D., states that "there is no comprehensive model to account for the increasing use of alternative forms of health care."

Astin asked a statistically representative national cross section of Americans about the use of "acupuncture, homeopathy, herbal therapies, chiropractic, massage, exercise/movement, high-dose megavitamins, spiritual healing, life-style diet, relaxation, imagery, energy healing, folk remedies, biofeedback, hypnosis, psychotherapy, and art/music therapy.

He excluded exercise for medical indications, self-help groups for depression or anxiety or psychotherapy for depression or anxiety, as he considered these to be "already part of standard medical care."

In Astin's study, 40% of all respondents had used some form of alternative health care in the previous year. Chiropractic, life-style diet, exercise/movement, and relaxation were the most commonly chosen "alternatives."

The medical problems most often being treated alternatively were chronic pain, anxiety, chronic fatigue, sprains/strains addiction, arthritis, and headaches.

Although 50% of headache sufferers used chiropractic, patients with headaches also used acupuncture, homeopathy, megavitamins, spiritual healing, life-style diets, relaxation, massage, folk medicine, exercise,

psychotherapy, and art/music therapy. Considering the thousands of scientific articles supporting biofeedback, which can help 84% of headache sufferers, it is interesting that biofeedback did not make the list.

Although greater education and higher income were factors increasing the likelihood of use of alternative therapies, there was significant use at all socioeconomic levels. Anxiety sufferers were almost twice (67%) as likely as non-anxiety sufferers (39%) to use alternatives.

Interestingly, users of alternative therapies are no more dissatisfied with or distrustful of conventional care than non-users.

The clear-cut reason, not cited by the author of the May 1998 JAMA article, appears to be that the users of alternative therapy failed to achieve symptomatic relief from the remedies prescribed by their conventional, allopathic physicians!

The implication of Astin's study is: patients with chronic pain, anxiety, chronic fatigue, sprains/strains, addiction, arthritis, and headaches *have a high failure rate with conventional pharmaceutical treatment.*

This being true, why have physicians failed to fill this gap? Chiropractic has been around over 100 years. Osteopathy, a bit older, has failed to fill the gap because 90% of osteopathic physicians do not do osteopathic manipulative therapy.

Edmund Jacobsen, M.D., demonstrated elegantly 70 years ago that 80% of "psychosomatic" illnesses improved with simple relaxation therapy. Herbert Benson, M.D., reported on the same type of results 20 years ago.

J.H. Schultz, M.D., reported 65 years ago that autogenic training, a form of self-hypnosis, successfully treated 80% of "psychosomatic" problems. There were 2800 scientific articles in 1969.

Elmer Green, Ph.D., first demonstrated that 84% of migraineurs improved with biofeedback (BFB). Later, he reported that 80% of patients with hypertension improved with biofeedback (BFB). Over 10,000 scientific articles have supported BFB as a major therapeutic modality.

Manipulative therapy, relaxation training, biofeedback, exercise, and some megavitamin therapies all have far more scientific "proof" of effectiveness than do a majority of pharmaceuticals.

Admittedly, these techniques require more physician and patient time than writing or taking a prescription. On the other hand, their efficacy is proven and their "side effects" are usually beneficial. Since 75% of all physician visits are for "stress" symptoms, why do physicians not embrace these simple, safe, and often effective (and patient-satisfying) therapies?

The most consistent physician response to this query conveys hesitancy and negativity because of a prior lack of exposure to these techniques in medical school, internship and residency. Instead, the use of pharmaceuticals was strongly encouraged. Following training, relatively few physicians participate in post-graduate courses (of which there are many) in any of the alternative or complementary therapies, e.g., acupuncture, manipulation, electrical stimulation, exercise physiology, and herbal therapy.

Unless we physicians take the initiative to educate ourselves in at least some of these "alternatives", and integrate them in our practices, we cannot expect to capture a greater percentage of out-of-pocket payment patients are willing to make to alternative therapy practitioners. In fact, the trend to use these practitioners' services will continue to grow. For 27 years, these complementary "alternatives" have been a major part of my practice, and that of most successful pain practitioners: safe and effective means for treating anxiety, pain, and many stress-related problems.*

## Footnotes

1 Eisenberg D.M., Kessler R.C., Foster C., Norlock F.E., Calkin D.R., Delbanco T.L. "Unconventional medicine in the United States: prevalence, costs, and patterns of use." N. Eng J Med 1993;328:246-252.

2 Borkan J, Neher J.O., Anson O., Smoker B., "Referrals for alternative therapies." J Fam Pract. 1994;39:545-550.

3 Astin J.A., "Why Patients Use Alternative Medicine." JAMA 1998;279:1548-1553

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# Chronic Pain: Conventional Treatment

**Jennifer P. Schneider, M.D., Ph.D.**

**"The goals of chronic pain treatment are two: reduce pain and improve function. This means that treatment must be multimodal, including medications, physical activity, psychological, [and] alternative."**

All of us have experienced pain at some time in our lives. Pain is the most common reason people seek medical attention; about 80 percent of doctor visits are primarily because of some pain problem. Pain can kill. People with chronic pain attempt suicide more often than people without pain, and they are two to three times more successful than suicide attempts in the general population. Some of these suicide attempts are caused by depression, which is very common in people with chronic pain. But others occur with people who are not clinically depressed but who simply are no longer able to tolerate their under-treated pain.

Chronic pain treatment is big business. Hundreds of different modalities are being promoted to help pain sufferers, and more are created every day. Pain sufferers are presented with multiple choices for what to do. The first major choice is whether to go with conventional or alternative modalities. (Actually, these are not exclusive options, since the best choice is often to combine the two, which is what I recommend). This article will focus on the more conventional medications. Even among the medication approach there are many choices, the biggest one being whether to consider using opioids (narcotics) for the pain.

Unfortunately, chronic pain, especially chronic pain unrelated to cancer, is notoriously under-treated. In addition, the most potent painkillers, opioids (narcotics) are so misunderstood and stigmatized that many physicians are reluctant to prescribe them and many patients hesitate to take them. When I give talks to other physicians about opioids, sometimes a physician will insist, "I don't think anyone could have bad enough pain (other than from cancer or some horrible auto accident) that they would require drugs like morphine." Unless they have had some personal experience with pain, many doctors don't really take pain seriously. It's always amazing to me to see how quickly a physician's willingness to consider opioid treatment changes after they have spent some time with severe chronic pain themselves! Or unless a beloved family member's life has been totally disrupted by ongoing pain.

