

# Dialogue with Brugh Joy

## Part 6 of 21

Franklin Merrell-Wolff  
September 8, 1978

Franklin: I had an impression last night.

Brugh: Good, let me just get this set up, and then we'll be all set Dr. Wolff. So did I, so it'll be interesting to see if we came up with the same idea. What was your impression?

Franklin: The impression was that I was involved in death choking—I don't know whether that's the correct word. I got up and had a lot of mucus in the mouth, and I did manage to clean it out. I had brought a waste paper basket, [which] I had set out for such an emergency. And I was able to get rid of it, and it didn't recur. But I had the impression that I was going into—oh, what is it—you don't call it death choking, it's something else.

Brugh: Agonal breathing, or that portion just before . . .

Franklin: Yes, just before dying.

Brugh: It's usually called "agonal."

Franklin: Agonal, I didn't know the technical term.

Brugh: Agonal, [it's called] a death rattle.

Franklin: Oh, death rattle, yes, 'rattle' was the word.

Brugh: It's called the death rattle. Well my impression of last [night's deliberations is twofold]: [First,] that we were merely clarifying the insights into exactly what is going on with you at this point in time. Where are we? What are the factors and forces in your psyche, trying to look at as many of them as possible because is not just a simple straightforward one-factored equation. There are many factors in this equation, and [there are] many forces that are operating within you at the present time.

Franklin: Yes.

Brugh: I knew that you had gone into the hospital back on August 26 [and] that the chances were very high that you would go in at this time. Which was fine, you were completing your work and you are making your decisions and everything was being cleared [up]. But there remained the question of whether there was any confusion in your consciousness that should be cleared one way or another. You had shared your *ananda* experience with me, in which you received the clarity and lack of concern about your condition. That, to me, is the balance point that the *Tibetan Book of the Dead* continually discusses, stating that the luminosity from that space where it's perfectly balanced—where one [can avoid gravitating to one side] or the other—and it gives you [a certain authority] and clarity. The minute we step into absorption with the monad, then we forget this particular area and we forget many aspects of the personality. If we step too far into the personality or into this realm, we lose track of the higher realm.

Somehow the whole *Tibetan Book of the Dead* is a basic teaching of that equilibrium point, constantly reminding the person [that] no matter how far advanced they are, that there are

always various projections within one's consciousness, and if you're living out a projection and you consider it as real or treat it as real, that will undermine the equilibrium.

Therefore one must know what one's projections are and realize them as projections so that one no longer senses them as real or non-real, but simply lets them be and continues on in the equilibrium point undisturbed by it. As I sensed after our work last night, we were looking at the various forces within your consciousness that were creating this tension within you—the forces that represented vector forces towards death and vector forces towards life. Then having a look at those towards life and determining whether they really have meaning for you, or whether we're just dealing with the fear of death and the fear of letting go of the breath. [Our aim is to discover whether continued life has meaning and substance for] you [or if] it is just out of fear that you are sustaining your physical form.

We already know that there are people surrounding you that there are [intent on] sustaining your physical form. That can be taken care [by] helping them to understand how not to sustain you, but to allow you to do whatever is necessary. If you're to be here, you're to be here, but they mustn't hold you here. Just as you knew with Gertrude how to release Gertrude, and [let] Gertrude's deeper essence, or what I call the "deeper conscious," decide and make a decision.

Franklin: Yes, of course, that's where the decision should be, by all means.

Brugh: After our work yesterday, I realized that all the *Tibetan Book of the Dead* does is to portray a continual progress—stage after stage [we are given the opportunity to choose the equilibrium point.] And it states that at the moment of death one has the greatest possibility of remaining within the luminosity or within the equilibrium.

Franklin: Yes, that is the taking of the Clear Light as it's stated in Evans-Wentz.

Brugh: Exactly. It seems that if one fails this opportunity to apprehend the luminosity then every moment that passes finds the consciousness becoming more and more confused until, at a certain point one passes into the next lower realm or bardo, but there still remains an opportunity for liberation back in the Clear Light. However, the confused consciousness now may be pulled into certain bliss states or even into some sort of sentient state where it has to be reminded once again to return to the equilibrium that it missed.

Franklin: That is the *Sambhoga-Kaya*.

Brugh: Exactly. Then if [one] fails that particular test because of confusion [one] falls into the approach towards the rebirth channel.

Franklin: There is a *Nirmana-Kaya* stage [also] mentioned in the Evans-Wentz book.

Brugh: [It is also mentioned] in this [version.] [The *Nirmanakaya* stage] has to do with karma, and the remembering of positive and negative aspects of *Sangsara*, or the *Sangsaric* state.

Regardless of the state or the bardo position in which one is involved, the emphasis or the essential aspect is always an effort to move the individual back towards remembrance of the Clear Light or luminosity. This is analogous to the equilibrium of which we have been speaking. It is also the state of being able to own one's projections while clearly understanding the mechanism of consciousness that creates reality. Otherwise one can get trapped into believing that the experiences of the bardo are real. This can happen over and over again all the way down to the womb to prepare for rebirth.

In our discussion I sensed that you felt your task was to maintain the Clear Light in your conscious awareness, not allowing yourself to be absorbed into it because in so doing one may get lost or trapped, unable to find his way out. The objective is to hold yourself at a level of consciousness that would prevent falling down to the womb, on one hand, or being absorbed into universal oneness on the other. Thusly the two are bridged and I believe this was your desire. My teacher once called this position “the teaching staff” or “the staff on high” that stresses clarity in being able to work inter-dimensionally from the realm of the Clear Light with this phenomenal world and thus bridging the two.

