

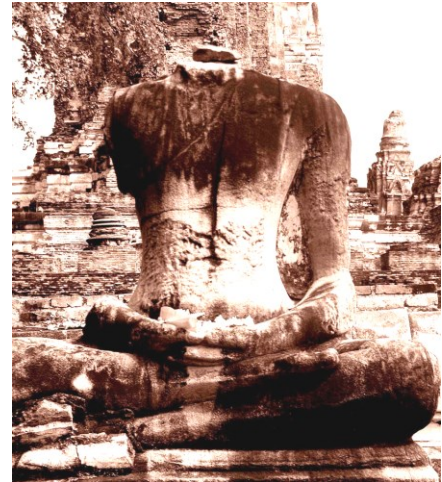
Chapter 34: Health

Lord, remember David, and all his afflictions.

Psalm 132:1

By the time this memoir is read by the future researchers for whom it mainly written, I will be long dead, which is about as bad a health problem as a person can have. Meanwhile this bulletin from the year 2010, when I am about to turn 66 years old, presents a dispiriting picture of a sturdy constitution being slowly but irreversibly undermined. Despite the following catalogue of complaints and diseases I still feel generally strong and healthy, and my body is deteriorating at a slow enough rate that I can still think of other things. But even though I feel this way now, I know the weevils are at work within, and my health is decaying irretrievably. Sooner or later (I hope, with the help of Lord Ganesha, the Mighty One, Remover of Obstacles, *much* later) the strong constitution will not be enough, bad health will overcome good, and I will, as Homer says, obey my fate and go down into the House of Death.

I am working on preparing myself for this psychologically, by absorbing the Buddhist lessons of non-attachment, of not clinging to transient structures (meaning all structures), of realizing and accepting that the individual personality is evanescent and arises and passes away in the natural course of things. So does the body. My hope is that it will not be too unpleasant physically – I am quite prepared to cut things short if it gets too bad. I hope that by the time I need it, if I ever do, California will have a Death With Dignity Act like Oregon has, and Montana how has, and the Netherlands, and Switzerland. My often-repeated prayer to Lord Ganesha is not that he save me from death, which is impossible, but that he preserve me from pain and panic. If I am spared pain and panic, I think I can handle death reasonably well – we'll see. Even contemplating death is good for the soul, like the Buddhist graveyard meditations.¹



Until I began to get old I was usually in pretty good health. I was always overweight – even as a child I had to buy clothes in the “Husky” department. I hated sports and never did any exercise (except swimming) – even when I was *compelled* to play sports I moved as little as I could. I started smoking cigarettes at 12 (see Chapter 19.B) and kept it up at

¹ My brother Adam took this evocative picture of a decaying Buddha statue in Thailand. Everything that arises, passes away.

an excessive rate for the next 26 years. But despite all this abuse and neglect I was healthy.

I had a few of the usual childhood diseases – colds, and chickenpox, and possibly (although no one knows for sure) a fortunate immunizing touch of polio (high fever but no after-effects). I could eat anything without indigestion. My eyes were not great – I wore thickish corrective lenses for near-sightedness from age six or so – but I never had any serious illness and never broke a bone. I had some sinus problems and teen-age acne. But basically: strong and healthy, although I was warned about high blood pressure in my 40s and took some pills for it. This continued until 1994, when I was 50.

That year I began having chest pain – not *pain* exactly but a kind of congestive discomfort in my throat, like children have when they are ill and are told their “glands are swollen.” I called my doctor, Dr. Lisa Capaldini, a rail-thin Italian Lesbian with an office on Castro Street, who said I had acid reflux and to take commercial antacids. After a week with no relief I called her again; she insisted I must be taking the wrong kind of antacid, and that I should switch from red to blue. The discomfort was getting stronger and I couldn’t walk even a block without stopping, plus now I had gastric symptoms from mainlining antacids. Finally I insisted on coming into her office on 18th and Castro (up a steep flight of stairs), where she took a look at me and sent me to the hospital in a taxi.

When I got there they said I wasn’t quite having a heart attack, but only because I was in the hospital where they could prevent it. They gave me nitroglycerine and some sedatives and kept a close eye on me. The heartburn feeling was my own idiosyncratic style of angina – if you have to have angina, it’s good to have a kind that doesn’t hurt! So I lay back, full of intravenous valium and a bit of morphine, high as a kite, and in a day or so they shipped me by ambulance to another hospital, where a wise old cardiologist inserted a tube in my upper thigh and threaded it through to my 99% occluded artery and inflated the little balloon thing and fixed me right up. This was an angioplasty, and it didn’t hurt (I was sedated), and within 48 hours I was out of the hospital and going to the theatre.

