

Keeley's Kures
*Practical health remedies from the trails
of the world's leading hobo-adventurer*

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Liberty Tree artwork, courtesy Clipart ETC

Excerpt Prepublication

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INTRODUCTION

This publication grew out of frustration with conventional medicine and a health system that dissuades natural, home treatments. The information sources, then, are not so awkward.

I took a doctorate degree in veterinary medicine on the road to 100+ countries observing medical treatments in hospitals, psych wards, and prisons. Boxcar medicine from the American railroads provided seat-of-the-pants therapies when no doctor was around. As well, hiking the lengths of Colorado, Florida, Vermont, California, and Baja contributed wilderness medicine.

I use the cures on myself, or informally on acquaintances. They are original, usually successful, and arise outside conventional medicine in veterinary clinics, American boxcars, and around the world in contracting and recovering from 65% of the diseases in the *Merck Manual*.

I selected the world's common ailments and wrote uncommon *Kures*. A cheerful frame of mind, reinforced by options of alternative medicine, may heal and put the ghosts of fear of traditional doctors and hospitals on the run. The author and publisher are not physicians, take no responsibility for Kure outcomes, and disclaim any medical treatment should be supervised by a doctor.

Steven 'Bo' Keeley, April 2011

ADDICTIVE BEHAVIOR

What is it?

The term brings drugs or alcohol to mind, but people also can be addicted to other substances and activities. The striking characteristic is the person may be compelled to something without acquiring gain or pleasure. Other tip-offs are continual use, solitary use, guilt, intimations that one is hooked, slacking at worthier endeavors, inability to hold a job, or financial problems that lead to illegal activities to afford the habit. In the extreme, a person continues without self-regulation until there is nothing left.

Traditional Treatment

Varied, controversial and with ranging degree of cure. The two prongs of addiction, psychological and physiological, are divided and attacked. Possibilities include decreasing doses of substance or activity, quick withdrawal, symptomatic treatment, application of lesser addictive drugs, individual and group support.

Kure

Recovered peer. Repeat that, for it's the key Kure on the path away from addiction. One believes another who precedes him. This observation is from investigating circles of speculators, athletes, hobos, and citizens around the world. Animals also become physiological and psychologically addicted to things.

I believe a weak personality becomes addicted to the carrot—something feels good and there is small will to resist again and again. On the other hand, a strong person likely gets addicted from the whip in an

attempt to escape the discomforts or difficulties of life. Finding someone who is immune to addiction is unlikely; they simply haven't met their match. This is why parental control of the young and later self-control by the mature is imperative. My wrestling coach used to say, "There never was a horse that couldn't be rode nor a man who couldn't be throw'd." The unsusceptible individual is a rare bird.

This entry focuses on general addiction. (Specific comments on individual substances or activities may be found throughout the Kures.) The principles are usually applicable to any addiction. I have been treating a chocolate addict by his own definition. He was Kured with one e-mail summarized as follows:

"Find a recovered peer. If no one else will do, use me because I used to "do" chocolate as nightly reward to get through college. Remove the substance from sight and have no access to

Recovered peer.

Repeat that, for it's the key Kure on the path away from addiction.

it. Substitute something for the addiction and reach for it instead, such as a piece of bread. For any addictive urge, drink a glass of water before giving in. Find a friend to call or e-mail if you backslide. Next, decide either to kick the habit at once or in degrees. You have the will to do it instantly, but can choose the slower course.

“The first method requires deep commitment, whereas gradual withdrawal is decreasing the addictive dose over time. Touch base often with the recovered peer who is the model of your future self. Stay away from an environment that offers the thing or activity you want to avoid—say, chocolate—for at least 6 months after kicking the habit. Exercise and drink lots of fluids to vitalize circulation. Note that a workout program also promotes general health, distracts from urges and encourages discipline. Establish a continual reward system but don’t abuse it. Consider a support group. Finally, what is your priority in life? If it’s health, then take care of your addiction(s) *now*.”



ALTITUDE SICKNESS

What is it?

Also called mountain sickness, this is an interesting array of symptoms due to a decline of oxygen at increased altitudes. At 8,000 ft., for example, I've learned there is about half as much oxygen as at sea level. My belief is that lower barometric pressure at high elevation makes inspiration more laborious, so oxygen intake decreases and the symptoms come on. Weekend mountain climbers and pilots rather than high altitude residents get the sickness, and if one ascends gradually to great heights over a week's time he should not suffer.

Traditional Treatment

Oxygen and descent to lower altitude. Mountain climbers use a mixture of air and pure oxygen for treatment, whereas pilots pressurize cabins. Fluids, rest and symptomatic treatment, which means to treat each symptom as it arises.

Kure

First, encouragement. Don't let high talk keep you out of the mountains. I could reel off personal stories from the Ruwenzoris in Uganda to the Andes in Bolivia, but in each the lesson is that the human body adapts. Experts point to favorable increases in blood volume and red blood cell count during a week or more of acclimation at target elevation, and I underscore this by postulating that each body cell adapts. So acclimate and hike and climb in comfort.

