

St. Luke's Trust

Newsletter January 2007

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This Newsletter is produced for patients of the St. Luke's Medical Centre as well as friends of St. Luke's Trust. To receive a copy please fill in a form in the surgery or write to us. If you would like to receive it electronically, please email newsletter@stlukesmedicalcentre.org

Adam Beard
Editor

St. Luke's Day Celebration

On the 18th of October we had an evening to celebrate St Luke's Day where I gave a talk on this individual after whom our medical centre is named. This article is based on some of the thoughts I shared in my talk.

As many will know, St Luke was the writer of one of the four Gospels of the New Testament. What fewer people know is that he was a medical doctor and a painter, and is considered the patron saint of healing and medicine. The writers of the other three Gospels: St Mark, St Matthew and St John, were a lawyer, a theologian and a philosopher respectively.

As a physician, St Luke had a knowledge and understanding of the physical body. As an artist and painter he must have had sense of beauty and a connection with the life of feeling and soul. As a witness of Christ's life on earth, of which he was able to write a lucid account, he had a deep connection to the spiritual and the divine.

The doctors and therapists working at St. Luke's have a particular concern to extend medical work beyond the ordinary scientific study of the body, to encompass the soul and spiritual in our patients, and to use medicines and therapies which can address the latent healing forces in each individual and support their personal development. The arts of painting and movement (eurythmy) are harnessed as therapies. It may therefore be fitting to use the name of St Luke, whose life was dedicated to the care of the body, art and the spiritual discipleship, for our medical centre.



St. Luke

Bearing in mind St Luke's medical background, I found it interesting that his Gospel begins with Elizabeth's "barrenness"; a fertility problem which is very much part of modern general practice and medicine. The first chapter begins with Elizabeth and her husband of whom it is said, "Both were advanced in years". The account goes on to the annunciation to Mary, the young virgin who is to become pregnant with Jesus. This contrast between age and youth, barrenness and fertility, also finds an echo in the landscape through which we

are told Mary travels. She journeys from the green fertile area around Galilee to the barren hill country of Judea to visit Elizabeth.

One of the fundamental diagnostic approaches in anthroposophic medicine is to be aware of the opposite forces of vitality and youth over against the forces of ageing and maturity, and of how they express themselves in a particular patient. Is the patient looking younger than his or her age, or do they look prematurely old?

The events described in the first chapter are carefully noted in terms of months and the main part spans the nine months of Elizabeth pregnancy with John.

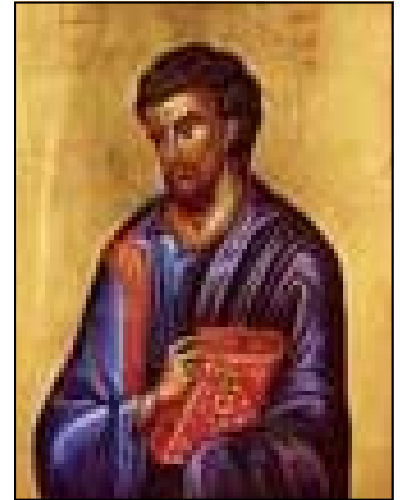
The second chapter describes the birth of Jesus and is a familiar Christmas reading. Unlike the Gospel of St. Matthew which describes the coming of wise men, St Luke tells the story of the shepherds and proclamation of the heavenly hosts "Glory to God in the highest, peace on earth to men of goodwill". So here we meet the shepherds, simple men of goodwill who follow their hearts and visit the newborn child. The mood is of humility and love rather than the wisdom of the Kings; the heart rather than the head.

Buddha, who lived 600 years before Christ, brought a teaching of love and compassion to humanity. Rudolf Steiner made the statement that the being of Buddha in the spiritual world accompanied the birth of Jesus, and Christ's life on earth and the message to the Shepherds "Peace on Earth to men of goodwill" is at the same time an expression of the spiritual being of the Buddha. Part of Buddha's teaching of love and compassion was his Eightfold Path of Training, still known in contemporary Buddhism.