Of course after that near-disaster I never went to Dr. Capaldini again. Instead I asked the kindly cardiologist, Dr. Thomas Kaiser, if he would be my doctor, and I went to him (at 45 Castro Street, next to Davies Hospital) for primary care for the next ten years. He was a good cardiologist and worked very resourcefully to keep my blood pressure under control with combinations of drugs. But it was a mistake not to have a doctor who specialized in primary care.

Sometime in the late 1990s I had a flu shot which made me sick with flu-like symptoms for about six months. I later learned from Christopher how dangerous vaccinations can be (homeopaths know this even though allopaths don’t believe it), and I avoided flu shots after that. But as I grew older I went back to them – I know now how to protect myself

with homeopathic sulfur when having a vaccination. I also do this when I get shots for travel to India.

In 2004 I got sick with a sort of flu and couldn't reach Dr. Kaiser, who was away, and his *locum tenens* wouldn't treat me on the phone and suggested I go to the emergency room. I called Bernie Segal, who referred me to his friend Anna Wolfson, whom I had known from Thanksgiving dinners Bernie had arranged at Steve Goldstein's house. She was a nurse who had been a doctor back in the USSR. She recommended a fellow Russian Jewish émigré, Dr. James Y. Greenberg. I went to see him at his office at 2299 Post, near UCSF Mount Zion Medical Center,² and he was terrific. I kept Dr. Kaiser as my cardiologist but switched to Dr. Greenberg for primary care. I didn't worry too much about offending Dr. Kaiser, who wasn't offended anyway – as Christopher says, health care is one of those rare areas of life where it *really is* all about you.

Dr. Kaiser took the attitude toward diabetes that diet was *passé* as a means of treatment and that relying on drugs was the modern way. Of course I didn't challenge that, because doing so might have meant I had to stop eating whatever I pleased. But when Dr. Greenberg took over my primary care he suggested some changes. He discovered, for example, that I had chronic kidney dysfunction, and stopped some of my medications for that reason. He referred me to a specialist, Dr. Robert Rushakoff at UCSF, to manage my diabetes. And he continued to give me a professional level of primary care.

I had another angioplasty in February 2005. This was a more severe problem and required a complex operation and insertion of stents – I saw the films later and my right coronary artery looked like a little twisty thread. The doctor (not Dr. Kaiser but a specialist, Dr. Hui, pronounced *Huey*) did the operation, which was very frightening and painful as I was sedated but not unconscious and he unavoidably kept blocking the artery in the course of the operation. But I was fine the next day.

It was good that I had Dr. Greenberg on board, because late in 2005 I got *really* sick. I had been taking a lot of Ibuprofen, a painkiller, for back problems I think. I kept Ibuprofen tablets in a candy dish and gulped them down as needed. On October 14, 2005, I started to get sick, and at first I thought it was flu or something similar, but after a week or so it became clear this was something else. I began to get short of breath and could not even walk around my house without gasping like a fish out of water. I could not sleep lying down because I couldn't breathe. I developed some other symptoms too, and at the end of October Dr. Greenberg arranged for me to be admitted to California Pacific Medical Center at Sacramento and Webster, although he himself was on vacation. When I got there they found severe problems. My kidney function was markedly impaired. I was bleeding from the stomach. I had fluid in my lungs (that's why I had

² UCSF is the University of California at San Francisco, the flagship medical school of the UC system.

trouble breathing). I had pericarditis, an inflammation of the lining around the heart. I was dehydrated; I was anemic. I had no appetite at all, couldn't bear to eat (this was something quite new for me). My blood oxygenation was low. And some other things too – I was a sick puppy.

What was it? No one knew. At first they thought it was a reaction to the Ibuprofen, but although that no doubt aggravated my problems it didn't hold up as the principal cause. Then they diagnosed congestive heart failure, which accounted for the fluid in my lungs, but why? They gave me blood, which fixed the anemia. They gave me oxygen. The internal bleeding stopped. I began to feel better and they discharged me after about ten days, but Dr. Greenberg insisted I have a visiting nurse to check up on me. I was expected to improve slowly but steadily.

The visiting nurse was a good idea, because I didn't improve. After less than a week she decided I was getting worse, and insisted I go back to the hospital. My spirits were very low. For the first time I can ever recall I was too weak even to read – I just lay there. I had a great view of the city from my hospital room but was too demoralized even to look outside. The doctors were now thinking lupus, because I was having systemic problems rather than individual ones. A diagnosis of lupus would have required Prednisone, an awful drug. (I asked Lord Ganesha specifically to protect me from Prednisone, which He did – see Chapter 18.G.) They drained more than a liter of nasty-looking fluid out of my lungs through a tap in my back, still leaving a lot in there but making quite an improvement anyway. But I was still very sick. While in the hospital I also developed atrial fibrillation, a potentially serious disorder of the heart rhythm, but converted back to a normal sinus wave within the necessary 24 hours.³

Finally Dr. Nicholas Krivenko, a nephrologist and one of Dr. Greenberg's circle of Russian émigré doctors, figured out that it was a reaction to Aldomet, a blood pressure medication I had been taking for years without any problem, and which the nurses had been dutifully giving me every day as the doctors tried to figure out why I was so sick. They stopped Aldomet, and almost immediately I began to feel markedly better. It turned out that there was only one other example in the literature (in 1981) of this kind of reaction to this drug. But that's what it turned out to be – not lupus but a lupus-like drug reaction. I got better fast after that and they discharged me a few days later. I had spent a second ten days in the hospital, for a total of almost three weeks.