Patients too are often reluctant to consider taking strong pain medication, because of their fears about these drugs and because of the stigma that often attaches to being treated with opioids. Recently, a middle-aged woman with chronic back pain was referred to me. She had been taking an opioid for some time, but had stopped because, she told me, "I don't want to be an addict." She was crying as she explained to me that she had tried other medications, physical therapy, acupuncture, and hypnosis, "But they didn't work well enough and now I hurt so much I can hardly stand it." But, she added, "I don't want to take a lot of pills." I explained to her that she now has a choice: resume taking a medication that she knows gives her adequate pain relief and improved functioning but may get her criticized by others, or stick with her current approach, which consists of no criticism but lots of pain and a minimum of activities. I also reassured her that although she may become physically dependent on her opioid medication, meaning she will have to taper if she wants to stop again, she is unlikely to become an addict (This important distinc-

tion will be explained below).

Patients do have choices. In my new book, ***Living with Chronic Pain*** (2004, Healthy Living Books), I discuss various conventional and alternative treatments of chronic pain. In addition, I explain the role of opioids in pain management.

The goals of chronic pain treatment are two: reduce pain and improve function. This means that treatment must be multimodal, including

- **Medications**
- **Physical activity**
- **Psychological**
- **Alternative**

In this article I will focus on pharmacological treatments. Non-opioid and opioid analgesics, anticonvulsants, topical medications, antidepressants, muscle relaxants, and sleeping pills, are all widely used to treat pain. However, I must stress that attention to function is a critical aspect of treating chronic pain. Chronic pain patients need to increase their activity and improve their mood. Depression and pain reinforce and worsen each other, so depression must be addressed and treated. Alternative approaches such as acupuncture, hypnosis, yoga, and herbal medications can be useful for some chronic pain conditions.

Below I will describe several classes of medications that are used for many kinds of pain. In addition, certain types of pain have specific effective drugs. For example, an extremely effective class of drugs for aborting a migraine headache is the triptans. Taken at the onset of a migraine, Imitrex (sumatriptan), Zomig (zolmitriptan) and related drugs can stop the headache within a half hour or so, making a huge difference in the person's life.

## Non-opioid analgesics

For mild to moderate chronic pain drugs such as Tylenol (acetaminophen), aspirin, and NSAIDS (non-steroidal anti-inflammatory drugs) such as Motrin (ibuprofen) and Naprosyn (naproxen) are very effective. These drugs are widely available but have well-known side effects and risks. Too much Tylenol can damage the liver. Aspirin can cause GI (gastrointestinal) bleeding and ear ringing, and mess up the chemical balance of the

**Jennifer P. Schneider, M.D., Ph.D.**

circulatory system. NSAIDS can cause kidney damage, elevated blood pressure, and GI bleeding. The second-generation NSAIDS, called COX-2 inhibitors, have fewer GI side effects but concern about an increased risk of heart disease have recently resulted in the removal of the most popular of them, Vioxx, from the market. The safety of the two others, Celebrex and Bextra, is also being questioned. The position paper of the American Geriatrics Society on the treatment of pain in older people states, "In the final analysis, the chronic use of opioids for persistent pain or some other analgesic strategies may have fewer life-threatening risks than does the long-term daily use of high-dose noneselective NSAIDs."

## Anticonvulsants

A class of drugs called anticonvulsants, traditionally used for seizure disorders, is very effective for pain caused by direct damage to nerves. This type of pain, called *neuropathic*, is a burning, stinging, stabbing, numbing type of pain. Examples are peripheral diabetic neuropathy, shingles (post herpetic neuropathy), the

facial pain of *tic douloureux*, reflex sympathetic dystrophy (a very painful chronic condition that sometimes develops in arms or legs that have been injured), post-stroke pain, and phantom limb pain (pain perceived to come from arms or legs that have been amputated). Effective drugs include gabapentin (Neurontin), and the newer drugs topiramate (Topamax) and tiagabine (Gabitril). Topiramate is also useful in treating chronic headaches. Back pain, although generally considered somatic, often has a neuropathic component, especially when the back pain is associated with sciatica (pain going down the leg, resulting from a pinched nerve), so it is definitely worth trying anticonvulsants for sciatic pain.

## Topical medications

Direct application to the skin is another useful approach that can be very effective for pain close to the surface. Topical lidocaine patches (Lidoderm) are effective in neuropathic pain such as peripheral neuropathy, and also at times in osteoarthritis. The patch is large, and can be cut and used in pieces. Up to three patches daily can be used without significant absorption into the blood stream. The patch is very safe and is worth trying in various types of pain.

## Antidepressants

Depression is very common in patients with chronic pain. Depression worsens pain, pain worsens depression, and both must be treated. Some types of antidepressants appear to directly alleviate pain in addition to their effect on depression. Tricyclic antidepressants, such as desipramine and amitriptyline, in low doses have traditionally been used for this purpose. Because these drugs are also sedative, they are often used at bedtime, with the goal of providing pain relief as well as improving sleep. SSRIs (selective serotonin reuptake inhibitors, such as Prozac (fluoxetine), Paxil (paroxetine), and Zoloft (sertraline) are excellent antidepressants, but don't seem to have direct pain-relieving effect. Effexor (Venlafaxine) improves various types of pain when used at high doses, at which this drug is both a serotonin and an norepinephrine-reuptake inhibitor. Recently the antidepressant Cymbalta (duloxetine, which is both a serotonin and norepinephrine-reuptake inhibitor), has been approved both for depression and the pain of peripheral diabetic neuropathy. It may also be helpful for fibromyalgia.

## Opioids

Myths about opioid use have made most primary care physicians leery of using opioids for chronic noncancer pain, despite endorsement of such an approach by various professional organizations. Three misperceptions about opioids are:

- **They are dangerous**
- **They are likely to turn patients into addicts**
- **Their chronic use entails ever-increasing doses because of tolerance**

### *The safety of opioids*

When used as directed, opioids are very safe. Unlike NSAIDs, they have no specific organ toxicity. High doses have been taken by many people for decades with no organ damage. The initial side-effects of nausea and sedation dissipate rapidly as the body develops tolerance to these side-effects. Constipation continues to be an ongoing problem, but can be dealt with a regular bowel regimen which includes a stool softener, bowel stimulant such as senna or bisacodyl, and a backup prescription for an osmotic laxative such as lactulose syrup or Miralax powder. Long-term high-dose opioid use frequently causes a significant decrease in testosterone level in males. People on high-dose long-term opioids should have their testosterone levels checked even if they don't complain of increased sexual dysfunction. Chronically low testosterone can cause bone loss (osteoporosis) and decrease muscle strength and energy.

