

# ***Keeley's Kures*** ***[Excerpts]***

*Alternative practices from the trails and trials  
of a world-champion hobo-adventurer*

*(PDF Sampler Excerpt  
Every Other Kure)*

*By Bo Keeley*



*Free Man Publishing Co.*

Published 2011 by Free Man Publishing Co.

*Keeley's Kures:  
Alternative practices from the trails and trials  
of a world-champion hobo-adventurer*

Copyright © 2011 by Steven 'Bo' Keeley. All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means without written permission of the author, except for brief quotations embodied in critical articles or reviews.

Available via Amazon.com and other bookstores. For larger quantity orders and other inquiries: [inquiries@keeleykures.com](mailto:inquiries@keeleykures.com)

Printed in the United States of America

## Disclaimer

The author and publisher of *Keeley's Kures* are not physicians; we doubt any of the statements in this book has been evaluated by the FDA or any other coercive-government entity. No statement in this book should be construed as curative advice or recommendation except as it exercises First Amendment-acknowledged freedom of judgment or opinion of the author applying to his own conditions—real or potential. The author and publisher are not trying to persuade you to adopt any particular health-care practice. We do encourage readers to use all available resources to form their own opinions and judgments about how to take care of themselves.

## Dedication

*To Doc Brooks in Blythe, California:*

*Ex-prize fighter, piano player for the Grateful Dead, Cesar Chavez's personal physician in the fields, and who treated me gratis after I bled through a hundred shirts from a backpack wound that a dozen physicians and hospitals across America wouldn't or didn't know how to handle.*



*Physicians and politicians resemble one another in this respect, that some defend the constitution and others destroy it.*  
— *Author Unknown*

## FOREWORD

---

Whence comes the good fortune to encounter so unique a person as Bo Keeley—credentialed in medicine (DVM), former national racquet-sport champion, blue-collar budget traveler, adventurer, peak natural-experience chaser... and common ailment researcher? Then to be asked to do his book?

Thankfully, yours truly was in the right place at the right time: Bo was e-introduced to me through a Michigan liberty icon, Dean Hazel, as another rare individual who prefers to ‘color outside the lines.’ And outside the country much of the time.

**First impressions:** With a tentative grasp, I quickly discovered several excellent writings from ‘Doc’ Keeley, many posted on *dailyspeculations.com* and *swanscommentary.com*. Then following some engaging and entertaining e-back-and-forth, Bo gave me permission to use some of his material in Guest Columns on my own site, *thecoffeecoaster.com*.

**Second impressions:** Dr. Keeley has the literary snap of late Gonzo journalist Hunter S. Thompson... w/o the drugs or reckless discharge of firearms.

**Third impressions:** When it comes to practical responses to what ails real people, Bo *knows* stuff, and conveys it with uncommon sensitivity and wit. You’ll surely enjoy this journey and those to come.

*Brian Wright, Editor and Proprietor  
Free Man Publishing Co.*



## CONTENTS: SAMPLER

---

<i>Foreword</i> .....	<i>i</i>
<i>Contents</i> .....	<i>iii</i>
<i>Introduction</i> .....	<i>v</i>
<i>Addictive Behavior</i> .....	<i>1</i>
<i>Asthma</i> .....	<i>4</i>
<i>Carpal Tunnel Syndrome</i> .....	<i>7</i>
<i>Cardiopulmonary Resuscitation (CPR)</i> .....	<i>10</i>
Let Him Die or Risk Life Imprisonment? .....	<i>10</i>
<i>Frostbite</i> .....	<i>14</i>
<i>Headaches</i> .....	<i>16</i>
<i>Hemorrhoids</i> .....	<i>19</i>
<i>Infectious Mononucleosis</i> .....	<i>21</i>
<i>Lyme Disease</i> .....	<i>23</i>
<i>Neck Stiffness</i> .....	<i>25</i>
<i>Psoriasis</i> .....	<i>28</i>
<i>Snakebite</i> .....	<i>30</i>
<i>Stroke</i> .....	<i>34</i>
<i>Tics</i> .....	<i>37</i>
<i>Vision Problems</i> .....	<i>40</i>
<i>Comments on Timely Issues</i> .....	<i>45</i>
How To Treat Anything for Starters .....	<i>45</i>
Health Insurance.....	<i>45</i>

Medical Tourism ..... 46  
 Cancer and AIDS ..... 49  
 The Delicate Address of AIDS..... 50  
 Bugs..... 54  
 On Vets and Meds ..... 56  
*About the Author*..... 57  
*Index*..... 1-58