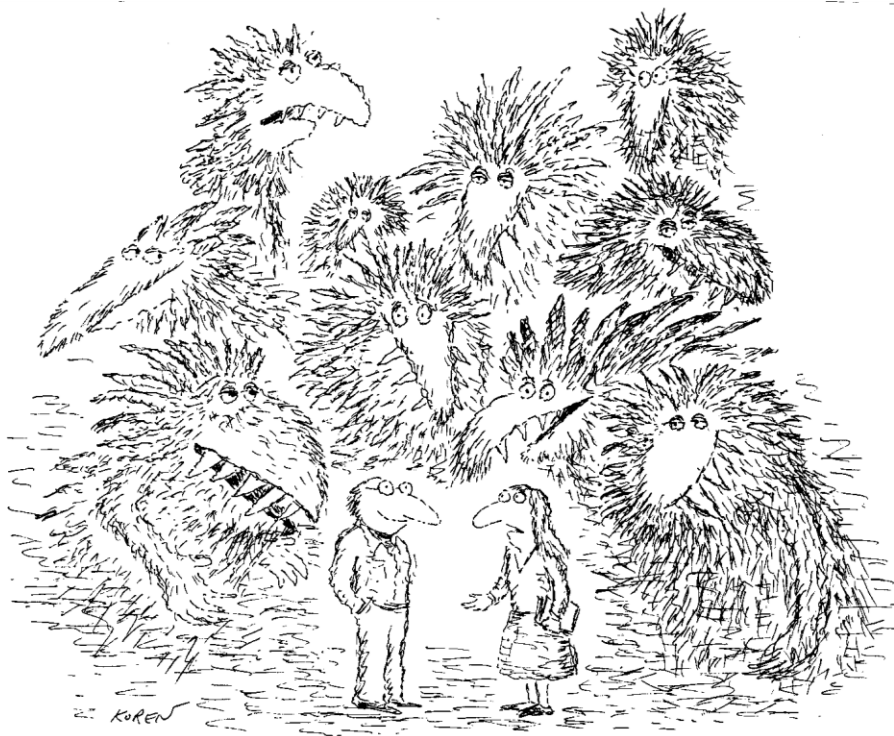
The hospital was a horrible experience. Uncomfortable, barren, noisy, boring, intrusive – I hated it and resolved never to go back if there were any way to avoid it. They took my blood so often – at least once a day at six in the morning – that my veins were damaged

³ When Dr. Greenberg came into my room to tell me I had converted I said great! Now I am a Catholic!

and it was almost impossible to extract blood from me even six months later, and is still difficult (I had become what they call a *hard stick*).⁴

When I got home I was still sick, but this time I really did get better. It took some weeks before I got my appetite back – I lived on liquid diet supplements – and months before my lungs were clear again. Indicators of inflammation persisted in my blood for a long time even after that. My lungs were not good enough to smoke cannabis, so I didn't smoke any for the first time in many years, and found I liked that enough to stay off it even after my lungs recovered.

I also resolved to make a few changes in my life. My friends were a great source of support for me and I resolved to make more time for them. Increasingly conscious of my mortality, I decided to work less (since I loathed work anyway), so I paid off my mortgage two years early in order to reduce the amount of money I needed to generate from working. This allowed me to reduce my goal from 20 hours a week to 15, or on a practical basis (since I wasn't working 20 hours anyway) from 15 closer to 10 (it also



"David, you're denying your feelings again, aren't you?"

made my sudden retirement – see Chapter 27B.6 – financially possible). I got serious about diabetes control and went on Byetta, an injection made from Gila monster spit. And some other things too.

One good thing that came out of this experience was a disabled parking placard, which allowed me to disregard parking

⁴ Disturbed sleep is one reason being in the hospital is so exhausting. I have since learned that a patient can simply leave instructions not to be awakened for drawing blood or taking vital signs. The last time I was in the hospital I ordered that I not be disturbed before a certain time, and was able to get a decent night's sleep.

The cartoon above is by Edward Koren.

meters and park in handicap zones. I really needed this at the time, but it was only temporary (red rather than blue, good for six months only) and has expired. I would rather not have the placard than be disabled enough to qualify for one.