### *Understanding Addiction Versus Physical Dependency*

Addiction is characterized by the presence of all three of the following characteristics:

- **loss of control (compulsive use)**
- **continuation despite adverse consequences**
- **obsession or preoccupation with obtaining and using the substance**

As an addiction progresses, the person's life becomes increasingly constricted. Life revolves around obtaining and using the drug, while activities and

relationships suffer. This constriction is an important characteristic that distinguishes drug abuse by an addict from its appropriate use by a patient with chronic pain. In contrast, patients who are appropriately treated with opioids find their life expanding and improving. Studies confirm that patients without an addiction history are very unlikely to become addicts.

On the other hand, most patients who use opioids chronically in more than minimal doses become *physically dependent*, meaning that if they stop the drug abruptly they develop a defined set of withdrawal symptoms, which for opioids can include diarrhea, runny nose, sweating, nausea and vomiting, abdominal cramps, anxiety, and insomnia. This syndrome is avoidable simply by tapering the dose rather than stopping abruptly. Physical dependence is also a property of other commonly used drugs, such as steroids.

Behaviors that are red flags for true narcotic addiction include: injecting oral or topical opioids (in order to experience a high), selling prescription drugs, using illicit street drugs, repeatedly running out of meds early after being given a dose that they agree is effective, or repeatedly "losing" prescriptions or having them stolen.

## Tolerance

Tolerance is the need for more to get the same effects, or a reduced effect with the same dose. Tolerance to the sedative and nauseating side-effects of opioids fortunately is regularly seen, *but tolerance to the pain-relieving effect of opioids is uncommon*. Most patients who initially obtain good pain relief with opioids can be maintained for months or years or the same or slightly higher doses. Of course, if the patient becomes more active as a result of effective pain treatment, he'll need a higher dose to be able to do more. But once a stable dose is reached, the most common reason for developing more pain at some later time is worsening of the underlying cause (such as arthritis), or a new medical problem.

Patients who have round-the-clock pain do best with pain medications that last for many hours rather than popping short-acting pills like Vicodin (hydrocodone/acetaminophen) or Percocet (oxycodone/acetaminophen) all day and having to wake up at night for another dose. Long-acting opioids give better pain relief and have less likelihood of mood alteration. They are usually taken on a regular schedule rather than as needed. The usefulness of short-acting combinations is limited by their short duration of action and by the presence of acetaminophen or aspirin, which limit the maximum number of doses that can be safely taken per day. Both aspirin and acetaminophen are dangerous in high doses. The short-acting drugs are best used as needed for "breakthrough pain," an intermittent increase in pain caused by increased activity, change in the weather, or for no apparent reason. Short-acting drugs are also preferred for episodic pain, such as migraine headaches. A lozenge on a stick called Actiq contains a potent opioid, fentanyl, and provides relief within a very short time, such as 15 m minutes. Using this drug can often prevent an emergency room visit for someone with a bad migraine headache.

### *Treating Patients Who Have a Prior Addiction History*

An addiction history doesn't automatically rule out opioid treatment, but patients must be not current users and must have careful structure and rules regarding their opioid use. Prior opioid addiction is a higher relapse risk than a history of alcohol dependence. Consultation with an addiction specialist can be helpful.

### *Supervening Acute Pain Problems:*

Patients using chronic opioids who experience trauma or surgery still need pain medication for their acute pain problem, and usually need larger amounts of opioids for the acute problem. They should be maintained on their usual dose of opioid plus medication for acute pain.

### *Withdrawal*

Patients who take opioids for more than a few days should be considered to be physically dependent. They should not stop the opioid suddenly, or withdrawal symptoms will appear. Even if pain stops totally, the medication should be tapered. Opioid withdrawal is not dangerous, but can be very uncomfortable.✻

***Dr. Schneider**, who is certified in internal medicine, addiction medicine, and pain management, practices in Tucson, Arizona. She is the author of the recent book Living With Chronic Pain, (2004). You can get more information on her website, www.jenniferschneider.com*

# Pain – Native American Style

**Lewis Mehl-Madrona, M.D., Ph.D.**

**"Transcending the fear of being broken by a diseased body does not mean rejecting the body, but attaining atonement with the body."**

What is pain, what is suffering? Can you have pain without suffering? Are the two the same? Pain, according to Aristotle, disrupts the life experience of the individual.

Culture determines our perception of sensation. Our cultures teach us how to perceive and interpret what we feel. Our families perform the socialization for the cultures, mediating between culture and our bodies.

In Native American culture, pain and suffering are not synonymous. One can be in pain without suffering. One can suffer without feeling pain. Pain can be experienced as a powerful, warrior-producing experience.

The Anglo-European experience of pain is mostly as something to be avoided or eliminated. Drugs are the primary means of eliminating pain, though other procedures are also utilized, including nerve blocks, which create the feeling of dislocation as though a part of our body does not belong to us. Anesthesia creates a sense of otherness.

To understand this more fully, I'd like to present a story about a person with pain and how this was approached within the broad framework of Native American cultural beliefs.

Claudia was a 47-year-old woman with chronic migraine headaches that disabled her sometimes up to 3 weeks of a month, but usually only 7 to 10 days. When her migraines hit, her eyes became acutely red. They watered. Her head felt like a tight, white-hot band was squeezing her head all around it. Claudia had tried every migraine medicine known to pharmacology. She had tried virtually every alternative therapy. She felt she had received some benefit from acupuncture and from homeopathy, at least more than from Western pharmaceuticals, but she was still in acute pain.

Claudia came for a retreat with us. These retreats take place outside of Tucson in the desert on a piece of property where my friend, Anne-Marie, lives with her family. She has a guest cottage where people stay, a cottage where we do ceremony and other forms of healing, a swimming pool, a hot tub, and, of course, her house. Anne-Marie serves as the "den mother" for people on retreat. She organizes them, provides their basic needs, and does morning meditation every day at 5:50 am. She also does energy medicine with them. Amy provides the yoga, and I provide ceremony and ritual, imagery, sometimes Cherokee bodywork, and other ideas that may appear. Our friend Lench, a Yaqui medicine man, sometimes joins us for sweat lodges and other ceremonies. Our goal is "no treatment" and "no problems." Our goal is to become so immersed in the process that we don't recognize problems.