Contents of Full Book

Addictive Behavior	Hangover	Obesity
Altitude Sickness	Headaches	Psoriasis
Anxiety States	Heatstroke	Runner's Knee
Asthma	Hemorrhoids	Snakebite
Bladder Stones	Hypothermia	Sprains and Strains
Carpal Tunnel Syndrome	Infectious Mononucleosis	Stroke
Common Cold	Lice	Tics
CPR	Lyme Disease	Travel Fatigue
Cuts and Scrapes	Muscle Cramp	Vision Problems
Frostbite	Neck Stiffness	Warts

## INTRODUCTION

---

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

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

The Kures—practices I believe most will see as cures with a “c”—are used on myself, or informally on acquaintances. They are original, usually successful, and arise outside conventional medicine in veterinary clinics, American boxcars, and around the world in resolving assorted common ailments.

A cheerful frame of mind, reinforced by options of alternative medicine, may mend, and put the ghosts of fear of traditional doctors and hospitals on the run. The author and publisher are not physicians, take no responsibility for Kure outcomes, and disclaim that any medical treatment should not be supervised by a doctor.

*Steven ‘Bo’ Keeley, April 2011  
Lake Toba, Sumatra*



## ADDICTIVE BEHAVIOR

---

### *What is it?*

---

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

---

### *Traditional Treatment*

---

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

---

### *Kure*

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

I believe a weak personality becomes addicted to the carrot—something feels good and there is small will to resist again and again. On the other hand, a strong person likely gets addicted from the whip in an attempt to escape the discomforts or difficulties of life. Finding someone who is immune to addiction is

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

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

"Find a recovered peer. If no one else will do, use me because I used to "do" chocolate as nightly reward to get through college. Remove the substance from sight and have no access to it. Substitute something for the addiction and reach for it instead, such as a piece of bread. For any addictive urge, drink a glass of water before giving in. Find a friend to call or email if you backslide. Next, decide either to kick the habit at once or in degrees. You have the will to do it instantly, but can choose the slower course.

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

"The first method requires deep commitment, whereas gradual withdrawal is decreasing the addictive dose over time. Touch base often

with the recovered peer who is the model of your future self. Stay away from an environment that offers the thing or activity you want to avoid—say, chocolate—for at least six months after kicking the habit. Exercise and drink lots of fluids to vitalize circulation. Note that a workout program also promotes general health, distracts from urges, and encourages discipline. Establish a continual reward system but don't abuse it. Consider a support group. Finally, what is your priority in life? If it's health, then take care of your addiction(s) *now*."



## ASTHMA

---

### *What is it?*

---

Breathed air passes the mouth or nose, down the trachea and into small passageways called bronchi within the lungs. Envision what happens if the thin linings of these passageways inflame and swell. There may be sudden breathing difficulty, wheezing, plus rapid-and-shallow breathing, which feels like suffocation. In some people this bronchial asthma rears its ugly head periodically for who knows precisely why.

---

### *Traditional Treatment*

---

The normal procedure is to look for a needle in a haystack of alleged irritants. These so-called allergens in the home, work, or hobby environment can include (to name a common few): dust, cold air, nuts, fish, chocolate, and viruses. An asthma treatment ironically may trigger asthma, such as spraying a carpet for dust or mites only to react to the spray. Hence, the condition within conventional medicine is a Pandora's box within a Pandora's box. Most of the present traditional treatments are unsatisfactory; you may be asked to haul around an inhaler or peak flow meter, to pop corticosteroid pills and to endure desensitizing injections.

---

### *Kure*

I hiked the Colorado Trail, which courses along the Continental Divide from Denver to Durango. One morning, at 14,000 ft., I spotted an elfin figure in black tights cresting a peak and coming toward me. He stopped to talk: "I'm happy and sad at the same time. Today is my last on the trail." He had taken an odd route out of necessity causing him to end the 500-mile hike nearly where I stood. "The experts told me not to attempt this path. I was beginning to

feel handicapped by what they said. But look at this.” He showed me a large, zip-locked baggy of medicine. “I’m terribly asthmatic, but haven’t opened the bag. What’s more, I’ve done something few people can do.” The man encouraged me to complete the trail, saying, “The scenes ahead are just like the pictures in the guidebook—nothing doctored.”