Rudolf Steiner offers spiritual inspirations and meditative practices in, for example, his book "How to obtain Knowledge of Higher Worlds". Here he presents a variant of the eightfold path. This involves a number of life practices, including trying to develop meaningful thoughts, trying to integrate your actions with others, having spiritually inspired goals but being realistic in your endeavours, learning from experience and putting aside time to review your commitments and priorities, your abilities and learning. Rather than developing the capacities for love and compassion, its practices are said to develop the perception of the spiritual working in the laws of nature and the spiritual laws working in the organs of human body – perhaps one could say "a spiritualised natural science and physiology". In the same book is a six-fold path of life practices (also known as the subsidiary exercises) which includes the effort to generate an attitude of

openness and receptivity to events and people. Another is to see the positive in people and situations in spite of what may indeed be negative. These exercises are said to develop the heart as an organ of perception for the soul of the other, which could be understood as an intensification of the faculty of empathy.

Anyone can use these exercises. However, we do not expect our patients to take up this spiritual approach. Rather, we have a sense that the use of anthroposophic medicines and therapies can allow patients to awaken to their own inner journey more readily than the sole use of conventional drugs and the application of a medical knowledge which ignores the soul and spirit.



St. Luke

These sets of exercises are introduced in the three year postgraduate training in anthroposophic medicine for doctors. To practice medicine which can do greater justice to the patients' soul and spirit, as well as the physical body, such exercises and capacities are of particular value. The hearts capacity for empathy needs to be complemented by the perception of the body and nature seen as the manifestation of spiritual principles rather than reduced to cellular or molecular chemistry. The heart forces of the Shepherds need to be complemented by the spiritual wisdom of the Kings.

In this way we hope that a practice of medicine in the spirit of St Luke can develop; a medicine that can unite the knowledge of the body, a sense for art and the life of the soul, with a growing awareness of the spiritual in the human being.

Dr. Michael Evans
General Practitioner

The St. Luke's Biscuit Competition

Thanks to all those wonderfully creative bakers who joined in the Great Biscuit Baking Competition for our St Luke's Day Celebration. The entries were very much appreciated by all who attended the event.

Some went for the balanced and health giving (e.g. "the Libra Biscuit"), and others for a more reckless approach ("The St Luke's Double Chocolate Brownie - dark versus light - and good for the soul").

There were lots of nutty biscuits, calendula petals, and even some delicious savoury biscuits with garlic.

Our experienced and impartial judges awarded first prize to plate number 6 – "The St Luke's Trilogy", which turned out to be created by one of our very own doctors, Markus Csipai! He has kindly agreed to share the recipe with us:

We are pleased to be able to share the winning recipe with you, and wish you successful baking!

Linda Aylward

"St. Luke's Trilogy"

Award winning biscuits by Markus Csipai

Ingredients (for 60 - 80)

For best results, all ingredients should be organic and fair-trade, as appropriate...

500g wholemeal spelt flour (freshly ground)
 250g ground almonds
 250g cold butter
 2-3 eggs
 250g sugar
 50 – 100g dark chocolate (70%)
 Some sliced almonds for decoration

Depending on taste one can try different types of flour, other ground nuts, light or dark sugar, different kinds of chocolate..... Your imagination is the limit...

Method

Using a palette knife quickly mix flour, butter, sugar, eggs and ground almonds until you have a firm dough. Eventually you may use your fingers to form one lump. Cover and let rest for 30 mins. in the fridge.

Now cut the dark chocolate in small pieces.

From the dough form walnut sized balls, place them on a baking tray covered with baking paper, and make a dip on top. Put a piece of the chocolate in the dip, and decorate with almond slices.

Bake for approx. 15 mins. at 210 – 220°C

Enjoy!

Events

A series of talks are being held at the Stroud Surgery by the local Anthroposophical Society with the theme Illness and Healing in the 21st Century. The audience will be encouraged to make their contribution in lively debate.

For more information, please contact Fred Dowle on 01452 812920

Wed 7th February

In Search of Meaning

with Karl-Heinz Finke

Thurs 7th March

Medical Challenges

with Michael Evans

Wed 4th April

Spirituality and Healing

with Friedrich Roeder

Wed May 2nd

Philosophy and Education - What's That?

With Michael Stott

Wed June 6th

Meeting People Through Movement

with Ursula Browning

Eurythmy Therapy with Children

I have a little house
With windows and a door,
Two chimneys on the top,
And a plot of grass before.

I have a little house
With curtains and a blind
Two chimneys at the top
And a plot of grass behind

I have a little house
Where I go in and out
Two chimneys at the top
And a plot of grass all about.