Franklin: Yes, to bridge the two, that’s right. So [the objective is not to abandon oneself into the Clear Light] and irretrievably depart from the world of effects and phenomena, or the world of suffering creatures. One should not depart from that, but to have, as it were, one foot in the inner world—deep within—and one foot [in the phenomenal world.]

Brugh: And that razor’s edge seems to me is that perfect balance point, or the fulcrum point, between the manifest and non-manifest. And [on] the razor’s edge, if you just move just slightly, ever so subtly towards one side or the other, the forces accumulate towards [disequilibrium]. So it’s finding whether there is that sense of balance within your own consciousness now, so that when the time comes for [maintaining] that balance point at some point, say, in the death process, it’s not unfamiliar—it’s something that you’ve already attained, therefore all you’re doing is maintaining that which you already know and have experienced while incarnate. Albeit while incarnate, we have far more vector forces on the manifest side.

I was looking at some of the emotional levels, and some of the poles that hold you towards the manifested side. One, of course, is the deep level of the *sangsaric* [tie] with Gertrude. Then there’s the divine level with Gertrude, one that’s beyond all levels of pain, suffering and attachment at the personal level, but recognizes the divine and the eternal aspect. The aspect in your memory and in your consciousness that would hold you at a certain level would be the personality memory pattern, not the deeper memory pattern.

Franklin: Yes, of course.

Brugh: Most people I’ve ever worked with have a sense of futility in their life as if they hadn’t really accomplished or really partaken or experienced the [physical] plane.

Franklin: I don’t feel that.

Brugh: Right. So I don’t feel that there’s anything within that level of attachment that would [bring] you towards a reincarnational cycle again. I feel that in your deepest sense you do sense a completion.

Franklin: Yes, I think I do feel that way, yes.

Brugh: I also fail to see any evidence of a relationship or involvement with any deity or deification issue that would entice and thus distract you from acceptance of the Clear Light. You have predominantly been involved with abstract thought which has provided freedom from that level of attachment. Neither is there any sign of egoic inflation that would be causing any declarification of consciousness.

Franklin: No, I don’t think so either. The transcendental component is something of which I am conscious—something where [Gertrude and I], as it were, communicated between

each other. But you could, of course, equally view [the transcendental component] as the higher aspect of myself.

Brugh: Exactly. But the fear of death, which does exist within you, is an area perhaps that we can dissect out and look at.

Franklin: Yes, well now, is there ever anyone who doesn't have some nervousness, some question marks, some uncertainties, since they've never in this life experienced death before? It's a new kind of experience.

Brugh: Well [allow me to give you] my experience in working with many, many dying people. No matter whether it has taken them years to die or whether it's been a matter of hours, the range of emotions varies widely from individual to individual. I've experienced the whole gamut. I've experienced the person who is enraged and angry all the way to the point of death, and frightened and fearful, and died with the agony of pain. Then I have seen those who know how to take in a breath and release it, and rest into it because they truly are de-identified with the physical form; the physical form has been so painful to them—these are people who have lived with a great deal of physical pain, not just psychological pain, to where they have already learned to de-identify with their physical form, and when the moment comes, it's merely an inhalation/exhalation, and the passing occurs that simply and there is no fear. In fact, what is most painful and anxiety-producing is to be forced to remain in the life-cycle of pain. These, then, find the moment of death a release. There are also those who are able to take and utilize the pain of their disease to assist in the de-identification. In a way, this is an act of rejecting the physical form.

We can also look at it also from another level, and that is a pathway of removing the consciousness far enough from the physical form to allow the transition to take place, for the vital force and the fusion of consciousness with physical vehicle is very strong. I think that this is the level where your work lies because you have a very strong identification with the physical vehicle as reflected through the eyes, and so on. I still feel that the dimming of your vision, and this is not to negate [your decision] to have your eyes corrected, but the process of having clear vision continues this identification process and [does not allow you] to see with the other four kinds of vision. In other words, there's not just the outer physical vision that one is involved with, and this has been very painful for you because of your deep identification with sight—vision, seeing, visionary—all of these words come to mind as representations of your beingness in this lifetime.

The eye [is connected] with one of the largest areas in the brain and dominates a huge portion of the cortex, a very highly developed area of the physical brain. But still we must, I feel, have a look at other potentials and other possibilities; we must not stay so identified within the physical vehicle despite the fact that [its way of seeing] may be our only experience; rather, we should continue to press forward to see if there is an opportunity to tap the other [means of vision]. And this will help you in your transition, I think, [as it] will become a very clear awareness of the step-by-step procedure; but, I don't think you're going to be able to see . . .<sup>1</sup>

So it's this grasping or attachment or deep desire for physical sight that I think that must be looked at because it's not in balance with liberation. It is one of the strings that holds you more in the physical rather than finding that balance point between the two [*Sangara* and the

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<sup>1</sup> The tape ran out at this point.

Clear Light]. [So, we need to find that point] where physical vision is not a concern to you; if you have it fine, if you don't, that's okay too. But we're not balanced at that point.

Franklin: I get your point.

Brugh: Of all of the points that I see within you, this is one that we need to look at it.

Franklin: Yes, it does seem to bear upon memory—that is, the absence of vision goes along with uncertainty in the memory. It is as though the vision brings up keys that lead to recall. Yes, it is a hardship.