I think many diseases of unknown cause and cure can be treated successfully by emulating the recovery course of a recovered peer. That’s where

*The embarrassingly broad label of asthma reminds one of the story of the carpenter whose only tool is a hammer so he sees every problem as a nail.*

hope and incentive begin. This usually involves exercise. In addition, breathe warm air at night. Wrap the throat with a sweater or towel (ref. “Common Cold,” page 19) to insulate the trachea so that the air reaching the bronchi is of a healing temperature. Desert or mountain air is clean air, so if your condition is serious consider a move.

Many professionals miss a nuance about weather in treating respiratory problems in that as the bronchial tubes heal, the best climate for the condition may change. Cold air is fine for the initial inflammation and, in fact, you can stick your face in a freezer for an acute attack. However, chronic mild asthma should respond better to dry warmth if given time.

If you smoke, it's an embarrassment. My nearest desert neighbor at a mile down the road is a two-fisted breather, with an asthma inhaler in one hand and pack of cigarettes in the other. Avoid this.

Drink lots of water, especially if lung mucus is a problem. Bring your blood pressure down. If the asthma is diagnosed as psychological (ref. "Anxiety States and Panic Attacks," page 6), try the physical Kures before pills and shots. Learn to control the relaxation response. Many asthmatic patients are overweight; it is difficult to miss the correlation. Shed excess weight (ref. "Obesity," page 62).

The embarrassingly broad label of asthma reminds one of the story of the carpenter whose only tool is a hammer, so he sees every problem as a nail. It isn't much of a claim, but for a malady that is misdiagnosed 80% of the time, I estimate a 90% Kure rate.



## CARPAL TUNNEL SYNDROME

---

### *What is it?*

---

This is when the hand and wrist (of one or both arms) becomes numb, tingly, or painful from overuse, especially following long periods of such activities as typing, tennis, knitting, or canoeing. The computer keyboard has brought the condition to public light, and now hundreds of thousands complain of it. It occurs when the median nerve, which courses through a narrow tunnel of wrist bones and by a ligament at the base of the hand, is pressed on by surrounding tissues. The nerve becomes painfully inflamed.

---

### *Traditional Treatment*

---

A wrist pad at the base of keyboards, and wrist splints. Some take medication for pain and inflammation. People quit jobs and collect compensation.

---

### *Kure*

One cue from having spent a lifetime in sports is that a musculoskeletal injury should be handled before it gets serious enough to see the doctor. Similar examples are shin splints to the runner, tennis elbow to a racquet player, and “sore all over” to the school athlete after the first day of practice. Technically, musculoskeletal refers to muscle and skeleton, but I include carpal tunnel syndrome in the category, too. Envision a nerve as a string that courses through tissues and bones. If overused, it and the tissues surrounding it will swell and hurt in response.

Unique Kures exist, the first of which is preventive. The athlete learns that if his body parts are fit then he probably won't get sore shins, elbows, or “all

over.” Similarly, in anticipation of a new secretarial job that involves computer work, the first thing to do is get the wrist and hands in shape. I came up with a technique for this that enabled me to win several national paddle and racquet championships, where a strong hand rules. Think of the hand not as a unit but a system of levers and pulleys. Exercise each finger independently. Moreover, work the weakest link of the system—the smallest finger—the most because a chain is as strong as its weakest link.

Make up your own exercises, but most will be a simple matter of pressing the fingers one at a time against a stationary object such as a tabletop, wall, hand squeezer, or rubber ball. Important but forgotten by even professional trainers is that a set of muscles usually has an opposing set. So, exercise the tops (extensors) as well as the palmer (flexors) sides of the fingers. Don't forget the sides. I promise dramatic results for sports performance and prevention of hand and wrist injury such as carpal syndrome.

I have an invention that I think will circumvent carpal syndrome as well as revolutionize the modern keyboard and typewriter. The keys will be thimbles rather than one-surface keys. Each thimble will strike in four directions—four characters—up, down, left, and right. Typing speed will be increased by about 25 percent and there will be stronger fingers everywhere because they will press in all, rather than just one, directions.

If you already have carpal syndrome, you have three choices. Work through the pain at the risk of permanent injury, take frequent breaks at the risk of a boss's frown, or take time off to rest and practice the Kures. A few years back, I sat at a computer 8 hours a day for 365 days straight, and had only the slightest hint of any wrist problem. This was accomplished by varying the height of the keyboard by layering books or boards under it every hour or so. I also placed a board in front of the keyboard for the heels of the hands to rest on, and periodically changed its height.

