

Appendix D – Research materials and techniques

The following text describes two techniques that were developed during this study, and other research materials. A collection of working documents is added in <PPT6 Research notes>

D1\ 'Ring temperature' technique for changes in body heat distribution

This technique uses a combination of 4 kinds of observations:

- *peripheral temperature (ring technique)*: using a finger ring that changes colour and is sold (to adolescents) with a colour chart of correspondence with emotions or 'level of stress'. The said colour is a 'measure' the peripheral temperature in a finger. It can detect 'hot' and 'cold' in hands, feet with more subtlety than a mere naming.

- *core temperature*: measured by a thermometer. Later I compared head (mouth) and anus measures.

- *internal localisation*: where general sensations of feeling hot-cold are localised in the body. Such sensation is little differentiated and mostly helps detect 'projection' into the head (brain-mind activation) or 'down to the body' (eg 'hot flashes' that rise to the head, or the 'cold of dying' that rises inside the spine – see <EE16\ Cold of dying>)

- *external localisation*: using the hands' touch to find specific cold spots (eg on the abdomen, corresponding to small intestine or large colon slowed activity of digestion) and hot areas (eg see if ears are hot or even red, and on which side?–). This describes a surface topography, and is very effective in detecting uneven sides.

Peripheral and core localisation is useful to detect radial projection. External and internal localisation can detect 'uneven' (L-R) skewing and vertical projection to-from the head. Radial expanding-contracting and skewing permit to map 'twisting' in the temperature distribution. All the descriptions together gauge the *changes* in distribution and correlate with the combination of nexial (or general) activation of the system and topographic vertical projection.

I found the gauging correlated also to the cognitive (intellectual and sensory) sense of 'mental projection' (eg defining boundaries, sense of 'ego' sharp or dissolving, to emotional stress, physiological strain and metabolic dys-regulations. The gauging also correlates with the existential sense of feeling 'activated' into the 'survival mode' (in which objective-subjective reality is one of 'suffering'. This can be reduced by using

food and nutrition to nourish for the nutrients ‘used up’ by stress, or by physical exercise to compensate and oxygenate the system. It can also be undone, by ‘stopping’ and ‘coming back’ so the state in which ‘spontaneous yoga’ (or DaoYin) can occur to un-prime ‘defence’. The temperature distribution changes also reflect the nexial-topologic impression of systemic ‘swelling’ which, in the more projected states, shows in visible swelling of face or extremities.

D2\ ‘Body indicators’ and other indications (N2d-signs and N3p-signals)

Certain aspects of physiology and anatomy can serve as ‘body indicators’. These help me gauge my ‘state’ of ‘deployment’ – of activation and projection – in conditions where there are no symptoms a doctor would take into account. These include:

- earwax release (the side of the ear affected counter-correlates to brain side activity) (see Goleman 2003, and a response from Tart to an email I sent describing this, in <Extracts F6\ Brain central control>);
- uneven nostril breathing (see <Extracts F10\ Left-Right>), related to swelling mucosa in a dry nose (low-grade dehydration) and swelling sphenoid sinuses, or even ‘face pain’ (spreading through the bones of the face, from the core of the head – see <PPT1 Body>);
- colour of the white of the eyes, and degree of shining; (colour of teeth is related, but less sensitively changing)
- colour (and depth of colour) and smell of urine, without or without ‘froth’ or even ‘white strings’ (and how much); this is related to sweating and kidney function, and to metabolic syndrome and diabetes;
- colour and texture of stool, dryness, frequency, and ease or difficulty;
- colour of complexion, including on the body (eg uneven colour, stains) and the face and lips (eg the ‘bloodless’ appearance in ‘Green sickness’ – see <Extracts F4\ Syndromes of instability>, which is nowadays often considered just a ‘body type’ characteristic);
- vaginal secretions (or dryness), consistency, colour, smell, amount;
- ‘eruption’ (a projection to and/or break-through skin surface) of boil, blemishes, stains (eg spread of red spots of subclinical scurvy [vitamin C deficiency], and of ‘liver spots’, ‘ageing spots’, and other names);
- ‘red spot’ between eyebrows appearing or disappearing (see <Extracts F11\ Red>),
- sense of ‘collapse’ (eg need to breathe felt at diaphragm as ‘shrinking’, with mood of ‘catastrophe’ or ‘doom’, or ‘misery’);