Brugh: Are there other possibilities? I know you've concluded that out of your experience, but they could be two independent processes. As we know, as one gets older you lose your ability to remember recent events. I've often thought that this frightens people, and particularly a person who has had such command and mastery over memory and thought processes, as you [have] shared with other people, and could pull at will many, many things. You were sharing your admiration for the man who could quote page number, footnote, and so on; this is a signal to my consciousness that there is some attachment to that level of consciousness. But to clarify what I'm saying, the loss of recent memory may be part of a positive process that helps us to release such commitment to the physical world. In other words, it's a process that allows us the loosening of our hold on the physical world in preparation for a change. For as long as memory [is] too strong and your recall is too great, [then letting go of attachment to the physical is very difficult]—after all, memory is always past tense, and it always precludes what is happening in a moment. Therefore, perhaps the more distant memory that can be seen very clearly as we get older is more important than the recent memory, which has less and less import. It is as if we begin to be taught by some other mechanism of consciousness that there are general things to keep in mind but the specific day-to-day things aren't as important.

Franklin: I know what you mean.

Brugh: Now [this] doesn't always happen—you were a man who carried his recent function of memory all the way up into your eighties and into your nineties. You really [didn't] start to have trouble with recent memory until after your eighty-fifth birthday.

Franklin: Yes.

Brugh: But the many people I know right now who are undergoing a preparation for death that are much younger than you; this process begins, say in the sixties, where they begin to lose the recent memory. Rudolf Steiner, as I was sharing with you last night, stated that as one is preparing for a transition or transformation, the recent memory is held in check, and then one is given a deeper memory pattern. It seems to me that in your case it's been slow-motion, but whether it is gradual or sudden, sooner or later one starts to remember beyond the veil of the birth, one starts to remember one's more essential beingness, one's greater pattern, one's vaster beingness, which is precluded by recent memory, because recent memory constantly keeps us involved with the external plane.

So now the question that I have is: Are these two separate phenomena, the visual loss and [memory issues], or are they cause and effect? The two may be functioning along parallel lines as a positive function of transition or transformation, and not necessarily correlated or interconnected as you have concluded. They may be [connected]; I'm only raising the question that they may be parallel phenomenon rather than cause-and-effect.

Franklin: I get your point.

Brugh: But both phenomena I see as positive functions of helping us to loosen our hold on one level of reality in preparation for another. And therefore [as vision fails in this plane], it's disturbed and frustrated, but out of that tension is the potential energy to begin to see beyond this, to begin to see things that one couldn't see before because it was fixed on the outer reality. Therefore your visionary eye, the eye that begins to sense a more cosmic level of vision—the wisdom eye—begins to become manifest. You sensed that evolution has brought us to an early stage in the matter of androgyny and, I think, this is also true of the cosmic type of vision and that the functioning of the eye—the wisdom eye is beginning to manifest.

Franklin: Yes. Yes, I can see your point there. [You are talking about] “Vision” in the philosophic sense.

Brugh: Yes. Also, as I was sharing last night, there are numerous examples in living people where the outer eye is structurally damaged, yet the individual sees clearly the physical world.

Franklin: Yes, “direct action of the sense mind,” as Sri Aurobindo calls it. Now you see, beside the direct action of the sense mind, there's the direct action of the pure reason or buddhi. Now all clairvoyance belongs to the order of the direct action of the sense mind; this is discussed in his chapters called “The Method of the Vedanta” in *The Life Divine*. But there's also a corresponding power, the direct action of the pure reason. Now whether an individual frequently acquires both or not, I don't know. I'm inclined to the view that he either develops one or the other, and it'd be rarely that he would develop both. My development was in terms of the direct action of the pure reason and not of the direct action of the sense mind. In talking to Senior once, he was impressed with the fact that I would often make a statement philosophic in form that was true, but he didn't know how in the world I got it. He finally said you have a kind of clairvoyance, it's a mental clairvoyance. And it fits in with this direct action of the pure reason of Aurobindo.

Now that I do have. Now, there's some reason to believe that if you have the one or the other, it puts a resistance or difficulty for gaining the counterpart. If you were developed in terms of the direct action of the sense mind, you would not be inclined to develop in terms of pure reason, and vice versa.

Brugh: Yet we know that in the overview, we are [capable of] both.

Franklin: Yes, I wouldn't say [it's] impossible.

Brugh: And if I sense correctly, Dr. [Wolff], my statement to you would be that you have worked on both. Yes, you may have focused in this lifetime and in other major lifetimes predominantly [on] the pure reason, but you have also been involved with the sense mind. Therefore both are available to you; your particular hold this lifetime and [your] inclination, as you say, is more towards the reason; but what I called direct knowledge [is] your calling. I think you called a direct action of mind, where you would make a statement and nobody could tell how you got it, nor could you, but you had it and it was correct. That I called direct knowledge—you bypass all informational systems and you draw directly from the universal pool.

Franklin: Yes.

Brugh: I'm putting this out now as a potential, a hypothesis: the same thing apparently holds true in the action of the sense mind, [in which] the sense mind also draws from a similar direct area, bypassing the mechanism of the physical form. That just as you heighten into your mind level to draw forth direct knowledge, the sense area of consciousness may be heightened beyond the physical form and draw forth direct "Seeing" rather than the seeing that we use [in the physical plane], which is highly filtered and indirect. Our reports are that the essence of being sees without the physical vehicle; therefore perhaps both are potentially possible and that in our development and in our movement towards that level of clarity and balance, we open to the potential of both, neither grasping after one and rejecting the other but at the same time allowing the potentials to be whatever they are.