One of the odder and more workable Kures was wearing mittens or gloves to bed. Sleep is the most underestimated healer in life, and the most overlooked aspect of healing is warmth. (ref. "Cuts and Scrapes," page 27). So, for prevention or treatment of carpal syndrome, wear something loose on your hand as you sleep. Additionally, sleep on your back so the hands lay with palms up, which extends and relaxes the tendons that have been pulling in a direction that causes the syndrome. With such innovations, carpal syndrome should be all but medically erased in the future.



## CARDIOPULMONARY RESUSCITATION (CPR)

---

### *What is it?*

Cardiopulmonary resuscitation (CPR) is a combination of chest compressions and rescue breathing delivered to victims thought to be in cardiac arrest, or with stopped breathing. CPR alone is unlikely to restart the heart, and it's main purpose is to restore partial flow of oxygenated blood to the heart and brain in the 'Golden Minute' after cardiac arrest or an accident to buy time until normal heart function is restored.

### *Traditional Treatment*

The trend of first-aid from the old Boy Scout and American Red Cross methods of tourniquets, cutting and sucking a snake bite, and CPR has followed a sad parallel evolution of self-reliance and analysis to relying on others and covering your buttocks.

### *Kure*

The bottom line is would you want an old Boy Scout, or a wannabe thinker, over you in the Golden Minute of an emergency? What you decide to do often hinges on the customs and laws of the country you are in. Consider one of my adventures in Vietnam.

### *Let Him Die or Risk Life Imprisonment?*

The National Road A1, vetted as a bicycle route for Westerners, threads 1000 km of jungles, rice paddies and mountains from Hanoi to Saigon. It's a race from start to finish connecting the metropolises at either end of Vietnam, with much of the traffic collective taxis, minivans, and lumbering buses chasing awaiting passengers. Every driver has a Buddha

statue on the dash that he places next to gifts of incense, bread, and alcohol for protection, and they nod to each other during close calls.

The first day out of Hanoi, after a high-speed chase on the back of a motorcycle down alleys and sidewalks, waving increasing increments of Dong (currency) before the driver's helmet, I caught a southbound minivan. Then there were two foreshadows: an oil pan dashed chicken and a taxi fender bender.

The drivers make accelerating pit stops at roadside cafes for coffee and lusty hits off a three-foot tobacco bong—strong stuff that threw me for a loop after a scientific whiff. Then it's back to road fever.

The second day brought the acid test of my Hippocratic Oath as a veterinarian and good hobo Samaritan. Our driver braked hard at 80



km/hr., and the woman in the front seat screamed. Through the windshield a youth, next to his decumbent motorbike, wearing one shoe, lay in the shattered headlamp of a hit-and-run car on the center stripe.

It was fresh with a dozen-member circle of Innocent Bystanders, as I stepped inside to inspect...

My EMT instructor always said, “There’s a ‘Golden Minute’ to treat an accident victim. Some day you will be in it.”

The youth lies in a fetal position on a pool of blood, unmoving, no detectable respiration, and a pallor cloaked by natural copper skin. No one in the circle of thirty moves.

I step toward the body, hesitate, and scan my peers’ faces.

An Innocent Bystander is a watcher, onlooker, a guiltless witness of a crime or accident. Pounds of bloody psychology dissect every imaginable angle... except today’s. If this were the South, or a freer state, rather than the holdover iron-fist communist North, I would step up.

*My EMT instructor always said, “There’s a ‘Golden Minute’ to treat an accident victim. Someday you will be in it.”*

*Should I let him die, or risk life imprisonment?*

I fall back on veterinary and boxcar medicine in emergencies: Artificial respiration placing my mouth over a kitten’s face, pounding an old Boxer’s heart with a hand heel, plenty of belts and brassieres in the gathering crowd for tourniquets, my Converse Chucks and shoestrings as a neck splint, and bubblegum plugs a pneumothorax hole-in-the-chest.

In the U.S.A. the unwritten Good Samaritan law protects bystanders who aid a victim from

molestation, but in North Vietnam it's the opposite, especially for a Westerner. Conniving kin summon police-on-the-take to the Samaritan for arrest and detention until a deal is cut.

I have a choice.

The second I step out the Golden Minute into the thickening ring, vehicles trumpet. I snap a photo...

And live with it.

Traffic lines the road as far as the eye can see in either direction for an hour, until a gallant Vietnamese bucks political correctness and scoops up the body, slings it over his motorcycle, withers like a wounded cowboy, and bolts down the center stripe.



## FROSTBITE

---

### *What is it?*

---

Freezing of skin with possible damage to underlying blood vessels and tissues. The ears, nose, fingers, and toes are most susceptible (ref. "Hypothermia," page 47).