So here I am now, quite recovered from this episode, which very fortunately for me was a drug reaction and not a disease. I feel fine, and somewhat stronger and perkier since I stopped smoking dope. But I am still an old man – I feel really old, especially because tricky knees force me to walk very carefully. And there is a lot wrong with me. So now: an old man's inventory of complaints, starting from the head and working my way down to the toes. If this bores you, or scares you, go on to the next chapter (although that one might scare you too).

Head first. My mental health is extremely robust. I experience a bit of forgetfulness, occasional senior moments when I cannot remember a particular fact, or a name, or why I entered a room. But generally my cognitive abilities are sharper than ever, sharp enough to make a living from them if I still had to with plenty of cognitive power left over, and a memory good enough to write this lengthy and discursive memoir. All my marbles are still firmly in place.

In my youth and middle age I was bothered by depression, but that is not a problem anymore due to Buddhism, homeopathic sulfur, and (until 2005) cannabis. Sulfur I discuss below with other homeopathic remedies. Buddhism helped by reducing suffering, which is what it's for (see Chapter 18.E), and by providing perspective, and by starting to detach my ego from its surrounding structures. And cannabis helped with dysthymia, a mild form of depression – that's why it was formally "recommended" for me under the Compassionate Use Act (see Chapter 17.E). Now that I am not using cannabis I do feel very occasional flashes of dysthymia, but Buddhism helps me live with it – it is just a ripple on the surface, nothing to take seriously. Also intermittent insomnia, paradoxically exacerbated by intermittent drowsiness – when I get drowsy I take a nap, because I don't have to be at an office or work a schedule, and then, refreshed, I stay up very late because I'm not sleepy, so I tend to drift off the next day.

Organs of the head. Eyes: weak from childhood, and still weak. I am extremely nearsighted, although becoming progressively less so – in recent years I have had to reduce the strength of my reading glasses fairly often. There is still lots of nearsightedness left, though, and the difference between close and distance vision is marked enough now to require three different pairs of glasses – close for general life and reading, midrange for computer and television, and distance for theatre and driving. My distance lenses are bifocals so I can read my watch while wearing them. The contact lenses I used to wear, beginning in Washington in 1974, are out of the question now – distance and close vision are too widely separated to make contacts practical. As I explained to a friend in 2001:

Despite astigmatism I wore contacts for years, even though the doctors said I couldn't. So much for them. But as I grew older the difference between my near vision and my distance vision grew too great to use one prescription for both (I now have reading glasses for ordinary wear and bifocals for distance and driving and movies). Because I am very sensitive to glare I also have both prescriptions in clear and tinted. That's already four pairs of glasses.⁵ If I had contacts, say for reading, I would need a third prescription for use over the reading lenses for seeing at a distance, making three prescriptions, or six pairs of glasses, plus contacts. If I had contacts for both types of vision I would also need to correct my distance contacts for reading, making eight pairs of glasses and two sets of contacts. So I gave up the contacts. The so-called "bifocal contacts," which have one near and one far lens, would not work for me because you have to suppress the vision in one eye for each type of vision, and I already have problems focusing and tend to suppress the vision in my weaker eye. It would all be just too much.

Now that I have added mid-level glasses, for computer work and television, using contacts would bring me up to maybe eight pairs of glasses. Impossible.

My eyes are still highly sensitive to glare and to light from overhead. I have to shield my eyes from both. I used to wear a green eyeshade (see photo in Chapter 14), but now I put on a beret if overhead light is a problem. My eyes strain easily and sometimes I have to go to sleep, it gets so bad. Cannabis was great for this, but as noted I don't use it anymore – now I just take a nap when I have to. When I drive more than an hour I usually have to pull over for a quick nap – sometimes sooner at the start of a trip – so I carry sleep goggles with me to block the light. I use these also at the dentist and other places where I can't avoid bright lights – even on the operating table! Sometimes I have trouble focusing – my left eye will wander off to the left – I have prisms in my distance lenses to correct this problem. If I have to sit in the back of a theatre and look at a small distant illuminated stage I cannot keep my eyes open even through the first act – this is one reason I always try for the front row. My eye doctor has recommended putting drops of propylene glycol into my eyes from a small bottle I will carry with me, to substitute for the tears my tired old ducts may not be creating in their old profusion – we'll see how that works. Cataracts just beginning to form – the eye doctor says these are nothing to worry about for a good while yet.

Hearing: generally OK, but I have trouble in auditoriums and even with television, not in hearing what is said but in understanding it. Cupping my hands behind my ears helps, so I have special leather earflaps which hook onto my ears and make them like bat-ears. This looks weird but it does the trick in theatres, which are dark anyway so no one can see them, and if people could see them I wouldn't care. These are called Serious

⁵ Three now, as I no longer use tinted reading glasses. But I have a tinted insert I wear over my prescription sunglasses for driving in glare, so in a way that's back up to four.