- global sense of ‘melting away’ – ‘Turning to Water’ (also affects mind and psyche, and social life: feeling ‘transparent’) –, of ‘loosing substance’ and ‘turning to fat’ and cellulite, of ‘turning to stone’ (calcium concretions, fibrous growths, irritation and stiffness in tendons and muscle fascia...).

I also made use of certain idiosyncratic particularities of my body, such as the smell and pus oozing out of a small hole on the side of my ear. This helped me monitor the endemic infection in my head and brain (including bacteria that drill holes in my neurones). Looking for descriptions of such holes in that location produced an understanding of a stage of my embryonic development, which contributed to my understanding of how my body could have come to be the way it is.

Many of these ‘body indicators’ are topographic in nature (textures, flows or lack of, signs at surface, reaching boundary conditions in which integrity is damaged), or nexial (colours, smells, sensations, labile emotions such as adrenaline-related anger and fear). Others are ‘global’ and nexial-topologic in nature (eg general mood). All of them are ‘primitive’, simple things to observe, but which most people do not. The words used here recall many of those used in the earliest Western texts on medicine, as well as in myths, folkloric stories worldwide. The topographic signs are used in tradition-based diagnostic techniques that Western medicine considers nonsense (eg head shape, face shapes, iris colours, etc. – see for example Kushi 1980 [macrobiotic]). The particular diagnostic systems often are too distorted to be valid, but dismissing their origin altogether as unreal robs medicine of an important way of understanding health. At higher degree of ‘deployment’ and dysfunction, they become objectively visible enough to be called ‘symptoms’ that doctors look for; but if within ‘normal’ standards, they are ignored in Western biomedicine. Yet they disclose much about the body’s topography, nexial activation, and the changes of these and of distributions (eg temperature, water flows, fibre secretion...), and can provide a imaging of ‘deployments’ that relate to both origins of the condition and risk of developments, including in diseases. At the lowest degrees, these observations are what leads teenagers to look at themselves in the mirror with a valuing (or judging) mind and find ‘faults’ in their appearance. This is an externalised way of observation that psychology attributes to mental lack of self-confidence or even self-destructiveness, or to cultural-collective influences of standards of beauty.

This style of observation of ‘signs and signals’ rather than ‘symptoms’ appears to be innate: it recalls a cat smelling its excrements. My research produced explanations for countless little bodily behaviours and patterns that doctors found meaningless. For example, after an appendicitis operation, I felt pain in my thigh

and could obtain no explanation, at the time. I now know that I was feeling catabolism in the muscle, and this could have served as warning. Correspondence of sensations with the named symptoms of a disease described by medicine is a very useful means of gaining specific clues about the physiology in unexplained low-grade conditions. An undiagnosed low-grade condition can be related to a worse-case scenario that has received a disease name – for example, dryness and jaw tension to TMJ jaw pain, and to the following:

‘The dominant symptom [of Mumps] is inflammation and swelling of the parotid gland... People with mumps say it hurts to open their mouth or chew.’ (Marieb & Mallatt 2003, p.643)

Such unlikely connections developed into my performing systematic searches. Being aware of nexial-topologic ‘orders’ of deployment evades the risk of ‘hypochondriac’ auto-diagnosis, ie misguided adopting of a disease-name as describing what one feels and as being the case. Yet many times, a doctor does not distinguish between believing one has a disease and worrying about the onset of such a disease, or requesting tests just to understand sensations or to prevent worsening. I have used both clues and what I learned in anatomy, biochemistry (etc.) to draw mind-maps of ‘how my body works’, and to build a biochemical-anatomical profile of my ‘body/personality type’, of my ‘health states’, and what I call the ‘proto-health’ state. Some such searches uncovered the direct similarity, in different orders, of some of the sensations, signs and signals I detected with the symptoms described as related to death (see <D3\ Signs of dying> below).