Franklin: Yes, [we allow for] them, of course. [But it would be] more difficult to have both than to have one or the other. The same thing exists in the field of physics; you have the empiric physicist and the theoretical physicist, and not usually one who is qualified in both areas. And there are more frequently found empiric physicists than theoretical ones; theoretical ones seem to come much less frequently. When they do, they tend to stand out, like both Newton and Einstein. I was talking to Mael [Melvin] on this very point once: he said "That is so. There were many fewer qualified theoretical physicists than there are qualified experimental or empirical physicists."

Brugh: I think perhaps an answer to that is that we train the empirical or experimental physicist whereas the other is not trained, we have no way of training the theoretical physicist—it is something innate within that person . . .

Franklin: Yes, that may be.

Brugh: . . . that bursts forth. It's like how do I teach the art of medicine to another human being? I can teach them the skills, I can teach them all of the aspects of experimentation and scientific method, but how can I teach them the level and art of medicine beyond that. This is what makes the difference between, I feel, the chela and the master. And the chela doesn't move beyond that level until somehow not only are the skills mastered but then they begin to see [using] another perception beyond all skill, beyond the structure—the same source from which the teacher draws the information.

[New tape reel]

Brugh: Did you lose your desire for cigarettes?

Franklin: Apparently, yes. Of late, I haven't found them satisfactory. Also, the same applies to meat—and that's weird, both are weird.

Brugh: Well if I look at it from one level, cigarettes and meat tend to ground one into certain levels; when I eat meat it's because I need to pay attention to a certain level of reality and not be fuzzy or hazy, or off into some other space. And the same thing with smoking—I used it as a way to keep myself from getting too "airy fairy," as I used to call it. And your loss of desire for meat and cigarettes, both which would be grounding you into the physical body, is potentially a possible loosening again of the hold on to the physical form; and [while you are] still having sustenance to be able to allow the physical form its maintenance, [you are] not holding it at a certain grounded level.

Franklin: For instance, this morning I had oatmeal with milk. Well, milk of course is animal-based food. And I ate what for me at present is a fair amount. No, that is strange.

Brugh: Well I think there's less also as far as the smoking because even though you don't inhale, there was, through the mucous membranes of the mouth, a great deal of nicotine absorbed and other components—the carbon monoxide and so on.

Franklin: Well, I also use a filter.

Brugh: Well, there's some absorbed into the body and you yourself stated last night that it doesn't take very much of anything, any physical or chemical agent, [to cause a bodily reaction]. So, [despite] the filtering process and the fact that you don't inhale, still there was some [chemical agents] getting into your system and that acted in a way on you. That your sensitivity is so great that you didn't require very much, but that [your desire for smoking] has left you for the time being is, I think, of interest

Franklin: Yes, I think it means something.

Brugh: I've often felt as you did, when you were sharing with me your feelings on vegetarian diets and things like that, that [if] you put fine food into an undeveloped or crummy mind, you're going to have it turn into crummy ideas. In other words, the body follows the consciousness level and not the opposite; [so, if] you put in junk food into a master component or vibration that is very highly refined, it turns it into a highly refined state. And we have plenty of examples of yogis being able to take in all sorts of matter and not having it influence them in the slightest because they can transmute anything into their own state of beingness or presence; whereas the aspirant may have to go through various levels and at a certain point has to go into vegetarianism to lighten for a period of time. But then one passes beyond that and very often you see teacher after teacher unconcerned about whether one is eating a vegetarian [diet]; [the teacher simply] is not involved with that level anymore—it is as if anything can be eaten by the teacher for it's of no concern any further.

Franklin: Even ground glass.

Brugh: Even ground glass. So this is what's so hard to get across to people who get caught in their vegetarian idealism, thinking that the vegetarianism is the thing that's changing them into a higher form, not recognizing [that it is] their own consciousness [that] is in preparation, and that all the food is a sort of externalization of that process.

Franklin: In this case, it's not dogma at all. I just simply find that I have kind of turned against meat. I don't know that it will stay. However, I have asked for oyster stew, and have been served clam chowder. Those are fishes; they don't seem to be obnoxious at all. But the higher form of meat like beef does seem to be a bit obnoxious to me at present, and that's not been my norm throughout life.

Brugh: Is the nausea gradually subsiding?

Franklin: Yes, it is.

Brugh: When Lillian called me [about this] I had the feeling that the nausea was related to the digitalis medication for your heart.

Franklin: Now the last couple of days I've had them suspend the medicine program, feeling that it may have been responsible. And I seem not to have that reaction against food right



at the present moment after a couple of days of suspension of the program. Now I don't know what to do, whether to suspend it indefinitely, for now the beating seems to be . . .

Brugh: Very regular.

Franklin: Yes.

Brugh: It's steady and slow, and not at all rushed; the pressure is good. So the heart, the cardiac function is of good quality at the present time. It takes many days for digitalis to be eliminated from the body, the medication you are taking.

Franklin: I see.

Brugh: And as we discussed also last night, even if there is a correlation between how you felt and your loss of appetite, there are other actions that are ongoing simultaneously. Why, for example, were you placed in a circumstance of having the medication doubled rather than reduced? In your case, this could only compound your situation. We aren't innocent victims—as if the doctor is at fault and we aren't—something is in relationship here and [perhaps] it was simply manifesting a deeper underlying or more subconscious level of the death wish, that it was merely utilizing the avenue of excessive medication as a pathway through, subconsciously.