---

### *Traditional Treatment*

---

Warmth.

---

### *Kure*

My upbringing as an active outdoor kid in northern Michigan and Idaho gave rise to ideas for hypothermia (ref. "Hypothermia," page 49) and frostbite. In Idaho I learned two medical facts from ice-skating. Pressure on the skin plus cold gives a more penetrating freeze than cold only. Sadly, frostbite can increase the likelihood of the same spot suffering in the future. Happily, at the same time I learned to combat the condition by layering socks inside oversized boots and skates not only for warmth but also against the pressure of shoelaces.

In Michigan, I learned from freezing my fingers often that mittens are better than gloves because the fingers heat each other in proximity. For treatment I used a three-pronged Kure:

- Place the hands in warm water
- Drink warm fluids
- Move the fingers

Thus, the heat in treatment should come from without, within, and intrinsically via movement. Later, in hoboining freights on the winter “High Line” route from Minneapolis to Spokane, I discovered the additive effect of wind chill to cold in bringing on frostbite and avoided it by selecting inside “rides” such as boxcars.

Finally, as a cold weather bicycler and distance runner around the world in which I had several bouts with penis frostbite, the remedy was found to wear a sock. I never brought it up to anyone else out of embarrassment until after reading in a *New England Journal of Medicine* that many outdoorsmen had the same problem and the publication recommended the sock, too.



## HEADACHES

---

### *What is it?*

---

Call it migraine, tension, cluster or simple—it hurts. The causes are unknown or disputed, the symptoms are pressure and pain, and it's mistaken that 90% of all headaches are due to tension.

---

### *Traditional Treatment*

---

Massage, a cool and quiet place, nap, distraction such as sport, biofeedback, relaxation training, over-the-counter pain relievers.

---

### *Kure*

If necessity is the mother of invention, this is a case of a Kure being the offspring of headache. I developed a regimen during ages 8-20 that was so extensive I used to keep a list and check off the self-treatments one-at-a-time to ensure not one was missed.

Here's the list:

1. Endure while doing something enjoyable, such as a quiet walk, until it goes away.
2. Lie down where it's cool, for example, an air-conditioned room. Perhaps nap for thirty minutes.
3. Cover the eyes with blinders or the palms of the hands for five minutes.
4. Put an ice bag on the eyes and forehead.

5. Warm the hands by placing them in very warm water. I read this in a family-magazine column and was gratified by the instant result. In time, I learned to substitute gloves for water, which worked well in combination with ice on the eyes.
6. Massage the temples... self-administered or by someone else.
7. The head support. This one knocked my socks off, and I've been grateful to the student osteopath since the demonstration. He set me on the hard floor and supported the back of my head with his two index fingers, one each under the two occipital condyles. These bony projections at the back of the skull can be felt as hard bumps near the bottom just above the neck. With the weight of my head resting totally on his fingers, he said to close my eyes and relax for a couple minutes. In that time a severe headache drained away. I learned to do it myself with two fingers each under each condyle. There have been dozens of others on whom I've used the technique, often boasting that though the person may try to retain the headache, it would disappear in minutes. It worked 90 percent of the time! I suspect the mechanism has something to do with either a pressure point below the condyle, and/or in conjunction with pressing on the long neck

- muscles that attach to those protuberances and tighten under tension.
8. Cold plunge or shower. I remember as my heart raced in glacier-like water that I would emerge clear-headed if only I could stay in for about three minutes. It worked.
  9. Aspirin.
  10. Throw in the towel and sleep for the night in a cool, quiet, dark place.

The treatments ran sequentially until success was had, and it was rare I reached number 7 before achieving a Kure. Note that aspirin was a last resort and once as a kennel-cleaning teen I went to the owner veterinarian and said, "I'm worried that I take too many aspirin." He looked concerned and asked how many. "Two a month," I said, and he replied that was not too many.

I reflect even now on the determination to conquer disease without opening a medicine cabinet. As a postscript, at age 30 the headaches fairly stopped. The reason is I made a conscious decision to rebuke them come Hades or high water, and it worked. I believe strong resolve should be reserved for rare instances in life, and I have no regret for having dropped headaches.



## HEMORRHOIDS

---

### *What is it?*

Also called piles, this is a ballooning of the network of veins under the mucous membrane and skin which lines the anal channel and anus. They can be thought of as varicose veins that cause itching, maybe bleeding, in the area. This is said to be an all-American condition, with one of every two people you see walking down the sidewalk developing them.