D3\ Signs of ‘dying’ and sense of ‘in-dying’

Some of the signs I observed denoted simultaneously loss of systemic, connective integrity and of operational capacity – weakness under effort –, together with straining metabolic effort to compensate and correct. I could find no wholistic description of this state, but I found, for a number of aspects, clear similarity, in a scattered manner, with signs that are listed for recognised medical conditions, at a different order of gravity. Particularly striking were the similarities of descriptions of life threatening ‘medical emergency’, of the approach of death, and of the process of dying. They involve the same parts of body, of metabolism (signals), or apparent signs or behaviours. An osteopath confirmed to me that he observes similar unusual behaviours and high-reactivity in cancer patients and in those with low-grade chronic illness. The following list (in no particular order) of descriptions associated with dying and death corresponds to observations I made: bitter taste, loss of healing capacity, tooth loss, hair loss, loss of appetite and thirst, low blood pressure, dark urine, bloodless face and lips (no colour) or ashen complexion (grey appearance), agitation, confusion, mouth breathing (and dry mouth) and breathing with long pauses (temporary stop),

weak body tone, swelling in throat that makes breathing and swallowing difficult, brain lacking oxygen, ‘cold of death’ (see <EE16\ Cold of dying in the spine).

In the local case studied, there was, of course, no ‘physical death’ or ‘process of dying’ involved – only a sense of being in a ‘state’ of ‘in-dying’ – that is, of structural and functional damage and progressive destruction. This state comes in chronic form, as well as acute form, each presenting more obviously different signs and signals.

The signs-signals listed above and my observations strongly suggest that two different ‘orders’ of deployment can give a sense of ‘dying’ and produce phenomena that have similarity in shaping, although not in medical gravity. One is related to ‘physical death’ and psychic ‘process of dying’, the other is a global ‘sensation’ related to systemic ‘damage’ (Selye’s term) that can manifest with astonishing detail in dreams of the body ‘seen from the inside’ (see <Extracts F20\ Published EEs\ Teresa of Avilla>). This sensation is ‘global’ because it involves not only the physical body (internal physical sensations and actual physical ‘wasting’ or ‘consumption’, which is medically recognised in chronic syndromes) but also the entire lifeworld (eg behaviours of wasting things, a neighbour property being grazed down into a wasteland for building...) (see <Endnote C9\ Nexial resonance>).

Another situation relates to the systemic damage to tissues from fever that is described in medicine. This suggests a comparison to the instability of the histidine molecule to heat, and the systemic rise in temperature with ‘activation’. The body’s core temperature rises by more than 1°C (35.4°C - 36°C to >37.7°C (I reproduced this occurrence at least twice), although extremities become cold, and the person ‘feels cold’ more easily – ‘being hot’ and eating much yet ‘feeling cold’ is recorded in the Bible. (Compare also to original definition of °F in the 19th century). The projection into higher-order nexial-topologic deployments leads to the perspectival reification of ‘in-dying’ sensations (eg ‘I’m dying here’ said under stress) into R-‘dying’ and L-‘death’. In turn, the brain-central-control that accompanies this projection-activation leads to the limitation of ‘observing’ to sensory information and limits conscious observation to the symptoms of the most drastic form – ‘physical death’. ‘In-dying’ becomes a ‘normal’ baseline, no longer observed.