Franklin: Oh, I see.

Brugh: Not consciously, but subconsciously. I've often been amazed at how people who have subconscious desires to die route themselves to incompetent physicians. And I'm not saying that he is necessarily incompetent, but he's not paying attention to your sensitivity or to your age.

Franklin: No.

Brugh: For we have nothing in orthodox medicine that knows what the correct dosage for a ninety-one-year-old is.

Franklin: No, I see.

Brugh: We only know what it should be for a thirty, forty, fifty, and sixty year-old, but we have no information—absolutely none—[for someone your age]; it's all empiric and it's guesswork.

Franklin: My impression is [that it should be] light medication.

Brugh: Very light and I think you could start with a quarter of the dosage that you're utilizing. We are going to have a tape change here.

Jim: How about the potassium that he is getting? That could very well irritate the digestion.

Brugh: The potassium is, let me just pick up here. Is the potassium in liquid form or pill form?

Franklin: Liquid.

Jim: It's a powdered package that goes into liquid.

Brugh: Right, and then it sort of effervesces. It doesn't effervesce? Well, anyway.

Jim: It's fruit-flavored potassium chloride.

Brugh: Well, if you get too low [a dosage], because you were given some water pills, things to make you urinate, what we call diuresis, of the medications that you have Dr. Wolff—they're right there. Jim, do want to pull those over and discuss them with him, so he can make a clear decision about the medication? The nausea is going to subside and I don't think there's going to be any problem with that. This digoxin that you are taking right here, of .25 mg, and he has you taking one tablet twice a day, is way too much for you.

Franklin: Ed, would you take this up, would you watch this?

Ed: Jimmy, I'm listening.

Brugh: Well, it'll be on your tape also Dr. Wolff. The Lasix, which is the tablet that he has you take one tablet twice daily, makes you urinate and gets the extra fluid out of your system. The only problem is that it takes potassium, enormous amounts of potassium out of your body and I would recommend on the Lasix, which is the diuretic, that—do you have a scale here?

Franklin: Yes.

Brugh: That you weigh yourself at the same time each morning with the same amount of clothing on, say some underwear or something like that, and let somebody read what the scale says. And you only take this medication if you gain two pounds in a forty-eight-hour period. OK?

Franklin: Yes.

Brugh: That tells you that you have gained almost a quart or more of fluid, more than a liter of fluid. Therefore it would be time to take this medication, but not to take it constantly as recommended here. OK?

Franklin: Um, hmm.

Brugh: This way you can titrate the dosage that you need rather than just taking it in some sort of repetitive pattern that really makes no real physiological sense for you. So, you must keep careful track of your weight, you must weigh at the same time with the same piece of clothing on each morning in order to judge whether or not you're picking up extra weight. The extra weight will most likely be water if it jumps two pounds within a period of twenty-four to four-eight hours; if you should notice a two-pound jump in twenty-four hours, you know it's fluid. You see what I mean?

Franklin: Sure.

Brugh: And then the best time to take the Lasix is in the afternoon—it works much better then than it does in the morning. So that you should take about four o'clock and then it will release the fluid. The Lasix is the water pill.

Franklin: I see.

Brugh: And you only take that if you gain a couple of pounds with twenty-for or forty-eight hours.

Franklin: I see, [if I gain it] too fast.

Brugh: Right. That tells you that you're taking in too much; you're accumulating water and salt. Now if you take a lot of the Lasix you must take the potassium, otherwise what happens

is that low potassium makes the digitalis, the heart medication, give you the side effects of nausea and some very serious problems can occur. That's why they're giving you the potassium supplement. But if you don't have to take a lot of the water pill, and you're taking in more and more quantities of food with potassium—and the foods that have potassium are things like bananas, orange juice, tomato juice, things like that that have natural sources of potassium—then you won't have to take the Klor, which is the potassium chloride supplement.

Franklin: Oh, good, I abominate that stuff.

Brugh: But you must eat, you know, at least two bananas a day, if you are going to use bananas, or else have a good glass of orange juice. So, you can do it that way.

Franklin: One banana and half a glass.

Brugh: Yes, of orange juice, but that should be on a daily basis and it would be a good source of nutrient for you, and it's also vegetarian until perhaps the return of desire for meat comes back. It may not come back, but if it does, I would think that it signals that you are past the toxic effects of the medication. Once again I still feel that we can't just look at and blame the medication; we must understand that there is an interrelationship here between your psyche and the toxic effects and your experience. We can look at the medication and say it's all due to the medication—but I think that's a superficial approach. We have to see that yes, the medication is the culprit, but that there is a deeper reason for why you're experiencing these things other than just a mistake by a physician.

Franklin: Well, if there does not develop this sudden increase of weight.

Brugh: Then do not take the water pill, which is called Lasix; continue having your banana and your orange juice because that will be good sustenance for you. It won't hurt to take extra amounts because your kidneys will get rid of the extra potassium. But if you start to gain weight suddenly, you must take the Lasix because you will have shortness of breath because of fluid accumulation, and the heart will start to fail.

Franklin: Now I'm way down in weight at present.

Brugh: Yes and you will gradually pick up if indeed this is a process of merely a toxic reaction to medication, and not just compounded with depression and a few other things. If there is a deeper aspect going on here, then your desire for meat probably won't return, you will probably eat minimally, you will be preparing and sense at a deeper level that there's something deeper going on than just the physical and that will be made known to you. When we talked last night, I said that I thought this was much deeper than just medication, and I still feel that. The question is, is this merely the experience that precipitated our gathering, and our looking, and our probing and our thinking about this, which then turns it into a positive experience rather than just some funny inexplicable experience of life that seems to be a mistake.