Listeners and are not made anymore, but I have new ones made for me by a shoemaker. I attach the plan for them as Document 34-1.

Nose: chronically clogged. Cannot breathe easily with my mouth closed. Deviated septum. Susceptible to nosebleeds.

Teeth: long neglected in my youth, they are now a patchwork of repairs, crowns, bridgework, posts, and a few empty spaces. Coming soon: my first implant! They are still solidly rooted choppers, though, by and large, and I can still bite anything (or anyone), but I have chronic gum disease caused in part by diabetes and exacerbated by blood pressure medication. I deal with the gum problem by discontinuing medicines which cause the most serious gum problems and substituting new ones, and by a rigorous regimen of electric toothbrushing and dental hygiene. This is typical of the problems of aging: what you take to help problem A causes problem B, but you can't stop because A is such a serious problem.⁶ In the past I have had to have my gums surgically trimmed, which was painful and expensive, although it gave me a gratifyingly frightening smile.

Moving right along to the heart. There is heart disease in my family and I have had three angioplasties so far. My doctor has said I have coronary artery disease. In fact as I write this in August 2010 I have just had a second set of stents installed. Also my blood pressure takes a lot of medicines to control. Overweight and diabetes both aggravate heart problems and increase risk from them. Even when my blood pressure is well controlled, I sometimes have spells when my pulse starts racing and my blood pressure gets very high; this is sometimes accompanied by hot sweats and tremors in my hands. My cardiologist says these spells are nothing to worry about if they end within a short time, which they do, so I try not to worry about it. The hot sweats sometimes indicate blood sugar fallen too low. I also get periods of arrhythmia. I carry Nitroglycerine tablets and pop them when I get that special feeling in my chest.

Continuing to root around in the internal organs. Pancreas: not good. I have diabetes which is not all that well controlled by a restricted diet and several medications, including two kinds of injected insulin (successors to Byetta). The injections, in the abdomen, don't hurt – that is one of the few advantages to being fat. Diabetes is associated with overweight, although no one knows whether one causes the other, and if so which one. Unfortunately insulin makes diabetics gain weight, so it can be a self-canceling remedy as well as an addiction.

Diabetes is a very serious problem because of the complications which come later down the line, including blindness, nerve damage leading to amputations, and kidney failure. Diabetes retards healing, from surgery as well as other problems, and complicates nearly

⁶ Jacques Barzun, University Professor Emeritus at Columbia and 102 years old as I write this, said: "Old age is like learning a new profession, and not one of your own choosing."

everything. Along with spinal nerve injury, diabetes is a candidate for the first stem cell cures, whether in time to save me or not only time will tell (especially as the right-wingers are still deliberately impeding stem-cell research for ideological reasons). The diabetes-related deprivations in my diet are hard to put up with, and I am not always as firm about them as I should be. Exercise helps diabetes too, but I don't do it because I am too fat and out of shape to be able to do it. I know I should try, and every so often I used to resolve to, but that never lasted for more than a few days. I have accepted this and stopped setting myself up for failure by promising to exercise. What I said casually in my youth turns out in my old age to be literally true: I would rather die than exercise.

- E-mail to a friend who told me I'd feel better after exercise because she does. I really don't feel good after exercise. Really, really, I don't. It hurts my legs and it hurts my back and it gets me out of breath, and it takes up time. All I ever do for exercise is walk for a while, not excessively. It isn't refreshing and invigorating, it is exhausting and debilitating. I just don't like it. I like sitting around reading *The New Yorker* and researching the emblems of the Indian states. Of course if I were in shape I would not feel this way, except I was in much better shape when I was a child and I felt just the same way then too. I hate exercise and I always have and I always will and I won't do it and I accept the consequences.

Kidneys: in bad shape. My doctor says they are working now at about 50%. This has stabilized but makes certain important diagnostic tests requiring dyes, such as CAT scans and angiograms, dangerous to use. I wear a medallion around my neck now, listing the conditions the emergency room should know about if I'm not able to say anything. Otherwise they could do a lot of damage (for example by an emergency room CAT scan) without knowing it. Also some medications (like Indomethacin for gout attacks) are dangerous for me because of reduced kidney function. This is not something which gets better – the goal is to slow its worsening.

Liver: doing fine so far. Stomach: fine. Bowels: generally fine, with occasional extremes. A few polyps are snipped off every few years by a colon-scoping specialist.

Lungs: sort of OK, although they were not so good when full of fluid during my illness in 2005. Twenty-six years of smoking tobacco didn't do my lungs any good, even though I've been off the stuff for another 27 years. Thirty-four years of smoking pot probably didn't help either. My illness in 2005 predisposed me to lung problems, and if I get any sort of respiratory problem, even from pollen, it lodges stubbornly in my lungs.