This shift can be detected in the expressions, from ancient Indian tradition: ‘1st dying’ and ‘not dying a second time’ (thanks to *asuniti* – conducted breath/ life/ vitality –, in Miller 1974 p.144-45). The archaic

knowledge of such reformulation of notions of ‘dying’ at different orders of deployment, and its effects, can be seen in the guise of a myth (see <Extract F3\ Chameleon and Hare>). See also <EE8\Undoing the ‘in-dying’>

D4\ Rediscoveries in bodily health experience

Here is a list of discoveries I made in my body and health. For many of them, I later found names in the literature, or found them echoed only in archaic literature.

‘Spontaneous yoga’ (see <Endnote C8 \Spontaneous yoga>).

‘Mysterious Pass’ (see <Endnote C6\ Core culture>, and <EE18\ Episode of heart congestion, hypoxia, & pain behind sternum>); to me, it is a sensation at the diaphragm, where geographic ‘orientation’ can be felt (I can find my way despite closed eyes, and physical equilibrium in walking is more stable than in a normal state not feeling this ‘pass’, and with open eyes).

Yin Yang dynamics, Male-Female, acupuncture points and meridians (especially points on the ear lobes and ‘penetration’ reversed as ‘projection to surface’ – eg of fat to surface: skin).

Elements: 4: Earth-Air-Fire-Water; Wet-Cold-Dry-Hot, 3: Water (serous secretions), Wind (‘turns’ Left or Right), Earth (undifferentiate ‘substance’, full or swelling, shrinking or sinking, or melting away). Left-Right changes in nostrils breathing (related to sphenoid and other sinuses congestion), which are described as normal in Western scientific inquiries into psycho-physical effects of yogic breathing techniques (see also Goleman and Tart in <Extracts F6\ Brain central control>). 3 tastes: salty (salty taste in mouth), bitter (taste in food, and in mouth: compensation requires to add lemon juice to drinking water [supporting ‘cellular energy’, mitochondria function and ‘advances’ to need to eat salt, and to need to eat bitter salad such as dandelion, endives and fresh catnip leaves), and sweet (sugar needed for coping with emergency and stress]. 4 yogic chakras; 3 Chinese ‘tantiens’ (two sets – one set with neck, ‘going up’, and one set with head, ‘going down’, developing into a single female model with the head; see <PPT1 Body>). ‘Silver’ body (bloodless face) and ‘Jade pillow’ (damage and restoration in spinal discs) in Chinese inner alchemy; ‘green sickness’ or ‘White Fever’: this latter name, coined by medieval women themselves (King 2004); this is related to ‘rib pain’ (see <Extracts F10\ Left-Right> and my discussion there). ‘Tao Yin empty force’ breathing (inverting diaphragm action to expel air and let inspiration be spontaneous) and other spontaneous breathing patterns. Archaic Yellow and Red, The Dark Pit, the red spot on forehead between eyebrows, (see <Extracts F11\

Red>). Production of ‘Number’ in geometric and generic models (a male style cognitive activity), and of ‘Naming’ (a female style of cognitive activity, related to higher-order alliteration (see <EE9\ Alliteration>).

For some nexial-topologic observations, partial descriptions in the literature and indirect confirmations provide clues that might lead to understanding. Here is what I observed as correlated with activation-projection to the head: loss of internal bodily sensation, which becomes limited to sensing pain of rather large intensity, senses are blunted as compared to animals, limitation of ‘observing’ to external sensory information (which objectifies the body as machine-vehicle-container) and loss of internal sensation, blunting of physiologic effectiveness and instinctual behaviour, high mental focus and reduced breathing (up to breathing that ‘pauses’ and stops and blocks in effort), physiologic strain (which I construe as related to anaerobic metabolism). Vertical re-activation correlates with increased pains, especially along the spine, and seems to correspond to brain-triggered cytokines release, which has been described in CFIDS.