Franklin: Now, do you think I should continue with this non-medication?

Brugh: I think that the heart pill has been given to you because when you tend to pick up weight and your heart starts to fail you, you get into a shortness of breath syndrome because of accumulation of liquid in the lung area and the heart doesn't pump correctly.

Franklin: I am way down in weight now.

Brugh: Right, but the weight and the water weight are two different things. You can still be down in physical weight as far as tissue weight and still be up in water weight, you see what I mean. And water weight is what gets you into trouble. Now, this does not mean you restrict your fluids, it means that you be a little circumspect about how much salt you take in; now I'm not saying stop the salt, I'm saying don't use quite as much as you ordinarily use. Watch it carefully because if you take in too much salt along with water you will gain more than two pounds in twenty-four hours and you will know that you are starting to get into trouble with fluid weight not body weight. As you gradually pick up say a quarter pound a day and so on and over a week's time you gain a couple of pounds back that's probably tissue weight, the good weight, as long as your breathing feels good and you don't feel short of breath. That episode last night of your breathing I still feel is dealing with what we were looking at, which is the fear of letting go of the breath, which I think is something we'll look at a little more deeply after we finish this discussion on medication.

Now the most important medication that you're taking is the heart pill, which is called digoxin. It's too much for you at the dosage that's prescribed, and I would not start it until all sense of nausea has left you, so there's not even a twinge of loss of appetite because the first sign of toxicity of this medication is loss of appetite.

Franklin: Yes, I have loss of appetite, very decidedly.

Brugh: If the appetite begins to return, then we know that the medication was the sole culprit in the loss of appetite. If your appetite stays low then I would say that it's also tied into a depression and preparation of the physical vehicle for termination, which is the other possible factor. And they made both be operating simultaneously in you.

Franklin: Surely.

Brugh: Now I would take one of these 0.25 mg tablets and once you are completely free of all nausea and your appetite seems to be improving, then I would cut these tablets, no matter how hard it may be, into quarters; and you start with just a quarter of a tablet in the morning.

Franklin: Now he's the one who's handling it.

Brugh: Right. And it shouldn't be too hard, Jim, they're scored for halves, and he is so sensitive to medication that I would start with a quarter. And then if he starts to get into a lot of weight gain, and his pulse becomes fast and so on, he needs more of the medication. And I would certainly keep in touch with Dr. Christianson, so that you have some backup. But he's just too sensitive to this medication, all of it.

Ed: So we watch his pulse?

Franklin: See I was brought up from infancy on homeopathy, and whenever I was where a homeopathic doctor was available, I went to him in fact. And in point of fact, I've had very limited medication throughout life.

Brugh: Yes, that's true. Well this medication, [and other] allopathic medication and remedies, as you know, are always very, very powerful—they don't have the sensitivity, they are like clubs or canons.

Franklin: Right, right—that says it just right.

Brugh: So the physician prescribing them, using an allopathic approach, must always understand the power of the medication; at the same time, [these medicines] are incredibly valuable. Interestingly, the homeopath used [foxglove], because it has a very beneficial effect on the heart, and [it is the same herb used to produce digitalis]. In your case, I think you will know immediately when you're taking too much of it because the loss of appetite will come back in again. Now you got a really a toxic dose of it because not only did you get the loss of appetite but you got nausea, which is the next symptom to come in when it's too much. So your first indication of toxicity with this medication will be a drop in appetite—that should signal to you to leave off the medication until that loss of appetite goes away.

Franklin: Well then, we did the right thing.

Brugh: Yes you did.

Franklin: Of all things!

Brugh: Well, the body knows more than the physician, you know. And you listened to something inside of you that knew what to do. That's your direct knowledge, that's your metaphysician inside. Now the same thing with the food—something inside of you knows why it's staying away from animal food at this time; something inside of you also knows why it's staying away from cigarettes. Your rational mind may not comprehend it, but your body wisdom does. And by honoring that . . .

Franklin: Inside I'm following that.

Brugh: Then it will carry you through whatever is necessary. What you needed was some guidance and understanding on how to reinstitute this medication so it's still a benefit to you, and not something that gets you into trouble.

Franklin: Well, I depend on him [Jim] for that.

Jim: That's what I've been waiting for, is just that information.

Franklin: He has a sense for this, by the way.

Brugh: I'm sure.

Jim: Now, I do give him vitamins. What do you think about that?

Brugh: Well, I've always said that as long as they're the water-soluble vitamins, you can give him as much as you want, it's not going to hurt him—his body will throw off any excesses. It's the fat-soluble vitamins—A, D, and E—that can get him into trouble, they can become [toxic]. And too much calcium can get him into trouble and accelerate the cataract formation and so on. But the B vitamins, you don't have to worry about, the water-soluble vitamins you give (B and C are water-soluble). So you can give him as much as he [might want].

Jim: Yeah, I'm very familiar with it, I've studied a good deal, and I take a lot of vitamins myself.