J.M. Westrip

I like to compare our body to a house; it needs to be built firmly with a floor to stand on, walls to protect us and windows to see through, while also using them to air the house or to shut if the wind blows too strongly. We also need a roof, and a chimney to let out the smoke, and we can sometimes hear raindrops coming down it.

Eurythmy

In Eurythmy we work with rhythms and movements that are related to the movements that form the body in its early development. By using specific eurythmy movements we can help a young child to build their house. As the child develops, eurythmy movements can also support the 'living in the house' so that all the rooms, from the top floor right down to the basement, are occupied. In eurythmy, there are specific movements which relate to the tones of a musical scale, to sounds of speech and different colours. Each movement expresses something of the quality of what it is portraying: We can, for example, see that an "EE" sound has a very different quality to a hard consonant such as "K", which in turn is different to an "L".

In Waldorf schools, eurythmy is part of the curriculum. Usually the eurythmy is not done with children under the age of three - before the child has learned to walk, to speak and to say "I" to him or herself. In Waldorf schools eurythmy supports the whole development of the child growing up to be an individual who can think and act independently.

In a young child the imitating forces are still very strong, yet if you have a group of, let's say, five year olds and do a story in eurythmy movements with them, each child will move differently: One child might be on tiptoes most of the time, another will keep looking around while moving their limbs, and the third might hardly be able to bring their arms away from their body. This is all normal, yet gives a picture of how a child might be working on his or her house - What is the "mood" of the builder? Sometimes a parent or teacher would say that even though the child looks healthy, there is something not quite right: A child might be too lively or too dreamy, or have

mental or physical difficulties. They might go to see the doctor who then prescribes medicine, but might also recommend eurythmy therapy.

Eurythmy Therapy

Therapeutic treatment can already be done with babies. In a German hospital a study was undertaken with premature babies, and it was found that doing eurythmy therapy with them helped to regulate the heart-pulse rhythm.

Children under the age of six or seven come for therapy for various difficulties such as bed wetting, asthma, sleep disturbances, speech problems or short/long sightedness as well as squints.

After a conversation with the parent or carer, and if possible, with the doctor, I usually see the child once a week for between seven and ten weeks. The Eurythmy movements are now carefully chosen to help the child, in a playful way, to address the area that needs working on. For example, with a child that finds it almost impossible to stand still or get really involved in what they are doing, we might start the session by stepping or skipping over copper or wooden sticks that are laid on the floor. This needs concentration, but is a light and cheerful activity. We then collect the sticks together and put them away - Again the child has to concentrate so that the sticks don't fly all over the place. We might then move on to "putting a protective cloak around us". We do this particular movement while I speak a poem or just simply the letter we are doing, in this case the "B". By repeating this same movement the child can start experiencing the building of a boundary and yet feel very strong inside. Sometimes we need to close the window in our house to keep the wind out and that is what the child practices with this movement.

As a next step we might want to strengthen the ground we are standing on, and we would do that with the movement for the letter "D" like in the word "down". This can also be done with jumps, which the children love. To finish the session we might stand still for the "lighthouse" exercise where we picture ourselves to be lighthouses, standing tall on our own little island. We then bring our arms strongly together and shine all the way

to the other islands or down into the deep blue sea. Our legs have to stand straight and strong so the lighthouse doesn't get blown over. At the end of the exercise the child can stand still for a short moment and one can feel a certain peace around them.

Healthy Childhood Development

One might ask 'Why can the child not just be lively? It is her or his personality'. As I have explained, the therapy only starts because the parent, teacher or doctor has found the child needs some help. In the situation just described the over-lively child might, as they mature, never be able to concentrate on any task - be able to find the inner quietness needed to work out a mathematical problem, write an essay or to do anything that needs focused attention. Later in life physical illnesses can then appear in, for example, stress related symptoms.

Around the age of nine there is another developmental threshold. Many children come suffering from tummy aches, headaches, fear and anxiety. Some children have not yet managed to lose their milk teeth while the new ones are trying to come out, and eurythmy therapy movements can encourage this step of "coming down". I remember a nine year old boy coming to the sixth session showing me proudly the two (!) teeth he

lost since he last saw me .

At that age the exercises can become more challenging and they love doing concentration exercises where the co-ordination between arms and legs is asked for. The therapeutic movements might not always be completely enjoyable, but I like to compare them to taking medicine that is sometimes bitter, yet helps!