One particular observation has fascinating ramifications. A ‘rib pain’ on the right side (see <Extracts F10\ Left-Right\ In the body>) that is recurring when a particular state of occurs, resembles Thoracic Outlet Syndrome in women or costochondritis, which is deemed ‘of unknown cause’ and is common in children and adolescents. The appearance of ‘rib pain’, in my case, is related to nexial-topologic activation-projection, which eventually manifests as hormonal changes that trigger ‘masculinisation’ signs (testosterone). As a gender-specific effect found in children and women, and if it involves hormonal function (a medical kind of ‘gender change’), rib pain might turn out to be related to the biblical story of Adam and Eve (rib of man to ‘make’ woman), although this is near unrecognisable due to the countless perspectival shifts that intervened before Genesis was written (it is one of the most recently written parts), and due to the nexial-topologic ‘turn around’ (inversion of the progression female → male hormones, into ‘creation’ of man→ woman).

D5\ Two aminoacid-mineral-vitamins nutritional formulas

Partly derived from the early amino-acid treatment of my fibromyalgia, and based on the experimental results of my tests of various nutrients, and the bio-chemical profile I built of my physiology and metabolism, I devised two formulas (tables 10 and 11) containing the amino acids, vitamins and minerals that become most exhausted in my strained physiology (a) any time and (b) in times of stress. Stress is known to ‘steal’ nutrients from the tissues if the diet does not provide enough of them. The formulas might

be generalisable strategies but, within certain domains: Although based on specialised medical literature on the general functions of the nutrients, they correspond to certain topologic 'states' of health and roles can reverse (eg histidine vs synthesising histamine). Therefore different persons in different states may react differently to such preparations, partly due to different biochemical profiles.

| Table 10: Formula 1 ('Topo-mix') (= Formula # AA2946*) Nourishment for 'unaffected' state (6 Feb.2004), designed <i>according to the Water-Earth-Fire framework</i> (<i>non-defence-'immune'</i>) anti-cycling between N2d-reaction ↔ N3p-extremes | | | Per Serve: |
|--|--|----------------|----------------|
| Topologic N2-N3 | | | |
| Histidine (prevent auto-cannibalised ground substance) (anti-' negative nitrogen balance') | | | 1g |
| Vitamin B5 - Pantothenic acid (for Co-enzyme A) | | | 0.2g |
| Lithium (against alternative or cycling N2d↔ N3p) | | | 0.2mg (200µg) |
| N2-pro-Water equilibrium | | | |
| Glycine (step in Histidine synthesis) | | | 0.6g |
| Boron | | | 0.1mg (100µg) |
| anti- N3-Fire (or 'Wind') (support for oxygenation) | | | |
| Taurine | | | 0.3g |
| Vitamin B3 ('flush' reaction in 'endless' state → replaced by B1 for ACH+ pyruvate [June-06]) | | | 0.1g |
| Selenium | | | 0.06mg (60 µg) |
| General 'foundation' N2d-N3p (baseline 'health') – Earth functional binding ('φs-substance') | | | |
| Leucine | | | 0.6g |
| Isoleucine | | | 0.3g |
| Valine | | | 0.6g |
| Vitamin B2 | | | 0.2g |
| Silica (<i>Organic Si: herb Equisetum if possible</i>) | | | Mineral: 2 mg |
| Table 11: Formula 2 ('Nexial-Mix') (= Formula # 2911*) Small emergency support (13 May 2004) designed <i>according to the N2d-N3p fine-tuning framework</i> | | | Per Serve: |
| Nexial-N3p, Downstream: Anti-Waste / Skew, Anti-Extremes | Topologic-N2d, Upstream: Pro-Synthesis, Pro-Restoring | (repeated use) | |
| Histidine (replacement) | | 300mg | |
| | Glycine [Sweet] | 300mg | |
| Betaine HCl [N2-N3] | | 50mg | |
| Sodium Sulphate [Salty] | | 50mg | |
| | B2 [Bitter] | 10mg | |
| *Produced by <i>Visionary Health</i> – Roch Shamley, 136, Beaumont St., Hamilton, NSW 2303 (02-4969 5081) | | | |