### *Traditional Treatment*

Slim down, sit in hot water, soften your chair, soften the stool, keep the anus clean, exercise, defecate at initial urge, avoid constipation strain, lift heavy objects carefully. Also a high fiber diet, suppositories, itch ointment, drinking of fluids, and surgery.

### *Kure*

I agree with the traditional treatments above. Try no more than one at a time and assay the result. Reuse the successes. This is called a controlled experiment, as opposed to simultaneously trying multiple variables and learning little. The condition has been studied from so many angles it would be difficult to come up with original Kures had not it been for Racquetball.

As a professional player, I matched strategy to opponent, and in one match I decided to take the legs out from under a player who was renowned for stamina, figuring then his game would collapse. It worked, and a few years later he approached me and said grimly, “In that match you ran me so hard I got horrid hemorrhoids. I’ve tried many treatments that

don't work. You caused it, now can you fix it?" I felt so bad that I began a study of the subject, placing each new solution into a shoebox until I had enough to write an intelligent report to the sport. These are provided above in the conventional treatments, plus there are some originals below.

I suspect there is a secondary infection in many hemorrhoid conditions, especially those that bleed. A secondary infection means the inflamed anal tissue is more susceptible to bacteria. I disagree with the experts who advise avoiding soap at the anus since it irritates. Wash vigorously with lots of water and soap to cut the filth, then apply alcohol (and wait for the burn) or topical antibiotic. It is important to rub these in well (ref. "Cuts and Scrapes," page 27) because the heat and mechanical action carry the cream into the tissue, not just on top of it. You can sit on a heater or nearly on a candle to facilitate ointment penetration, and for relief.

I emphasize the importance of toning the anal veins to resist ballooning by practicing total body fitness. Additionally, remember that when you exercise you help hemorrhoids in two other ways: you'll drink more fluids and lose weight. Finally, I believe anal intercourse should be avoided in the hemorrhoid-ridden person. Someday someone may link bleeding hemorrhoids to anal intercourse to AIDS.



## INFECTIOUS MONONUCLEOSIS

---

### *What is it?*

---

A viral infectious disease most often seen in people aged 10-35. It is generally not serious unless the spleen enlarges. Usual symptoms are a bad sore throat, swollen lymph nodes, possibly enlarged spleen, fever, weakness, headache, stiffness and other typical viral signs.

---

### *Traditional Treatment*

---

Bed rest, fluids, aspirin, and gargle for the sore throat. Monitor spleen size. Expect to lie still for at least 2-3 weeks.

---

### *Kure*

“You have the second worst case of mono in the history of San Diego County!” exclaimed Doc Hannah. “Get in bed.” I was in the peak of health as a pro athlete, age 30, and the weakness, sore throat, and nausea hit me like a ton of bricks. I lay like a stone for a month and recall the number one radio tune was “There’s Got to Be a Morning After.” Quick in, faster out is a medical adage, and one day I woke up, ate three breakfasts and was healed.

The lessons from this experience are hard-hitting:

- Diagnosis—a sore throat with weakness and enlarged spleen are clues of mononucleosis.
- Treatment—stay in bed two more days after you feel like getting out. If the spleen (right lower abdomen) hurts or feels bigger to the touch, consult a doctor.

- Aftermath—relapse is a distinct possibility that some doctors underplay.

In my case, I felt like entering tournaments immediately but my sports medicine doctor stepped in and said, wait another month, and drink great volumes of good liquids through recovery.

*“You have the second-worst case of mono in the history of San Diego County!”*



## LYME DISEASE

---

### *What is it?*

---

An infection common in New England caused by a bacterium that is carried from mice or deer to people. Animals remain asymptomatic (no disease) except humans who may display the diagnostic bullseye at bite site within 30 days. This is a red rash with a pale center; the bite lesion (small, red, and flat or raised) lies in dead center. Flu-like symptoms may occur in that month, while in the ensuing two years a preponderance of reports of other complaints materialize, including joint problems. Not everyone is susceptible to the disease, there is little chance of infection if the tick is removed within a day after attachment, and even for those who contract Lyme disease spontaneous remission often occurs.

---

### *Traditional Treatment*

---

Tick check and removal, treat the symptoms, use of antibiotics and pain relievers.