Brugh: Well, there's a certain wisdom in the body, and despite the fact that we have information that says there is a depletion, I have never allowed the mind to dictate to the body's wisdom. In other words, my feeling is that the body wisdom knows much more than the mind does in how to handle these things. There is a mistake that one can make in thinking that the more you take, the more benefit. And this happens very frequently, Jim. And I've seen where

people actually have killed themselves because they don't know that there's a law of diminishing returns. That there is a certain critical dosage where it is a benefit, and then there's a law in the body that if you go beyond a certain critical balance you start to diminish the effect rather than augment the effect, [which for vitamins] is way below the megavitamin level.

Also, one's attitude towards the medication is of equal value in the response that the body will have because we know very clearly that the mental attitude towards anything may have an effect on—enhance or weaken—any medication. I know people who have very strong feelings against allopathic medication and you give them a simple antibiotic that ordinarily 99% of people tolerate and because they have a very strong reaction attitude against allopathic medication they will develop the side effects. It has nothing to do with their sensitivity; it has to do with their mental tensions, their mental perspective. You get them to change their perspective and hold that antibiotic in their hand and say “now I'm going to accept this but I don't want any of the toxic effects” and “I want [it] to do what it's supposed to do for me, I'll release my rejection of this medication”—and suddenly they can take the medication and it does what it is supposed to and they don't have any side effects. We also know that the human mind is capable of altering the cobalt beam, which is thought to be impossible by science. [Science] doesn't understand how [the] patients who are receiving cobalt for cancer who reject it feel like a victim and get nausea and vomiting and loss of hair and everything else due to the irradiation. When you teach them how to open to just the healing aspect that energy, that they don't have to lose their hair and so on—that this is a rejection state—they don't lose their hair, and they don't get sick from the medication, and so on. And the medication does what it's supposed to do. And they can require less dosage and have a much greater effect.

So I think in this aspect with Dr. Wolff, it's primarily one of letting his body finally settle down, letting him use his own intuition about food, adding back, and keeping careful track of his weight—that this must be done. Otherwise leaving off the Lasix could, within 36 hours, lead to an accumulation of liquid that would be very disastrous for him. So he must keep track of his weight, every day at the same time with the same amount of clothing, so that we get an accurate [measurement]. Then, it's a simple thing to take these medications. Are there any further questions about the medications, Dr. Wolff?

Franklin: No, I think you've covered it. It's fairly complex, but it's down on tape, and of course Jim has a sense for it.

Jim: Well, I heard [from my body wisdom] today I don't want my vitamins and I want to eat yogurt all day. And that's exactly what I [am doing]. And I realize that there are very subtle things that are involved in my own personal being for my involvement in nutrition and it's not something that's going to last forever, and it's just something that's working along with higher levels. I've been aware of that all along. And it's a very interesting thing to me, and I still don't understand completely where it's taking me.

Brugh: That's why you must not, you see, then translate that onto another person.

Jim: No, I am very conscious of that. I don't do that.

Brugh: But amazingly, most nutritionists do. You see, they get an insight about their own body and assume that everybody's body is the same, and they start this process not recognizing that we must teach people how to intuit, just as you're learning to intuit your needs, and at some point you may completely leave off this because you'll be finished with that process.

Jim: Oh, I'm sure.

Brugh: Then you can naturally pick it up whenever you want. But the body has an amazing way to bring forth its needs to us. And there are only a few circumstances where the body's queues get mixed up—one is hyperventilation: when one is over-breathing one has the sense of not having enough oxygen and you want to breathe more and more and more. And what's really going on is that you've actually put a mechanism to sleep and it can't register anymore, and that's where the body in its confusion thinks it needs more oxygen, and what it needs is less oxygen and more carbon dioxide to build up. That's why the paper bag is put in front of the face.

Franklin: Yeah, I've been having that of late. Not specifically here, but in the last couple of months.

Brugh: Well, part of that was the bleeding of the energy through the heart level which finally culminated in the heart attack. But at the same time the episode that led to your hospitalization with the nausea and vomiting and everything, I think was the toxic effect of the medication.

Franklin: That came afterwards.

Brugh: Yes. Still there are some deeper levels that we can explore. Are you getting tired Dr. Wolff? Or did you want to probe this area of vision or is there any area you would like to [discuss]?

Franklin: Vision, There is the question, Should I go ahead with the operation? The steps for it have been taken, and the occasion will be about October 5, with the operation. It would be a relief, a big help, if I got vision back, even though only in one eye.

Brugh: With consequence.

Franklin: Hmm?

Brugh: With a consequence. And that is a further focusing your energies into this particular reality system.

Franklin: Yes, I know.

Brugh: And my feeling is that if you could have your eyesight restored and maintain the equilibrium, and recognize that you must still work with the higher visions that are potential to you, then it serves you well. But if you have your eyesight corrected and you find that you are plunged further into the attachment of the manifest plane through the sight, then it has disserved you.

I feel that the balance must be struck there, and that as long as one is clear about the potential entrapment, just like we discussed the entrapment of getting attached to the fifty-six demons and so on and so forth, which are all projections and ideas in *The Tibetan Book of the Dead*, it's up to you to handle the gift of sight again and yet not allow it to dominate you in your progress.

Franklin: I don't think it would be something to be feared. It'd be an aid.

Brugh: There's no question that it would be an aid to your physical manifestation, the question is this: Is it an aid to the greater manifestation of your beingness? In other words, sometimes what appears to be a blessing and a help is not. I have had people come to me and say, "I want to be healed of a certain process," and I look at them and something deep inside of

me says but if they're released out of this, they've lost an opportunity. That's the deeper question; in other words, is the return of the physical sight a loss of opportunity because it is bringing you back to the more familiar or can you have the return of the physical sight and still not lose your opportunity? I don't see that it's preclusive. I would say that the chances are that it would favor a loss of opportunity, but at the same time I don't have your sensation of frustration and sense of that loss of sight. I've often thought inside of my beingness, though, that I can reach into my memory bank and know the times of blindness and know the exhilaration of sight beyond the physical sense, which only could occur after the blindness had ensued.