The 'Topo-mix' was created according to (a) an archaic 3-Elements framework (Fire-Earth-Water), which is characterised by N2d-N3p conventionalised properties, and (b) its 'undoing' (using non-dualised/polarised topology: N2-N3). It is designed as a 'foundation nourishment' formula, to help the 'ground of health hold', to maintain the integrity 'under operation' of 'ground substance' (the jelly-like connective tissue that is the basis of all other tissues) and of cell walls. It aims to maintain a state of being 'unaffected' (un-strained or stressed 'immunity' that is non-defensive and does not 'use up reserves'), and to prevent what I understand is called the 'water metabolism' (including forced directional flows of water and topology-ruled swelling). Thus it aims to prevent water movements from being disturbed and from producing damage from producing damage (eg unstable distribution of water, with swelling and other body areas dry).

Both histidine and vitamin B5 are unstable to heat, which is increased in stress-strain, so the ‘anti-Fire’ is a necessary part of the formula. The major roles of B5, here, relate to lipid metabolism and coenzyme A (CoA) in the cellular Krebs cycle (to use a ‘short cycle’ for energy rather than the full biochemical cycle, which can be impaired if enzymes are impaired).

The ‘Nexial-mix’ is an ‘optimisation’ formula, designed according to the N2d-N3p ‘fine-tuning’ framework, for ‘feeding’ and ‘fuelling’ the nexial activation (eg immune) and topologic projection (eg to brain-mind-head). This formula supplies in greater quantity the nutrients that are most ‘used up’ by stress-strain or work (including healing or repair), and thus to ‘support’ the stress-state and prevent auto-cannibalisation such as muscle catabolism. I use it in conjunction to adding lemon juice in my water (citric acid for the Krebs cycle). This formula helps my bodymind-brain ‘cope’, produce the work, thinking, or ‘working things out’ (eg psychological, dreams, problem solving) necessary or inevitable in the given conditions, without being too much victim to ‘strain’, physical ‘loss of substance’, mental disorientation, and lifeworld loss of capacity to keep integrity under extreme operations. The nexial formula is combined with other targeted strategies. For example, I also eat gelatine to supply ribose so it is not stolen from the ground substance; to cut catabolic pain, I use HMB; for dehydration, I eat salt and catnip fresh leaves; for modulation of immune defense, I use sterolins [‘Moducare’]; I take taurine to prevent brain storms; if necessary, the herb Kava Kava can ‘modulate’ emotions and prevent the ‘crash’ that manifests as a depressed mood and physical and mental exhaustion. These added nutrients are idiosyncratically related to my biochemical profile (or ‘body/personality type’). The food choices that used to be instinctive, behaviours of unconscious ‘self-medication’ (eg dark chocolate for Arginine) are now deliberate and understood choices. The effectiveness of these formulas and foods has much reduced in later stages of writing words for this thesis and dealing with consequent disruptions to my life and health. (Since mid 2007, I stopped using the ‘Nexial-mix’, which is no longer effective enough.) At orders of activation-projection beyond what is described in images in chapter <Nexial-topologic deployment> – that is, in ‘re-deployment’ stages –, the state is ‘pushed’ further than the ‘adapted’ state, eventually to an ‘endless’ state of ‘scattering’ and ‘wasting’ (eg my current pre-cancerous state as of April 2008 is a start), where adaptive strategies become useless but even counter-productive. The improvement effect of coping strategies becomes *reversed* (eg an acupuncture session causing an unbearable mood of ‘waste’; a histamine flush from vitamin B3 rather than a ‘cooling of Fire’). [– Hence I replaced, in 2006, the B3 vitamin with B1, which ‘facilitates acetylcholine synthesis and pyruvate metabolism’, and is

used for 'burning feet', and for fluid swellings or congestions of various kinds (Osiecki 1998, p.5), and started complementing with higher doses of B6 and Magnesium – a less complete, but more focused strategy].