Next: **Insight**. This is how it is on the streets of heaven, alone at 13,000' on some far-flung range. If

you've acclimated it's fine, but if not apply the lessons from this altitude sickness scale I've developed. The stages go from 1 (mild) to 5 (severe), of which I've experienced all:

1. There is difficulty sucking air, and breathing and pulse are rapid. This stage is not worth worrying about.
2. There is a tinge of headache that is not serious except if one ignores it as the signpost of step 3, in which **Insight** will be lost.
3. Strange things happen. As with scuba "nitrogen narcosis," one may be disallowed from understanding he is confused. He can stare with a silly grin at a cloud and walk off a cliff to die with a fixed grin. Pain exists but one witnesses it as if from a distance.
4. Reality and body sensation return, and it feels horrible. There may be a pounding head and heart, dizziness, lassitude, and dangerous stumbling. I can walk at this stage for only 100 yards between 5-minute rests.
5. One is on the ground in the mountains and won't recover there. He must descend *now*.

The final tip is the role of water. I drink nearly as much at high elevation as during desert walks probably because of evaporation in the dry atmosphere. The resulting low blood volume produces a 'shock'-like feeling, which is prevented and reversed by liquid replenishment. It's customary

for hikers and climbers to reach stage two on the scale routinely, then proceed slowly while aware that if the condition worsens they should find a lower level.



ANXIETY STATES AND PANIC ATTACK

What is it?

When you run from a bear or see a naked spouse, this is good anxiety. When you wake up, walk through the day, and go to bed anxiously, your psyche needs pruning. The feeling may creep up slowly and be upon one practically unaware, or jump aboard as a full panic attack. My belief is that on a base level anxiety is flight or fright—what isn't?

Symptoms include heightened alertness, worry, perhaps impaired concentration, restlessness, and irritability that can proceed to insomnia, sweating, muscle tightness or trembling, rapid and shallow breathing, excessive fatigue, and maybe hot flashes. Panic attack is so-named for the acute condition. (Acute means sudden and extreme.) There may be a perceived dread, personal showdown with terror, and even fear of dying soon. Some place the causes as endless, from stress to drugs. To talk about anxiety opens a can of worms that makes fishing doctors and shrinks wealthy. The symptoms are real, but intertwine with life itself.

Traditional Treatment

The usual claim is this mysterious condition of myriad causes with unpredictable onset has uncertain treatment. The single factor properly addressed by traditional medicine is prevention; if a cause can be identified, nip it in the bud. Psychotherapy is often suggested, but not by me... before trying the following Kures. The exception is if there is a danger to self or to others. Drugs are the next downhill conventional step. In sum, there is little good about the traditional treatments.

Kure

No problem. Checker player Tom Wiswell once scratched his head in mid-game, "It's too confusing for me. Time to simplify." He cleared the board by trading down pieces. Lest anyone undervalue the advice of this acquaintance, Wiswell won the world checker championship some two dozen times, often in a state of good anxiety. I write adventure articles for magazines and many are excerpts from an ongoing autobiography of perils in deserts, jungles and mountains. My stability is that when it comes to medicine, the physical underlies the mental almost every time. That is, given a mental condition, it is well to look first for a physical cause. If you accept this premise, the Kures are easy.

Begin by getting fit. Anyone who sees a shrink without exercising daily *needs* his head examined. Also get trim. Humor has value. Drink lots of good liquids (Ref. "Bladder Stones" on page [13].) since anxiety has a neurochemical aspect and the idea is to flush the body systems as a spring flood cleans a canyon. Sleep well and warm.

The first thing you do in the morning and last thing at night should be enjoyable. Surround yourself with strong, optimistic people. Recovered peers are invaluable resources. Consider a support group, or a single close friend to help you hurdle the tough moments. Support can be via email too, as the case of a Chicago friend who wrote that panic attacks were ruining his life. I emailed him once a week for

a month and he was free to respond as the condition toned down.

Medications are too often crutches, not cures. Use them briefly in a pinch, and then toss them aside. Some anti-anxiety pills would give *anyone* a panic attack, so I'll take a glass of water and a walk any day. Don't smoke or take caffeine. Watch educational TV rather than the news and cop shows, or read a biography about an achiever. My conviction is that city noise figures in anxiety and panic. Consider moving from the source of irritation. Meditation is excellent. It may be soothing to admit you're nervous and rehearse improvement by mentally picturing your ideal self and gaining on it slowly. Finally, while working as a psych technician I used to tell patients, "At times and places it's normal to be anxious," and they were momentarily stunned, walking away apparently calmed by the reality.

The most outstanding Kure for many psychological conditions including anxiety and panic is to step back and examine priorities. One time as a young man someone asked me to prioritize the most important things in life. I began with health. "Wait," interrupted the inquirer, "most people list family, job, and financial security." I replied, "What good are you to family, job, or account if you're in a shambles." Put health at the top of life's goals.