We begin with morning meditation, which is a practice which we expect Claudia to continue when she leaves. We also expect her to continue daily yoga or some other movement practice. These are necessary regardless of what happens. These practices help to integrate the person into the flow of energy of the system. Then we do ceremony, which establishes conversations with non-physical entities, and continues the dialogical process.

The classical world of physics was about conservation of matter and energy. In our post-modern, quantal world, information is everything. The transfer of information takes place through dialogue, which is defined as a progressive, unfolding, sharing and transforming of information between systems (or components of systems). Ceremony allows dialogue between us physical beings and the spiritual beings.

How does this impact pain? We don't know. We are no longer treating pain. Pain remains, but the treatment idea has fallen away. We are in dialogue with pain and about pain. Spirits are part of this dialogue as are the other members of our community, the mountain that rises above us, and the cacti that surround us. Through ceremony, a spirit comes with a message telling Claudia to dance. Where did that come from? What does it mean? I don't know, but Claudia immediately connects with this idea. Before her migraines, she danced. She loved ball room dancing, the tango, salsa, two-stepping, and the waltz. Then her husband died.

He was her dancing partner. She became concerned about what people would think about a widow dancing alone or with multiple partners. Her concern with "the audience" became restrictive, she said. She told a story about being in Italy in a small coastal town, and watching the town square being transformed into a dance hall. She and her traveling companion watched the young dance with the old, men dance with men, women dance with women, all mixing and enjoying dancing. "It wasn't about sex, was it?" I asked.

"No, it wasn't," she answered. "They weren't being seductive or sexual (at least, not on purpose). They were just loving to dance."

I told her about a similar experience I had while lecturing aboard an Italian cruise liner. On the night before the end of the cruise, a similar presentation occurred on the upper deck. I watched 80 year olds dancing with 20 year olds, men with men, women to women – again, not about sex or romance, but about the joy of the dance.

"The spirits say you should dance," I say. We explore that further, the differences between her life when she danced and when she did not.

"Will dancing make my pain go away?" she asked.

"I don't know," I said, "but dancing will make the lack of dancing go away."

Through imagery we find bears eating fears like blueberries. We find dancing lions and circus tigers. Each time, I encourage her not to interpret her images, but to let them be and let them develop and ferment and come to fruition.

By the end of six days, she realizes that her pain is gone. This was a miracle, she said. "What caused it?"

"It just happened," I said. "Nothing caused it." Whatever happened arose through our conversations with spirits, winds, fire, stones, mountains, saguaro cacti, rabbits, coyotes. Their speaking back created the dialogue – conversations that readjusted relationships among parts and allowed shifts in the overall constellation.

Pain is a conversation. The conversation changed. "Dance," I said. "When you go home, dance. And create a healing circle. Invite everyone you know who is open to healing to come together with you on a regular basis and consider the question of how to be healing to each other."

It wasn't any particular event that healed her. It wasn't the sweat lodge ceremony. It wasn't the yuwipi ceremony (one in which the spirits untie the medicine man in full darkness who then proceeds to heal the sick), nor was it the soul retrieval ceremony. It was morning meditation or afternoon yoga. It was the restoration of dialogue, the resumption of conversation, and the subsequent shifting of parts to form a different kind of whole.

**Lewis Mehl-Madrona, M.D., Ph.D.**

Claudia went home without pain. "How do I keep it from returning?"

"What does it matter?" we said. "Come or go, do your practices. Keep talking to the Universe and all of its component manifestations."

The idea is so different from Western European concepts of treatment. The idea is one of dialogue beginning and sustaining a process of restoration of balance and harmony. From balance and harmony comes (or not) a shift in symptoms. Whether or not this occurs is outside of our control.

Cure derives from curare (Latin), to care for. Cicero used the word "curare" to mean to heal a disease. Ancient usage of the term was psychological or physical. Modern usage of the term cure has become to mean stopping the disease process. In Native American philosophy, we don't wish to stop the disease process

because there is no disease. Pain is not a disease. Pain is pain. It just is. So we talk about it. To the spirits, to the mountains, to the seas. Through this talking, this change. It's mysterious. Transformation is inexplicable and not replicable. Transformation is poor material for a double blind, randomized, controlled trial.

Heal means to become whole or sound (Old English). Healing has preserved its ancient meaning. In the modern narrative, people can be healed without being cured. Healing can involve gaining a measure of psychological control, despite disease progression. In our Native-American-derived story about healing pain, the healing is accidental. We don't intentionally create it with our will. Instead our will is used to have the discipline to practice whether or not we get what we want. What matters is what we do. To practice without results day in and day out is deeply meaningful. It gives power to the suffering that has not changed, because this suffering fuels the practice.

Healing cannot be scripted because it arises through the exchange of information. It arises through components (which are whole systems in their own right) adjusting to different relationships with each other. It arises because conditions have changed. Healing involves spirit and body, mind and matter, because all of these dimensions are caught up in the conversation.

How does this relate to the Western European concept of curing disease? I'm certainly not against curing when it is possible. What disturbs me from a Native American philosophy is that cure is often promised and it does not materialize so often. Medicine is so much more uncertain than its practitioners admit to its supplicants. The authoritative certainty is not borne out by the results. Therefore, I suspect that optimal medicine includes our non-specific approach in which we could care less what is the problem, and in which we start conversations with disease-specific approaches in which cure is possible. In the absence of curative possibilities, conversation is best. Sustaining that conversation is the role of community and ongoing ceremony, one after the next after the next.

For the modern person, hypnosis can alter the patient's temporal awareness of pain. Native American culture was rich in opportunities for trance, through dancing, drumming, rattles, and "putting them to sleep so that they dream like they're asleep but they're really awake." I remember a recent woman with esophageal cancer. I used hypnosis to reduce her memory and anticipation of pain. This was not so different from what I do in ceremony or on spiritual retreat. It's all a conversation – with pain, with her future self, with her past self, with her fears and her shadows. For this woman, I likened chemotherapy to watching telephone poles from the window of the train. The treatments are not there until they suddenly appear and just as suddenly disappear. No reason to get upset about that. How quickly they come and go. Hypnosis enabled the woman to reframe her mental state and thereby make her more attentive to the immediacy of the present moment. She reduced her suffering by regulating mind time. This altered her perception of body time. The hypnosis enabled her to control her responses to pain. But we would say (in the Native American world view) that it wasn't hypnosis that did anything. Hypnosis did not reduce her pain. Her pain reduced through conversation. Dialogue leads to change. Technique does not.