Conversation with biochemist: I told the biochemist who manufactures the formulas: “The nutrients are organised in 4 groups because each is expected to perform a certain aspect of 'nourishment'. Please, if you notice, in this mix, a manifestly inadequate or dangerous quantity, or anything that might cause damaging interactions, please tell me.” He found no fault, and called the Nexial-mix a formula ‘for digestion’ (a biased, limited interpretation).

The 1/3-1/3 1/3 strategy for diet: I use this strategy, applying it to 6 basic nutrient categories: proteins/ glucids/ lipids [the 'large'] and micro-minerals/ vitamins/ enzymes [the 'small']. It ‘keeps the balance’ in a 3-modal way (as opposed to symmetric), because excess in any can yield extreme behaviour of physiology/metabolism and body-mind-lifeworld. (This was known, apparently, in early archaic times). *My 'ideal diet'* (reference to a 'wild' state): unprocessed foods (especially important for enzymes), including nuts, seeds, berries, eggs, greens, and watery fruit (rather than sweet), few roots or pulses and no grains (too dehydrating, cause hiccups, especially processed flours – Chinese inner alchemy advises to ‘give up grain’ as well). When ‘pushing’, taste and food attractions are altered and unstable, and make it impossible to follow this. Instead, I become dependent on whatever provides easiest access to nutrients that need to be replaced with least digestive work, on what cuts pain, or worse, on what only provides a ‘quick fix’ of energy or mood, or triggers brain-central-control (eg breathing, kidney function). These pseudo-addictions disappear spontaneously if the ‘activated-projected’ state stops.

D6\ Dr Johanna Budwig's spread

Many chronic illnesses can be greatly improved by including omega 3 oils in the diet. One particular tactic attracted my attention, partly because of its general domain of application (acute as well as chronic illness), partly because its scientific background was accessible (see Budwig in reference list). ‘The Flaxseed (linseed) Oil Diet was originally proposed by Dr. Johanna Budwig, a German biochemist... in 1951 and recently re-examined by Dr. Dan C. Roehm M.D. FACP (oncologist and former cardiologist) in 1990.’ Originally designed for cancer and heart disease patients, but found very effective for arthritis, diabetes, and other chronic conditions, its effectiveness has apparently not been challenged – merely ignored by mainstream medicine. The principle is that ‘the use of oxygen in the organism can be stimulated by protein

compounds of sulphuric content, which make oils water-soluble and which is [sic] present in cheese, nuts, onion and leek vegetables such as leek, chive, onion and garlic, but especially cottage cheese... Released oxygen is "attracted" to the cells by the "resonance" of the "pi-electron" oxidation-enhancing fatty acids.' (Roehm, Dan C., 1990) The core of the diet is the 'Budwig spread' recipe, which is easy to prepare. I have fed myself this preparation for six years, now, and have found it highly effective in easing chronic irritation and congestion, carbohydrate cravings, and digestive difficulty. I tend to cut down the oil content and add more water than advised in the recipe, and find that it also helps prevent dehydration. I have dropped out of using it during the last six months of writing my thesis, because the hyperactive, brain-driven state, alters my taste (the spread does not taste nice to me any more) and the stimulation has to be higher, and more focused on the brain (to the detriment of the rest of the body, its vital activities such as breathing, and hydration). Fish oil (for omega 3) and evening primrose oil (for omega 6) are more effective for this 'hyper-' state, but I will return to the 'spread' when I stop this work.

The 'Budwig spread' recipe

In a mixer bowl, place 450g of low fat creamed cottage cheese (called 'quark' in Germany), 250ml of flax oil, and about 150ml of water (enough to obtain a fluid creamy texture that thickens a little in the refrigerator). Blend well. The preparation has no oily taste: the oil reacts with the sulphur proteins of the cheese. The flax oil should be cold pressed, organic, kept in a dark bottle and in the refrigerator to avoid oxidation, which is toxic (summarised from Budwig 1996). This spread can be used as a basis for mayonnaise (add mustard and lemon juice, or vinegar and herbs), or be added to sauces (off the stove: flax oil is damaged by heat).