Franklin: Did you have blindness in this [lifetime]?

Brugh: Not in this lifetime, no. And therefore, I'm drawing on a memory bank, and I'm not even sure that is my own memory bank. You know at that level one can't sometimes discern whether one is picking up a collective memory bank or whether it's one's own memory bank.

But I do know that I have a sense that inside of me there's no fear of loss of sight, just as I've already passed through my sense of fear of insanity. Through an experience that I had on a drug one time, I found that my consciousness can maintain a clarity in the midst of great chaos—it doesn't get lost in all the phenomenological areas—so that I had passed through the fear of psychosis, which interestingly was a great fear inside of me through my teens and into my medical training, the fear of losing the rational sense. It was as if I had to go through the insanity of a psychedelic experience to recognize that my conscious beingness, or whatever I represent, isn't involved with insanity; it can watch insanity going on and not relate to it from the standpoint of identifying it as anything it needs to experience. So it took that kind of experience to get me past my fear.

Franklin: Yes, that it would be a great fear, wouldn't it, at that. I haven't had that worry, as yet.

Brugh: No, but there's another worry.

Franklin: What?

[Spoon drops.]

Brugh: That's alright, it's just a spoon. It's right here. There is another fear, though, and that is the sense of loss of awareness. Now in my own experience in this lifetime, when I have feared something I have had to go in and face it at one point or another. It is as the attractive forces on another level manifested; I can either be crushed by it or I can pass through it. So the fear of loss of consciousness attracts that experience to you. Therefore, how do we unhook this? And the only way I know of unhooking it is not to give it any intensity; that one must reach that point of shrugging the shoulders and say "if I lose consciousness, I lose consciousness." [In other words, I don't make it] the point of focus of my consciousness, and [I acknowledge] that this is a delusional scheme that I create and have to go in and face. Somehow one has to understand that unconsciousness cannot be feared and must be almost embraced as just an experience of knowing of no import. It's like *The Tibetan Book of The Dead* constantly instructs the disciple to go in an embrace that which they are most fearful of, so that when that fearful deity or that fearful experience comes up, they can laugh it off because they know what it is. They know it has no significance in its real, in its essential form, it is merely a concoction. But they only know that because they have spent the time to go in and find out and be with it. And that's scary for us; we don't want to go in and be with the very things that we're frightened of. And yet I don't know



how else we find out the illusion of it. We can say we're not afraid and yet the experience may state quite an opposite phenomena.

Franklin: Yes, I know. You could think you're not afraid [but that's only] because you haven't had the experience.

Brugh: Exactly. The sense of annihilation, and the fear of annihilation, occurred to me one time during the same drug experience that I was sharing with you a moment ago that allowed me to pass through my fear of psychosis, and gave me an even deeper rational basis on which to work and with which to work. There was an experience where I suddenly felt like I was disappearing into a small dot in space and everything was just leaving. And momentarily there was this sudden shock in my body: I could feel a sudden fright that I was going to disappear or be annihilated by whatever was happening, and I had to recognize somewhere in my consciousness was this [not real]. So, just as *The Tibetan Book of The Dead* states, what one does is evoke something, anything to make you feel real again. And what I did is I got up and I sort of moved around. [Just as you did]: remember that point sitting in the chair where you felt you were leaving [this world], and you finally got up and walked around, and you forced yourself out of that state where you felt you are slipping into the other side?

Franklin: Yes.

Brugh: And you started to get up and breathe and walk and move?

Franklin: Yes.

Brugh: You said "move." Well that's what I had to do because there was a fear at that point that I was going to die or something was going to happen that was of a very frightening nature to a certain level of my conscious. So then I had it—I had my cue of the area that I had to work on, which was that fear of annihilation. I mean it was as if my teacher had presented itself—that I now had an area to clear within my psyche, that there was a fear to clear. The fears somehow must be cleared in order to pass, I think, with awareness from one level to another.

Franklin: This covers the ground pretty thoroughly, it seems to me.

Brugh: Interestingly, as complex as it all sounds it all boils down to a few simple things: one is balance and the other is the devastating honesty of one's beingness. [One needs to] find those areas where the fear lies and [then] rise into the transcendental state to pass through [them]—to become detached from the level of the fear and the concern and meet the level of reality that helps us to pass through clearly or understand clearly. Now that's the mental conceptualization, the experience of it may be quite different. But it seems to boil down to that over and over and over again. Clarifying one's consciousness and not allowing different facets to be operating outside of our awareness.

Are you ready for you nap?

Franklin: I seem to be.

Brugh: It's 10:30 your time.

Franklin: But I usually don't have [a nap] until afternoon.

Brugh: Well, I find whenever I'm working with these things that I tend to want to rest for a period of time and let it somehow do what it needs to do. And then my beingness is ready to perhaps work on any facets or questions that may have come up. And what we can do is, I often

will just sleep for a period of time, even if it's fifteen minutes, and then somehow that's integrated and I'm ready to look at another perhaps facet.

Franklin; I think perhaps you had better—I have a tendency to fall back into sleep at the moment—perhaps you had better call it off for a time.

Brugh: Sure.