Demacio showed that pain-reducing suggestions are associated with changes in the cingulate cortex of the brain, which reduces pain response and affect. Hypnosis allows mind and matter to interact with each other. Beliefs generated and sustained by certain regions of the brain can in turn influence those regions. But even regions of the brain are not curative or causative. They are just relays in the dialogue, country inns along the highway.

Native American spirituality enables us to find meaning and purpose in pain and suffering by relating them to broader concerns. Our bodies are part of the physical universe. Transcending the fear of being broken by a diseased body does not mean rejecting the body, but attaining atonement with the body. When at-one-ment is achieved, problems disappear because separation is absent. Only through separating oneself from the perpetual now can we perceive separation.

Unlike the curative model in medicine, healing through transcendence and transformation through conversation shifts the process.

To summarize, the strength of the Native American story about pain is its independence from finding the cause of the pain. Cause doesn't matter. Conversation does. We trust that starting the conversation among all possible elements and sustaining that conversation will lead to a shift in experience, an altered outcome, something different and hopefully preferable.❊

***Lewis Mehl-Madrona, M.D., Ph.D.*** *Assistant Professor of Clinical Psychiatry University of Arizona College of Medicine Tucson, Arizona mehlmadrona@aol.com www.healing-arts.org/mehl-madrona/*

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# Psychological Reversal: A Reason People Do Not Get Well

**Phyllis Winslow, LMT**

**Phyllis Winslow, LMT**

I asked for Strength... and God gave me Difficulties to make me strong. I asked for Wisdom... and God gave me Problems to solve. I asked for Prosperity… and God gave me Brain and Brawn to work. I asked for Courage... and God gave me Danger to overcome. I asked for Love... and God gave me troubled people to help. I asked for Favors... and God gave me Opportunities. I received nothing I wanted... I received everything I needed!
**Author unknown**

## Are You Getting What You Want?

When you look at your life, are you getting what you want? Or are you getting what you need in order to change? Do you want to change some area of your life and you just can't seem to do it? Perhaps you are unable to resolve an unhealthy relationship, or you are unable to give up smoking, or you are unable be financially successful.

Every day we make choices. Many of the choices we make come from an unconscious level. Sometimes we want to change and it seems that whatever we do, there is a subconscious genie sitting on our back that continually causes us to sabotage ourselves.

I, for one, keep on telling myself that I must exercise to keep in shape. For some reason almost every time I go to do some sort of rigorous exercise, I come up with some sort of excuse as to why I need to take care of something more pressing than exercise. We all have something that we put off doing, or we sabotage ourselves by not doing something that we should do.

## You Want To Lose Weight and Can't

Let's say, for example, that you are someone who would like to lose some weight. You do fine for a week or two. Then you decide to go out with some friends. Your friends want a pizza and a beer. Sounds good to you. You think to yourself, only this once. I'll just have some fun with my friends tonight and then tomorrow I'll start in again on my diet. Well, then tomorrow is put off until the next day, and the next day is put off until the next day, and tomorrow never arrives.

Soon you find yourself back up to your old weight. It is most probable that if someone were to muscle test you, and you were to picture yourself your current weight that you would test strong, and you would test strong for "I want to be heavy." If you were to picture yourself thin and muscle test, you would test weak, and you would test weak for "I want to be my ideal weight."

In this case what you say you want, i.e., to be my ideal weight, is exactly the opposite from what you muscle test strong for. Your subconscious mind is actually supporting you in being heavy!!! Your subconscious mind is actually behind your self-sabotaging behavior. According to Dr. Roger Callahan, this is a case of Psychological Reversal.

## Holding Onto Your Problem

Let's take another example. I had a woman who came to me with a severe bronchial infection. She also was feeling extremely depressed. After doing some hands-on energetic healing on her, I asked her what was going on in her life to cause her to be so depressed. She mentioned some difficulties that her husband was going through, and also that she was still dealing with the grief of her mother's death.

I asked her if she would like to heal the sadness and guilt about her mother's death. She said "yes." I then muscle tested her for "I want to get over the guilt about my mother's death." She muscle tested weak, indicating that in reality she did not want to get rid of this problem - the exact reverse of what she indicated she wanted.

## Holding Onto Your Illness

Many people will test strong for "I want to be sick" and weak for "I want to be well." People will test strong for "I want to be miserable" and weak for "I want to be happy." This means that people actually want to hold onto their problem or their illness. Even though they may tell you that they want to get well, their subconscious mind will actually be preventing them from getting well! This means that outwardly a person is striving to achieve a specific goal - getting well - but the results are contrary to what is wanted.

## Failure To Respond To Treatment

Let's say a person consciously wants to get well, but unconsciously seems to resist all treatment, all help, and that their situation remains much the same. Dr Callahan, a psychologist and phobia specialist, noticed that these people appeared to be impervious to healing, no matter what they do. According to Callahan, people who appear to resist cure, even though they act as if they want to be rid of their phobias, and believe that they want to live without fear, have a psychological reversal.

Dr. Callahan found that before any therapy or treatment can be effective, attention needed to be given to eliminating or reducing the psychological reversal. He also found that there is a wide range in the nature of psychological reversal on people. People can be massively reversed or just reversed in a particular area or subject. For example, a person may have a learning block in just one area, say, math, or be very healthy except that the person has a fear of flying.

## Self-defeating Behavior

A person who is massively reversed is probably very negative about almost everything, and has self-defeating behavior. That person may also be addicted to alcohol or drugs. Another person who is massively reversed may have a debilitating disease. There are always many aspects to be addressed in a person who is massively reversed.

There are many areas in which a person may be reversed. One common area which may apply to many people is difficulty in being intimate or in establishing a truly good relationship. So, for example, a person would test weak for "I want to improve my relationship with my spouse" and test strong for "I want my relationship with my spouse to get worse." Another area where people are resistant to treatment will occur when they test weak for "I want to get better" and strong for "I want to be worse."

## Reversed on Being Successful

People with money problems will probably test weak for "I want to be successful." Think of all the things you have wanted to do and have not been successful in doing. Perhaps at some deep level you do not believe that you are good enough, and you are reversed in this area. Reversed people do not believe that they deserve to succeed.