Aches and pains. I have chronic degenerative back problems, which produce intermittent backache, lower back spasms, occasional very painful extruded disks, and sciatica when the sciatic nerve gets pinched. There may be stenosis too (narrowing of the spinal canal). Sometimes I have to sleep in an Eames chair. When this happens I take acetaminophen (which is all the pain medication I am allowed and only limited quantities of that) and

homeopathic arnica and tellurium. This helps somewhat, as does acupuncture. Indomethacin helps with inflammation, but that is bad for the kidneys, so I take Colchicine now. There's that problem again: A helps B but harms C. Edema in my lower legs, caused by overweight and blood pressure medication. But would I rather have edema or a stroke? Alexander Technique is helping with back pain while walking.

Being severely overweight exacerbates diabetes, cardiovascular disorders, and back and knee pain, and increases the risks of surgery. It also makes it difficult to bend over – putting on socks is a big deal now, which is why I scarcely ever wear them anymore. If I drop a coin it requires some strategy to figure out how to get down to retrieve it in a way that doesn't strain my back or knees and lets me get back up easily. People pick things up for me now without being asked. I tried to deal with my weight problem by various techniques, including a rigorous medically supervised fast in 1989 (see Chapter 27.A), but nothing works for long, and now I have too many other problems to do any real exercise even if I were willing to. It is a serious problem – I even considered bariatric surgery, because diabetes is a one-way street to disaster and there seems no way to control it adequately without solving this intractable problem first. But I gave up that idea when they told me I would have to follow a rigidly controlled calorie-counting diet for the rest of my life. If I could do that I wouldn't need an operation; and if I *can't* do it now, why would I expect to be able to do it then? John Adams once signed a letter “JA now in the 89 year of his age still too fat to last much longer.” I'm not certain I will make 88 or even 78 if I keep going this way – even 68 is not a sure bet. Dying in my 60s would be a serious inconvenience.⁷

Some years ago I twisted my back the wrong way and got severe pain in my left arm caused by pressure on a nerve (funnybone problems as well as just pain). Eventually it went away, but it left a permanent slight tremor in my left hand. I get sudden cramps and spasms in my left hand and arm – homeopathic ruta is good for that. I am beginning to have mysterious chronic pains in my fingers also – not carpal tunnel, not arthritis. We'll see how bad that gets.

My knees are giving way – intermittent problems with the tendons and meniscus and other equipment there. I walk slowly and sideways down stairs; going up stairs can cause problems. I always head for the elevator in public buildings, and have plans for a lift in my house should the need arise. Also occasional incapacitating prepatellar bursitis, caused by lenses of fluid on the kneecaps, which suddenly, overnight, can make it almost impossible to walk. Also gout, for which I take Allopurinol prophylactically, and Colchicine instead of Indomethacin when I have a flare-up in some joint or other in my feet and hands.

⁷

St. Thomas Aquinas was so fat they had to cut an arc out of the refectory table so he could get close enough to it to eat. He died at 49, but I'll be 66 next month if the creek don't rise, so I'm ahead of the game!

- In gout uric acid crystallizes in the joints, typically the joints of the foot – it often begins in the joint at the base of the big toe. Under a microscope these crystals look like sea urchins – a small core with lots of sharp spikes. The effect of the sharp spikes on the tender linings of the joints is quite unpleasant. There is also swelling. I was in Switzerland when I first experienced this in 2000, and at first I thought I had injured my foot somehow. By the second day I thought I had broken a bone. Then I realized what was happening. Within a few days I could barely walk – if it had been in both feet I could not have walked at all. I kept the pain down by taking Ibuprophen and Hydrocodone, which is all I had, but my mobility was shot – I had to have a wheelchair to get through the airports. The wheelchair part was kind of fun, but the rest of the experience was not. I had heard that gout was caused by rich foods, high in uric acid, such as I had been eating in France, duck livers and so on, but Dr. Kaiser said this was not so.

Feet: I went through a period of persistent Achilles tendon problems in my right foot, which can cause a painful limp when acting up. That has gone away for now. Knee problems affect my gait, which messes up the alignment of my legs, which affects my back. Morton's Foot affects my back also.⁸ The beginning of diabetic problems in my toes may be just perceptible. Edema in my lower legs and feet. Ingrown toenails sometimes, which a podiatrist has to fix because any infection in the feet is dangerous for diabetics.

And there are a few other problems I have not listed here. All in all: pretty rickety. Indeed, it is proof of an extremely strong constitution that I am not only functioning well with all these problems, but feel pretty good most of the time.

