

A

Challenge

to

Macrobiotic Healers

by Michael Rossoff

The most important element which macrobiotics offers to society is a sane, natural, practical medicine available to everyone. The reason that it can work for everyone is because it is based on a profound set of principles which brings to consciousness the full implications that man is the harmony between the macrocosm and the microcosm.

The focus of this article is to look at some of the hindrances to realizing the full potential of macrobiotics as medicine. I hope to open the way for a more thorough discussion of the points raised so that a growing clarity and increasing depth of meaning can emerge for each of us.

Some of the more immediate difficulties at the present stage of macrobiotic application are due to self-imposed limitations. Too often, ideas or viewpoints are either accepted too narrowly or without full reflection. This reflects a personal fear of developing one's understanding and application of macrobiotics as the culmination of his/her experiences and desire to help others. For example, it is assumed that brown rice is the perfect grain for all humans and that other grains are secondary or simply unnecessary. This a prevalent concept throughout macrobiotics. There is a need to broaden this concept to the understanding that whole grains are the principle food, with specific cultural applications. Without the willingness to make these applications we are actually mis-applying the true intent of macrobiotics.

In a similar way, there is a strong bias toward using only the most common (domesticated) vegetables and special Oriental vegetables. These choices are fine. However, there remains an entire world of "vegetables" called herbs which macrobiotic practitioners have been slow to investigate. Actually it is more accurate to say that these have been avoided as unnecessary in macrobiotic healing. There is a long history in our culture and many others of the simple, practical use of indigenous herbs. Common sense should tell us that these herbs have great potential healing powers. What we need to do is to extensively apply the Unique Principle in order to build a comprehensive understanding of their practical usage.

Another self-imposed limitation is the persisting idea that Yang is good and Yin is bad. Although everyone might quickly agree that this type of thinking is not valid, it still prevails when people do consultations or give advice. Indeed, even within their own minds there is a lingering sense of guilt associated with eating "yin foods." What is needed is to break a very deeply rooted dualistic bias which we all had before becoming macrobiotic. The truth is that most people have disguised it through the language of yin and yang and macrobiotics. Discovering the dynamics of yin/yang in food, in living and thinking is the most important challenge for all of us.

A final self-imposed limitation concerns the meaning of teacher/student. We are all students . . . of life, of macrobiotics, of George Ohsawa and of Michio Kushi. Most teachers/consultants are limiting them-

selves by staying strictly within a certain scope in the use of macrobiotics. If Michio Kushi, for example, has not introduced a particular subject, then it is assumed to be either unimportant, unnecessary, unacceptable or untrue. This reflects the student's fear to explore or experiment. It is not a matter of respect and gratitude. The real issue is the unwillingness to explore for one's self, to want to fathom and embrace the entire universe through a deep inner curiosity and acknowledge our own ability to exercise our fullest judgment. Our unique, individual potentials are greatly limited when we look only to Michio or others to provide answers or approval.

Macrobiotic medicine needs Western medicinal knowledge. For example, all macrobiotic consultants need to know human anatomy, physiology and basic pathology to qualify as consultants. This level of knowledge needs, of course, to be understood through the "eyes" of yin/yang. Still, the position and function of every part of the body must be learned and appreciated, because these give important depth and methods of approach to our practice. Furthermore, this helps our communication with doctors become more comprehensive and shows the patient our commitment to unifying traditional and modern medical practices.

Another important area to learn from Western medicine is the drugs which are prescribed. Almost everyone we see in consultation is taking or has taken a variety of drugs. It is necessary to know much more about them. Which are yin? Which are yang? Which should be continued? Which could be reduced and at what rate? And which can be stopped quickly or immediately? Without this understanding, we are placing ourselves in a naive position with the possibility of creating dangerous results. There is another side to drugs which needs both appreciation and investigation. What are the deep and long-term consequences of some of the more potent drugs? Some examples include the different chemotherapy drugs, dilantin (given for epilepsy) and birth control pills (hormones). Which organs or systems are more obstructed or seriously injured? And what are the different effects this may have on our recommendations?

When are Western medicines necessary in macro-

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