Normally, problems exist in degrees and people who toe the line between being reversed and not being reversed can slip into being reversed by being around someone who is massively reversed.

## Reversing the Reversal

Dr. Callahan created Thought Field Therapy to address the problem of psychological reversal and the treatment of phobias and fears. What he discovered was that the internal defense mechanisms of most people that he worked with had gone awry; that there had been a disruption of energy along the flow of their acupuncture meridians. Our bodies are set up to protect us from

danger. The fight or flight response can be life-saving. However, when something occurs that reminds us of a former trauma, the response can continue stressing the person.

This means that when a person was exposed to a fearful situation, the normal flow of energy along a meridian was blocked. He found that this not only happened when the person was in the fearful situation, but also happened when a person simply thought about the problem.

The importance of what he discovered is awesome. What this means is that in order to cure the problem one has to address not only the problem itself, but the energy blockage of the meridians. He found that by tapping on specific points on the meridians, while thinking about the problem, he was able to heal many long-standing problems. This is how Thought Field Therapy (TFT) came about.

Gary Craig was one of the first people to study with Dr. Callahan. Craig took Dr. Callahan's work, modified it and created Emotional Freedom Techniques (EFT). Emotional Freedom Techniques is a simple yet very powerful method to quickly reverse the psychological reversal and heal the problem. Similar to TFT, it involves thinking about the problem and tapping specific points along the meridians.

## Success with EFT

I have had a great deal of success incorporating EFT into my healing practice. People working with EFT and TFT are finding that the techniques can not only be applied to emotional problems, but to physical ones as well. In my own practice I have been able to help people with many problems including fibromyalgia, money issues, self-esteem, sexual problems, back pain, trouble with relationships, work problems and thyroid problems related to speaking up.

Practitioners of EFT are finding that, with persistence, EFT is effective on most problems. People are working on such things as addictions, chronic fatigue, fears, spinal problems, post-traumatic stress disorders, fears, and many phobias. Gary Craig believes that if the problem has not gone away completely that the person has simply not tapped on enough aspects of the problem. The more I work with EFT the more excited I get about its enormous possibilities.❊

***Phyllis Winslow*** *is certified by the Barbara Brennan School of Healing, is the former Director of the Institute for Health and Healing, and a Licensed Massage Therapist (LMT). She can be reached for private appointments and information on classes at (520) 909-3455 or (520) 323-9325. Her web site address is http://www.energytherapyaz.com.*

# Why Choices?

## About Bruce Silvey, Publisher of Arizona Choices Periodical

The publisher of Arizona Choices, Bruce Silvey, traces his focus on complementary and alternative choices for our health and environment back to 1972. A trip to Mexico inspired him to visit the Theosophical Society in New York City where he encountered Raja Yoga and Patanjali. Later in 1972 it was Hilda Charlton and Ram Das who were his chief influences; and then in 1973 he published his first magazine: The New Sun, the first spiritual and alternative health periodical in the country. Bruce continued efforts to expand public awareness of healthy choices in lifestyle at the first major show of its kind at the New York Coliseum featuring herbs, vitamins and organic foods. Dancing on the Path, his next periodical and directory, was published in 6 major urban centers across the country.

Over time he perceived a disturbing trend: in the rush to embrace alternative health care approaches, many had "thrown the baby out with the bathwater." In other words, people started to reject conventional or Western-style medicine even when it was the most effective or most-needed treatment. A friend's death from breast cancer, who decided against chemotherapy even though it was her last (and at that point, best) option, shook him deeply. She told him on her deathbed that she regretted not trying it, at least. On it went, with well-intentioned but misguided patients prolonging sickness, worsening their conditions and sometimes incurring death because of an unwillingness to try conventional methods to save themselves.

Bruce's vision then became clear: provide a forum for conventional, complementary and traditional approaches for both health and the environment to come together and offer the best of all worlds to consumers – to educate and provide choices. Conventional doctors alongside naturopaths and energy healers; chiropractors alongside hypnotherapists and meditation practitioners: everything under one roof so that consumers could have input from many points of view at the same time in the same place – and make informed choices.

Bruce is devoted to service. Alleviating suffering and raising consciousness are the paths through which he has chosen to be of service, and that's what Arizona Choices Exposition and Conference – and Arizona Choices Periodical – are all about.

## Alternative technology

### Air Fresh Technologies

Breath! We tend not to think much about it, but every day we breathe an average of 2500 gallons of air. If indoor air is only filtered - not purified - our body will allow microscopic particulate containing mold spores, bacteria, virus, fungus and chemical gases to enter the deepest part of the lungs or bloodstream. One whole-house filterless Air Fresh unit will clean and purify to 3000 square feet of air. Proven to kill 99.9% of e-coli, salmonella, staph, mold, fungus, eliminate smoke and odors and reduce chemical gases. Units for vehicles, single room, ducting or whole house systems are available. Evaluate this technology in your own home for 3 days. Local delivery or free out of state shipping. Breathe thunderstorm-fresh, clean air today!

**Maggie Michel**
**Air Fresh Technologies**
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## Alternative therapies

### Susan Swan

21st century brain imaging verifies that hypnosis is the real deal. No longer the option of last resort, hypnosis is mainstream healthcare. The praises of the previously hushed "H" word are ringing from the most prestigious universities and medical centers in the country. The Swan Approach employs hypnosis: to teach you how to exercise your right to a healthy life; to teach you how to transcend problems, pain, bad habits, etc; to teach you that you are the boss. Susan Swan is a Certified Clinical Hypnotherapist and a Registered Nurse with more than twenty-five years experience. Call today for a free telephone interview and determine how the Swan Approach can help you. To the utmost in life...

**Susan Swan, CCH, RN**
**520- 743-4516**
**theswanapproach@msn.com**

## Animal Health


### Linda Johns

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**Linda Johns**
**520-825-4645**

## Chiropractor


### Back to You Chiropractic

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The Activator technique delivers a gentle measured impulse that does not involve any cracking or twisting of the spine. It frees up the spine and balances the nervous system. The end result is better function and mobility.
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**Phyllis Cavanaugh, D.C.**
**Back To You Chiropractic**
**4560 E. Broadway Blvd. Suite #231**
**Tucson, AZ 85711**
**323-3060**
**drc@backtoyouchiro.com**

## Chiropractic Neurology

**Nathan Conlee**

Dr. Conlee, clinic director of Winterhaven Health Center has implemented many new modalities and treatments for health and pain management. Being a chiropractic neurologist his focus is on the neurological imbalances in health, pain, and physical problems.