Puberty is another major step in the child's development. There is a wonderful amount of energy on both the physical and emotional level, but again, one or the other child might need help with either channeling the energy in the right direction or to step over the bridge from child to teenager. It is known that anorexia often starts around this age. In eurythmy therapy we address the teenager more consciously and choose exercises that work on an emotional as well as on a physical level. The young person is asked to practice on their own in between the sessions.

Eurythmy therapy has the ability to work quite directly on the child's' physical and emotional development. I always feel I have been given a great responsibility when children come to me, but it is also very joyful, as most of the children love movement, and are happy or prepared to "give it a go".

Ursula Browning
Eurythmy Therapist

A Parents' Perspective

My son, who is now seven years old, started to speak quite late. This was probably not helped by our family moving between two countries and languages at the time when he was learning to talk. We settled in England, but the children continued to be bilingual at home. As time went on it became clear that although he was perfectly able mentally, and fully able to understand and engage in the world around him, our son had difficulty making himself understood. He was quite articulate, telling us about all sorts of things, but had great difficulty pronouncing the words. Some sounds were simply not being made, and most words only partially said. His family got quite good at following him, but most people were lost....

When he was about 4 years old, Dr. Marianne Allan referred him to eurythmy therapy with Ursula Browning. It was not at first clear to us how a speech problem could be helped by movement, but Ursula explained how closely related sound and movement are, and that by doing the right exercises, speech could be worked on.

It did not take long until we noticed his speech became clearer. This was not all the time, but he became more conscious of what he was saying, and when he made the effort, could make himself understood. We realised then that he could physically form all the sounds, but somehow did not always manage to. This could appear to be laziness, but it was clear that it was not simply a 'I can't be bothered' sort of laziness, but something more than that.

Over two years he did three blocks of eurythmy therapy, and loved it. We had exercises to do at home, which he was always keen to do. In the intervals between these blocks the speech 'slipped' again, but picked up once the eurythmy was resumed.

Throughout this time he also went for regular assessments with the speech therapist at the local health centre, but did not actually have therapy there.

I have no doubt that the eurythmy therapy contributed to his speech development and ability to be understood by those beyond his immediate family.

Sponsored Walk in aid of the Patient Therapy Fund

7th October 2006

Anyone who has been to the Tuffley Branch of our Medical Practice will know how woefully inadequate the premises are by now, especially compared to our splendid building in Stroud. There have been many discussions about this and several attempts on our part to make plans to move or even build a similar building to the Stroud one, and they all have had to be abandoned for many different reasons. Yet it is quite clear that something will have to happen within the next year.



Ready to depart from Stroud

To heighten our awareness of this situation I felt it would be good if we got together a group of people who would be happy to undertake a "pilgrimage" between Stroud and Tuffley, to measure the distance between the two places on foot and to arrive there via country footpaths rather than along the road which many of us know only too well. We were amazed how beautiful the countryside really is between the two places, which one does not notice quite so much when going there by car!

At the same time we could raise some much needed cash for our patient therapy fund that had not been replenished for many years, partly because for a while we had to focus on fundraising for our Stroud building.

The gods certainly smiled on us for this venture! We had a most glorious day when we set off: One of those beautiful golden autumn days for which our area is rightly famous. We managed to stay on footpaths for most of the way and admired

some amazing views, particularly on top of Painswick Beacon, which was literally the high point of our walk and provided us with a good excuse to stop for our lunch break.

We were a group of nearly 30 people, including 3 children, 2 of whom managed to earn some good points for their Duke of Edinburgh Award, and not forgetting the two dogs who came along, too!

Almost everybody made it to the Tuffley Surgery. Two women, one of whom had just recovered from a serious illness, walked a couple of miles with us and then drove on to Tuffley to await our coming and to welcome us with hot drinks and refreshments. "This was her Mount Everest, to have walked the two miles, after having endured chemo- and radio therapy!", said her friend! We were certainly very grateful for this marvellous reception! Eight of us then decided to walk still further to Gloucester Cathedral, including our 10 year old lad. Well done, Etienne!

Thank you to all the walkers who made the day such a success. I also want to say a big thank you to the kind people who helped in so many ways, including offering to be on call as taxi drivers - one woman came out twice to pick up people!

And most of all we need to thank those many, many sponsors who between them managed to give a staggering **£1,900**, which by far exceeded all expectations! There were some patients who had come on the walk who had benefited from the fund and have now raised more money than they had received.

In a year's time we want to go on the same walk again and see for ourselves what has changed in Tuffley....