---

### *Kure*

The pillars of this disease, including diagnosis, testing, symptoms, and treatment, in my opinion are inconclusive yet breed New England paranoia. I lived and hiked daily in tick-infested Connecticut woods that crawled with mice and deer. I picked tiny “deer ticks” off the neighborhood kids, dogs, and myself regularly. This tick-picking is key to prevention of the disease.

At a catered dinner table where I sat, the host turned to his wife and said, “Dear, is that a tick on the cheek?” She replied, “Yes, dear, shall I get the tick kit?” She did and we were entertained. He didn’t develop any symptoms, but one day I met a

woodsman who did. He had displayed the typical three-inch red bulls-eye around the bite, developed some flu signs, then joint pain, and was successfully treated with antibiotics.

Remember that not all ticks cause Lyme disease, and even among the correct ticks only 20-60 percent carry the bacteria. Even then, many people who are bitten don't contract the disease. I don't let it keep

*... ticks should be removed, and I disagree that one cannot be removed with head intact using petroleum jelly smear or a blown-out match on its butt....*

me out of the woods, and would volunteer as a guinea pig if it would have statistical impact. Of course, ticks should be removed and I disagree that one cannot be removed with head intact using petroleum jelly smear or a blown-out match on its butt (though the pro tick kit with curved tweezers and integral magnifier is better). Mind where you toss the tick. I drink lots of fluids and move around for a day after taking off a tick. New Englanders will dispute it, but I think Lyme disease is a compromised-host project of nature: If you stay in shape with accompanying excellent circulation and lymph systems you'll stay safe in the forest.



## NECK STIFFNESS

---

### *What is it?*

It hits nearly everyone sometime and the symptoms include a sharp pain, tingling, ache, or just the stiffness. There may be a grating sensation upon head rotation and a shooting sensation down the back or arm. You can wake up with a stiff neck, play sports and suffer it, or suffer a blow from an accident.



### *Traditional Treatment*

Apply cold during the first day, and heat thereafter. Stretch and exercise the neck. Rub in topical ointment to alleviate pain and inflammation. Visit the doctor if it persists or is accompanied by fever or swollen lymph nodes.

### *Kure*

The methods above reflect those I used for years as a wrestler; however, I devised more. Cold treatment in the form of ice within a cloth is crucial for swelling in the first 24 hours. At night, sleep with a long towel or sweatshirt around your neck for warmth. Sleep on your back without a pillow other than maybe a heating pad under the neck. A waterbed helps. A cold draft on the neck *anytime* should be avoided.

From here on, the Kures become strange and proportionally effective. If one doesn't get the stiff neck from sports, arthritis, or accident, the likely cause is overuse at the computer, TV, or from

reading. The mechanics of these is that if you take any joint, put it at an odd tilt, and hold it there long enough, there'll be stiffness. The head sits like a bowling ball atop the shoulders and is attached by the neck muscles. Most computer monitors are mounted lower than the nose and this makes the head roll forward on its stalk. This brings the muscles in the back of the neck into play to keep it from rolling forward, and after a few hours results in pain or stiffness. The correction is so simple as to be laughable. Raise the computer screen with books, wood or bricks so the midpoint is eye-level or slightly higher. There is instant relief, as well as prevention all at once.

*From here on, the Kures become strange and proportionally effective. If one doesn't get the stiff neck from sports, arthritis, or accident, the likely cause is overuse at the computer, TV, or from reading.*

I once spent a year at the computer, eight hours a day seven days a week, typing an autobiography. My endurance was tripled by raising the screen and doubled again by turning the monitor upside down (ref. "Vision Problems," page 91). The idea is that words and sentences flow from left to right (unless Hebrew, Arabic, Japanese, or Chinese) and the body, especially the back and neck, "sets" to receive the images as if preparing for little blows. When you turn the monitor upside down, the words flow in the opposite direction to allow the eyes, neck and back to set in another way. Similarly,

if you read many books, learn to turn the book upside down and read from bottom to top, right to left. I've tested this on people with eye, neck and back problems to great satisfaction. You could also give "mirror writing" a try. TV-watching heads should put the screen just above eye level.

Massage and exercising the neck help in recovery. I developed a sequence of neck rotations, flexions, and extensions that are easily copied from the imagination. Analgesic heating ointments work but fall short unless rubbed in well for a minute. I have a theory that some chronic stiffes are the result of poor vision; if you suspect this, fit yourself with a pair of nonprescription reading glasses from a pharmacy or see an ophthalmologist.