Licensed as an acupuncturist and skilled metabolic nutritionist he also implements different alternative modalities. Physiotherapy, massage, exercise physiology and the cutting edge technology of low level laser therapy are some of the many other treatment options.

"Our goal is to evaluate each patient's problem holistically and use any or combination of procedures to solve their health crisis. Alternatives in pain management are in great demand. Our many treatment choices, give our patients a significant edge in reaching their healthcare needs. We pride ourselves in friendly, caring and professional service and look forward to helping you with any healthcare problems."

**Dr. Nathan S. Conlee**
**2030 N. Country Club Road**
**Tucson, AZ 85716 520-322-6161**
**www.performanceneurology.com**

## Chou Shin Grand Master

**Lynda Abbaraxus**

Lynda Abbaraxus is a Chou Shin Grand Master, certified and endorsed by the Tusekugi in Japan. She has been treating clients using oriental healing techniques for the past twenty years. Many different modalities are incorporated into her work. She specializes in massage, myoskeleta manipulations, back problems, Reiki, acupuncture, helio-sonic therapy, Lynda's intuitive and energetic healing and teaches creative visualization and Abbaraxus meditation. She uses the body's natural flow of energy to move blocked energy and/or reconnect energy in the client's body, thus balancing a client's energy points, meridians and chakras.

**Lynda Abbaraxus**
**3871 W. Jubilee Pl., Tucson, AZ**
**520-579-0705**
**lyabba@comcast.net**

## Energy Healing/EFT

**Phyllis Winslow**

You Can Get Quick Relief From Pain and Stress. Would you like to be free of: Relationship Problems, Physical Pain,Disease, Fears, Grief, Low Self-esteem, Phobias, Trauma, Depression, Anxiety, PTSD, Allergies, Cravings and Weight problems?

As an Energy Healer and EFT practitioner, Phyllis has had amazing success in many areas. EFT is based on a New Discovery: "The cause of all negative emotions is a disruption in the body's energy system." Phyllis specializes in finding the subconscious roots of a problem.

A graduate of the Barbara Brennan School of Healing, she is able to relieve pain quickly.

"The day after my visit with Phyllis, I met my wife." J.R.

"I felt fearless during my presentation." L.M.

"Take it from a once skeptic, she's awesome." D.S.

**Phyllis Winslow EFT-Advanced, LMT**
**A Healthy Balanced You**
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**www.energytherapyaz.com**

## Health Foods

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Store Hours: Monday-Saturday 8am-8pm Sunday 10am-6pm

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Dr. Bruce Roberts, MD, is certified in Family Practice, Psychiatry, Holistic Medicine, Mind/Body/Spirit Medicine and Shamanic Healing Arts. Dr. Molly Roberts, MD, MS, is certified in Family Medicine, Holistic Medicine, Mind/Body/Spirit Medicine, Shamanic Healing Arts, and is a Psychotherapist and non-denominational Minister. Yes, you can have the best of all worlds!

**Synchronicity Center**
**1701 E Lind Rd,**
**Tucson, AZ 85719**
**327-9624 (32-SYNCH)**
**www.SynchronicityCenter.com**

## Hypnosis

### Albert Seng

Albert F. Seng, M.A. is a State and National certified counselor in Tucson. He sees a broad range of adult clients and has been practicing clinical and forensic hypnosis for more than twenty years. During that time Mr. Seng has earned hundreds of hours of continuing education credits in hypnosis. He regularly presents workshops on self-hypnosis for Pima Community College and is a long time member of the American Society of Clinical Hypnosis.

Hypnosis is an altered state of consciousness that enables the individual to achieve an intense focus and often a very relaxed state similar to what one experiences while daydreaming.

Whatever the problem, purpose, or goal, hypnosis is a powerful tool for change and growth.

**Albert F. Seng, M.A.**
**2455 E. Speedway, Suite 201**
**Tucson, AZ 85719**
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"Life's short, start now to unleash your gifts and let wonders happen in your life. It is possible to manifest your dreams." – Susan Richardson

**Dr. Susan Ricketson**
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**Email: tonkisue@aol.com**
**www.livefromyourheart.com**

## Lomi Lomi

### Bel Berry

Lomi Lomi is a healing art practiced by the native Hawaiians. The Hawaiian term Lomi Lomi means simply to knead or massage. Lomi means to weave; weaving light, love & spirit, unweaving unhealthy patterns in the body, unraveling wounds and old belief systems. The focus in a Lomi session is on letting go, quieting the mind, & allowing people to receive, encouraging areas of the body that have been disconnected to lovingly reintegrate. A session is both magical & powerful, & at the same time gentle & nurturing. With many unique forms of this art, Bel practices an ancient form of Lomi Lomi called Ke Ala Hoku (Pathway to the Stars) that was traditionally performed in the Heiau (temples) by Kahuna (Hawaiian Shaman) for deep physical & spiritual healing.

**Bel Berry**
**520-440-9425**
**North Western Area**
**bukabel@yahoo.com**

## Naturopathics


### First Resort Naturopathic

The First Resort Naturopathic Medical Clinic & Spa in Green Valley, Arizona provides holistic therapies, nutritional supplements and health screenings for the proactive health conscious person. Nature Cure Therapies for the Mind & Body enhance the body's ability to increase circulation, eliminate unwanted toxins, and maximize nutritional absorption. Packages available are: Coffee Scrubs for Cellulite, Exfoliation Treatments for the skin, Amazon Rainforest Internal Cleansing Programs, a 5-Day Health Tune-up or a 21-Day Life Changing Experience. Therapies may include massage, sauna, herbs, homeopathy and colon hydrotherapy. Holistic screenings for cellular health, BMI, meridian balance thermal imaging and atherosclerosis are used to help develop personal health goals.

**The First Resort Naturopathic Medical Clinic**
**170 N. La Canada Drive, Ste 90**
**Green Valley, AZ 85614**
**520-399-9212 office**
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Shari travels extensively around the U.S. to sell her artworks and facilitate her visionary playshops and wilderness retreats.