Except for getting no exercise, surprisingly enough I actually live pretty cleanly – no recreational drugs, no alcohol to speak of, no tobacco, no coffee (it antidotes homeopathic remedies), regular sleep in adequate although intermittent amounts, and very low stress compared to the general population. My metabolism out of whack but I eat moderately, although heavier on meat than is probably good for me because carbohydrates are restricted due to diabetes and I have to eat *something*. But exercise? As I said: forget about it. I am beyond the point of no return – too fat and feeble for it. That is a load off my mind – I not longer have to feel guilty for not doing it. Exhortation would be futile as well as tedious – I yam what I yam.⁹

⁸ Morton's foot – the second metatarsal bone is longer than the first. This causes nail problems and can sometimes distort gait.

⁹ As Popeye the Sailor Man used to say, quoting God (Exodus 3:14).

I take a bewildering variety of prescription drugs for these complaints. The list shifts from time to time, and it is significantly reduced from the amount I was taking before the 2005 hospital incident, but at the moment in 2009 I take Atenolol, Norvasc, Terazosin, and Clonidine for blood pressure, Hydrochlorothiazide as a diuretic, Lisinopril for kidneys, Glyburide and two kinds of Insulin for diabetes, Lipitor for cholesterol, Allopurinol for Gout, Plavix and aspirin against blood clots, and a prescription potassium supplement, all on a daily basis. I know that that much powerful allopathic medicine cannot be good for me, and I keep trying to pare the list, but it keeps creeping up again.

I also use Acetaminophen for chronic back pain, Clonazepam for very occasional anxiety, and Clonazepam and Temazepam as sleeping pills, although less often now than when I was smoking grass – grass so stimulated me that it was hard to sleep afterwards. I use sleeping pills liberally when traveling over multiple time zones, and to sleep on airplanes – liberally but not casually or routinely. It takes me a long time to adjust both after arrival and after return, and without sleeping pills I would be in an awful fix.

When traveling to primitive climes I take Lariam against malaria, Havrix to boost the immune system, inoculations against typhoid and polio, antibiotics as needed, and whatever else seems indicated.

In the mid-1990s Christopher became active as a homeopath.. Homeopathy is not an Eastern medical tradition, but was founded on earlier-developed principles by the German physician Samuel Hahnemann (1755-1843) (right). Christopher took elaborate training and in 1998 graduated with a Certificate in Classical Homeopathy. Much more on this appears in his Papers.



Homeopathy has two kinds of remedies – acute and constitutional. Acute remedies are for particular problems – for example arnica for pain and trauma. Constitutional remedies are for the whole person. Christopher diagnosed me as a sulfur – in homeopathy the name of a remedy is used as a diagnosis – and I started using it in various potencies. It did me a world of good.

I also use, as needed: arnica for pain and trauma; tellurium for back pain; rhus tox for muscle spasms; ruta for muscle strains; drosera and sulfur for coughs; and a number of other acute remedies – I always travel with a supply in different potencies. Gelsinium works well for ailments just before a trip. I grew interested in the technique and have learned a lot from Christopher about how it works. I am also taking natrum sulfuricum (different from elemental sulfur) for diabetes, and acidum phosphoricum to supplant sulfur. As noted coffee (not caffeine) antidotes homeopathic remedies, so I no longer drink it, although I'd like to -- I drink other kinds of caffeine drinks when I need a jolt.

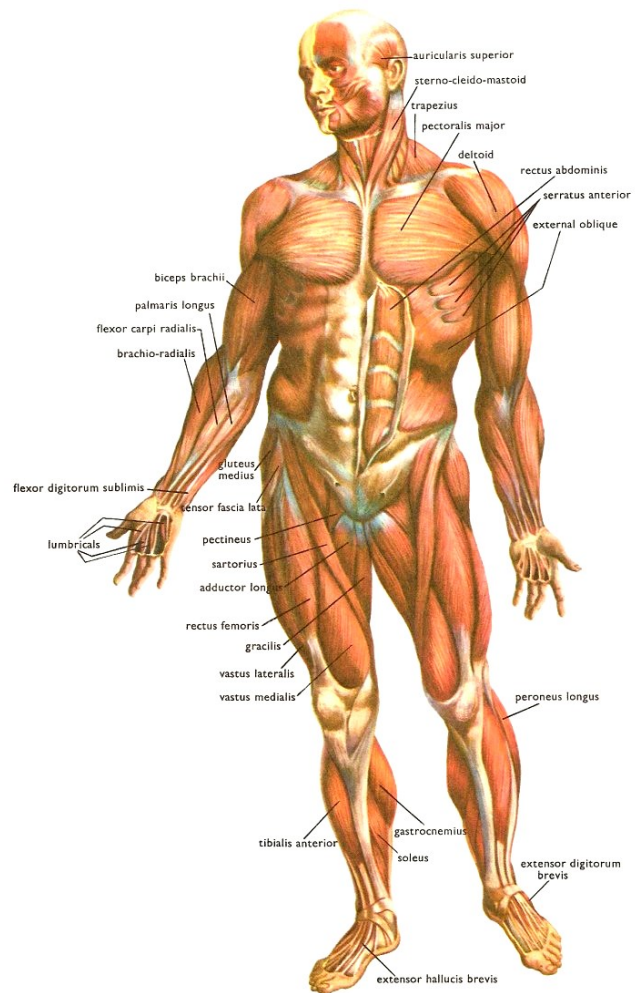
I first used acupuncture back in the early 1990s, for stress. I bought my house from an elderly Chinese acupuncturist who was retiring, and he recommended his pupil, a Jewish woman named Evelyn Robert, who had an office in the Sunset. I went to her every week or so, and got so relaxed I would go into a deep sleep on her table. But it was expensive, and not covered by insurance in those days, and I discontinued it. Later I found an old-style practitioner, very *echt* Chinese with cuff protectors. He didn't speak English but his daughter did. He moved into a storefront at 46th and Taraval, across the street from my local bus stop. I went to him for various aches and pains like sciatica and knee problems, and found him very effective and reasonably priced. Like homeopathy, acupuncture works really well, sometimes. Unfortunately he moved away.