So watch this space !!!

Karin Jarman
Art Therapist

A Fundraisers' Tale

We came as individuals, by twos, threes, families, and even a couple of very energetic dogs with their mistress.

Throughout the day we became a small friendly community, getting to know each other while we trekked to Tuffley. The day was full of wonderful impressions – beautiful countryside on a sunny day, magnificent views from the top of Painswick Beacon, as well as views of our own feet as we made tentative progress over some very muddy, hummocky slopes!

Karin was our shepherdess for the day, leading us from the front, but also, like a sheep dog, checking on her charges, ensuring that no one got separated or too far behind. Simon was our strong constant anchor at the back of the group. With friendly chat en route and the challenges of different terrain, the day flew by and before we knew it Tuffley was in sight. At the surgery a very welcome cup of tea and cakes awaited us. This walk was an opportunity to experience the beauty of the Cotswolds while fundraising. But it turned



Lunch at Painswick Beacon

out to be so much more – personal challenges were achieved, new friends were made, and acquaintances renewed. And we had fun!

Thank you Karin for organizing the sponsored walk.

Perhaps this will become an annual St Luke's fundraising and community building event.

Barbara Munday
Massage Therapy Student

Oasis Report

Many people will have heard about the Oasis support group for people with ongoing crisis situations or chronic illness, which are taking place at St. Luke's. We meet every Monday in the art room, one group in the morning from 9.30 to 12.30, and the other one from 14.00 to 17.00. The groups are facilitated by a counsellor, Melanie Taylor, and myself.

The programme is structured into three pathways of 12 weeks each, and this year, for the first time, we were asked to run a fourth pathway in which we shared biographies and worked with the issues of anxiety and depression.

Anyone who would like to find out more about Oasis is invited to contact me on 01453 757436 or e-mail me on oasis@phonecoop.coop

Karin Jarman
Art Therapist

Dr. Madeleine Müller

Iwould like to apologise for forgetting to report in the last Newsletter that Dr. Madeleine Müller has left the practice. After nearly three years at St. Luke's, she has now moved back to her native South Africa, where she is busy planning the building of a new home together with her family, looking for work, and where her daughter is busy discovering the local wildlife. She is missed by many patients as well as all of us who work at St. Luke's. We have not quite managed to fill the gap in energy and enthusiasm she has left behind...

Dr. Dietlind Elsner is now working an extra session a week, which goes some way towards filling the gap Madeleine left behind.

Adam Beard
Practice Manager

Comment Book

"It's always a pleasure to come to this surgery"

For the last eighteen months we have had a comment book in the Stroud waiting room. This has proved to be not only a way for our patients to tell us about their experience in the surgery and offer ideas for improvements, but also a discussion forum; there have been debates over acceptable noise levels in the surgery, appropriate type of soap to have in the toilets and reading matter in the waiting room.

"Feel the staff and doctors very helpful, but have found the long waits difficult"

The main complaint being expressed is over the long waits sometimes experienced before being seen by the doctor. This is a point which has also been raised in the patient surveys we have carried out. While we recognize that this can be difficult and inconvenient, we have also received a lot of comments expressing appreciation for the caring attitude of the staff and the doctors, and of the length of time patients get to spend with the doctors. Our appointment lengths are longer than other

"I waited an hour after my appointment [time] to see the doctor"

practices, and while it may appear that the solution to the waiting times would be to increase this further, we simply do not have the time to do this. We do our best to spend the time needed

with each patient, which must be balanced with the need to provide sufficient appointment slots to meet demand.

We have, as a result of comments received, made an effort to improve communication between doctors and reception, so that receptionists know when a doctor is running late, and can then inform patients when they arrive.

Many people expressed thanks for having the possibility to attend a practice that has an

"This is the best medical centre I have ever had the privilege to attend."

anthroposophical / holistic approach to healthcare and for the therapeutic environment at the surgery.

Another result of comments made is that I was finally shamed into spending the time to sort out the door closers to stop them banging, which was clearly irritating a number of people.

"St. Luke's keeps me whole and well."

The large majority of comments are very positive about the practice. It is good to hear that although there is room for improvement, and not every one agrees with every aspect of the practice, there is widespread appreciation of our approach to healthcare and the service we offer .

Thank you to all those who took the trouble to write in the book (a good use of time spent in the waiting room!).

*Adam Beard
Practice Manager*

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