**Shari Silvey**
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## Radionics

Health SOS

### Health SOS

A 1920's Electro-Magnetic research study proven to destroy cancer cells and other diseases was suppressed in 1939 by the AMA. Dr. Royal Rife research files were compiled as the "Polarity Research Manual" by Dr. John Crane. Included are the plans to build a working Radionic device based on the modern design by Hulda Clark Ph.D and the work of Dr. Rife that has the same healing effects as proven by these research studies…Likewise is the Colloidal Silver research that has been proven safe and effective on over 650 disease causing organisms. Over 12 years I have personally used these modalities effectively in my daily life. Using the simple devices I have designed you can experience the healing properties for yourself.

**HEALTH SOS**
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**Christin Grace (researcher)**
**520-822-5382**
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## Toning/Sound therapy


### Tucson Soundings

We're new! Tucson Soundings' goal is to expand awareness of sound healing through experiential sound circles, toning, group and self-study, crystal and Tibetan bowling, drumming and story telling/dancing of various cultures, tuning forks, didge, Native American flute and workshops with local and internationally recognized sound masters/teachers. The use of sound as a healing and shifting modality is growing in acceptance by individuals, medical and holistic practitioners worldwide. Tone with us the second and fourth Saturdays of the month from 2-4 pm, April-June 2005 at the Tucson Creative Living Center. Don't miss Elivia Melodey's Crystal Bowl Concert May 20, 7-9 pm and workshop May 21, 1-4 pm at The Synchronicity Center, Tucson! Call for information on our toning classes/circles/special events 520-207-8458 or 520-409-8439.

**Tucson Soundings**
**409-8439**
**joanv8@yahoo.com**

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## Dancing on the Path

**A listing of news items, tidbits and events of interest to our readers.**
**Submissions welcome by email at: bob@arizonachoices.com**

**Tucson Soundings Toning Sessions**, April - June 2005. Toning classes allow you to explore your own tone. Toning circles ride the sound current in groups. Come join us and experience the shifting frequencies for yourself. With JoAnn Smith, Joan Vann and special guest teachers during the term. Peruvian Whistling Vessel ceremony in June. Second and fourth Saturdays of the month, from 2-4pm, Tucson Creative Living Center. Call 409-8439 or 325-0513 for directions/information. $15.

**Crystal Singing Bowl Concert with Elivia Melodey**, May 20, 7-9 pm. $15 advance/$20 at door, The Synchronicity Center, 1701 E. Lind Rd., Tucson, 1 blk. N. of Ft. Lowell off of Campbell.

**The Mat Bevel Institute**, 530 N. Stone Avenue, Tucson, with local artist Ned Schaper, features installments of "The Mat Bevel Show - Kinetic Art for the Whole Family" from 8 -9:30 pm the last weekend of every month until June. April 22-23-24: "Johnny Junk;" May 27-28-29: "Open Your Back to God;" June 24-25-26: "Host of the Cosmic Toast." All ages welcome; non-smoking/non-alcohol; $10. Call (520) 622-0192 for info or see www.matbevel.com

**Arizona Choices' Dancing on the Path Networking event**, will feature speakers on varied topics and dance music by local sensation Spirit Familia. Health and wellness practitioners can mingle with the general public to network and chat about health, wellness and the environment. Delicious and healthful food available from The Casbah Tea House. April 9, May 21, June 18th; 7:30 pm, $5 at The ORTSPACE, 121 E. 7th Street (N/E corner of 7th St. and 7th Ave), Tucson. Call for info: (520) 744-6603.

**Free meditation workshop:** Inspired Healing. 4929 E. 29th Street, Tucson. A free introductory class in Hatha/Anusura yoga takes place from 9:30 to 10:30 am every Saturday. Call 584-0343 for additional information.

**Free introductory Buddhist class and meditation:** Northwest YMCA. 7770 N. Shannon Rd., Tucson. An introductory drop-in class and meditation based on the book How To Solve Our Human Problems – The Four Noble Truths is taught by Buddhist nun Kelsang Khacho from 4:30 to 6:00 pm every Sunday. Call 296-8626 for information.

# Arizona Choices Networking Event:

# DANCING ON THE PATH

*Come join us for an evening of learning and laughter!*

**April 9, May 21, June 18th** 7:30 pm

- *Featured speakers about health, wellness and the environment*
- *Mingle with like-minded individuals and practitioners to network, chat and dance*
- *Delicious and healthy food available by The Casbah Tea House*

At **The ORTSPACE**
**121 E. 7th Street**
*(N/E corner of 7th St. and 7th Ave)*
*Call for info:*
***(520) 744-6603***
*$5.00*

***featuring local sensation*** SPIRIT FAMILIA

*FUN!*

*FOOD!*

*CONTACTS!*

*Latin*

*Afro-pop*

*Funk*

*Reggae*

**www.spiritfamilia.com**

# EL·RIO COMMUNITY HEALTH CENTER

# more than just medicine

## El Rio Community Health Center is proud to celebrate 35 years of caring for Tucson.

El Rio Community Health Center is passionate about providing the highest quality health care. Our doctors and nurses are some of the best in the country, and we've been nationally recognized for our innovative approach to medicine. But it isn't the recognition that drives us to give exceptional service to each and every one of our patients. It's the lives we touch every day.

With 11 sites in Tucson, El Rio is a part of your neighborhood. We offer comprehensive internal and family medicine, including women's and children's services, for everyone. We accept AHCCCS, Medicaid, Medicare, KidsCare and most private insurance plans and our mission is to care for everyone – especially the uninsured and underserved members of the community.

Our diabetes specialists have helped many Tucsonans take control of this life-threatening disease, and our HIV/AIDS clinic offers compassionate guidance and care.

We also operate the largest nonprofit dental clinic in the state, with three offices to keep your family smiling. And, if you need a prescription filled, we have three full-service, computerized pharmacies to meet our patients' needs.

Let us care for your family.

EL·RIO COMMUNITY HEALTH CENTER

### MAIN MEDICAL CLINICS

Appointments: (520) 670-3909

**Main Clinic**
839 W. Congress

**Southwest Clinic**
1500 W. Commerce Court, *Valencia just west of I-19*

**Northwest Clinic**
320 West Prince Road, *Prince & Oracle*

### DENTAL CLINICS

Appointments: (520) 670-3758

**Main Dental Clinic**
839 W. Congress

**Southwest Dental Clinic**
1530 W. Commerce Court, *Valencia just west of I-19*

**Northwest Dental Clinic**
4009 N. Flowing Wells