From recent e-mails.

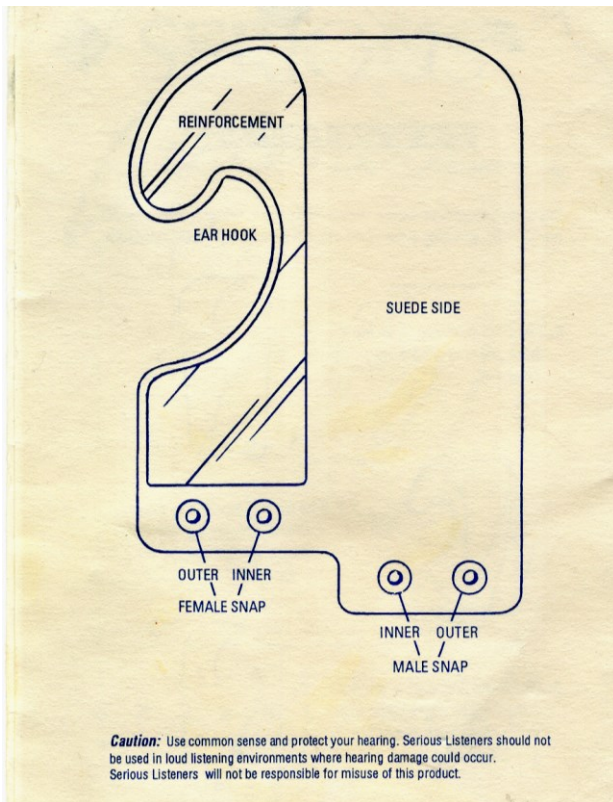
- So far it has been a very quiet and uneventful slide into the geriatric section of life. First it was someone giving me a seat on the bus. Then it was senior discounts. Now: Social Security! Retirement! Medicare! My beard is turning white! I am digging it.
- Yes, like you I find these bodily failures to be kind of shocking, first because we grew accustomed for long decades to having our bodies do pretty much what we wanted without our having to think about it, like an automatic transmission. And second, of course, because it shows which side of the hill we are on and in which direction we are traveling. But it doesn't do to worry about it, beyond doing our best to keep going. I have asked Lord Ganesha to protect me from pain and panic in my final downhill slide – I think avoiding panic is almost as important as avoiding pain. This is a limited trip, we always knew it was, and as the presentation of the bill draws nearer we have to remember that it's nothing personal. Here's where Kali-worship comes in, as it offers a view of decay and death not based in fear. On the other hand, as Richard Pryor put it in one of his late performances, I'm not dead yet! Although come to think of it, he is.

Summation: Still strong but failing slowly and inexorably. So far my physical problems have not impacted my everyday life much, except I cannot walk long distances anymore, or increasingly even short ones, without resting frequently (a visit to a museum counts as a long walk). I am not in significant pain and rarely think about these issues. That cannot last forever, but I'm enjoying life while I can. I am wolfing down my golden years – glad to have retired while I still had some life left in me. I am trying to seize the day, because sure as anything the day will soon seize me.

Tailpiece: from
David Darling's
*Internet Encyclopedia
of Science*



Document 34-1: Serious Listeners



SERIOUS *Listeners*

FITTING

Your Serious Listeners should fit as shown in the drawing. It is easier to slip the device on from the front of the ear rather than from behind. It might be a good idea to use a mirror the first few times.



REVERSABILITY

Serious Listeners are reversible, with each side of the leather having its own acoustic properties. The smooth, finished side has more acoustic gain in the mid-high frequencies than the suede side. Follow these instructions and the smooth side of the leather will form the inside portion of the acoustic scoop:

1. Fold the Serious Listener along the edge of the reinforcement, making sure that the reinforcement is on the outside.
2. Now fold the tab upwardly and engage the snaps.