## PSORIASIS

---

### *What is it?*

A common skin condition that shows in itching red patches on any part of the body, though most frequently on the knees, elbows, or scalp. The rash consists of raised, red bumps covered with whiter, flaking scales. In affected areas, new skin cells are produced at an accelerated rate and work their way to the outermost layer, where they accumulate to cause the ailment. General health is normally not altered, however the unsightly patches are tenacious and potentially embarrassing. The cause is unknown, though stress has been suggested as playing a part.

### *Traditional Treatment*

Practice cleanliness. Use moisturizing creams for dryness, controlled ultraviolet light, mineral salt baths, vitamin A topically and orally, and apply symptomatic treatments for the itching.

### *Kure*

For prevention, I believe a person who relaxes daily is less prone to psoriasis. A fit person who eats well, drinks good water (ref. the water discussion in “Bladder Stones,” page 12) and exercises daily should never need worry about it. For treatment, I suggest strong exercise and especially swimming. Understand that raised heart rate during physical movement increases circulation through the skin and underlying tissues, which promotes healing. Outdoor exposure to sunlight and air is beneficial. I concur with vitamin A therapy without going overboard, but if taken orally precede this and any medication with a glass of water before and another after. Eat well

and consider becoming a vegetarian. Wear no clothes over the rash, and try to find a hot spring to soak in.

A rare date visited my far-flung desert trailer last year and was shy about showing her legs. “I have psoriasis that won’t go away,” she told me. She acknowledged that stress multiplied the condition and Benadryl® relieved it. (Benadryl is a popular medication for sensitivity or allergic reactions.) I told her to walk down to the wash (a dry, sandy riverbed), take off her clothes, put a layer of clean, white sand on the patches and sit in the sun for an hour. She returned in smiles and with hardly an itch, for the condition had abated by half. Next I went up the hill to a desert family for advice.

“Why,” the lady of the house said, “I was just bitten by our pet scorpion and have some Benadryl I’d be happy to give.” She produced a baggy with a small amount of ointment that had melted in the heat. My date applied it in the convenient prewarmed form (ref. the heating and rubbing ointment comments in “Cuts and Scrapes,” page 27) and found even greater relief. After three days of the repeated regimen, the skin had healed well and she returned to civilization.



## SNAKEBITE

---

### *What is it?*

---

This entry describes a bite from a venomous snake, as opposed to a nonvenomous one which usually can be treated as a simple wound or animal bite. A poisonous snakebite is always serious, yet unless the victim is a child, elderly or infirm, death is unlikely.

---

### *Traditional Treatment*

---

Modern advice is to seek medical attention immediately. First aid is to place the bitten area (usually a hand or leg) lower than the rest of the body, immobilize it with a board splint, and some authorities allow application of ice. Some suggest capturing the snake for identification.

---

### *Kure*

One familiar with past decades of recommended snakebite procedure averages the sum and comes up confused. Modern experts say sit and wait for help, as if bites happen at the supermarket vegetable stand. Bitten folks tell me walk to safety if the wound's on the hand, or play wait-and-see if on the leg. Factors that come into play include fitness, distance to vehicle, availability of shelter, food and water, plus size and type of the poison bolus (a rounded mass, the size of a pea for a Western diamondback).

There are four venomous snakes in this country—rattlesnake, coral, copperhead, water moccasin—and I'm pleased to have encountered them all in the wild. I'm most familiar with the western diamondback rattler, which I've jumped, skirted, and stoned to scare about 120 times. Yet I maintain respect for it,

and one time after walking 600 miles through Baja California I chose to turn back just short of the goal because the rattlers got too thick.

Humans appear large to American snakes, and I've never had one chase me, nor have I heard a reliable account of that happening. The meanest looking snake I ever saw was a water moccasin while on a walk the length of Florida. He had a brow like an ex-con, was four feet long, and peered menacingly through raindrops as I dipped into his guarded pool for. He held his ground, as snakes will, but didn't attack. However, had I had fish breath or been carrying a fresh catch he would have been in my face because that is his daily fare.

My Kure procedure was developed after I understood the idea of a bolus of poison lying in the tissue and the desirability of stalling its absorption and transport to the heart, lungs, and brain. I carry a suction Extractor® available at outfitting stores that creates a vacuum to draw the poison. My mental rehearsal for a venomous bite is this: Apply the extractor, a suction cup, or suck the poison out by mouth. Visualize the bolus as the size of, say, a pea and assume it stays firm in the tissue for about a minute (depending on the type of venom and site puncture) before being absorbed into the blood. I personally use a tourniquet as once taught in Boy Scouts and Red Cross first aid, but authorities now discourage its use. After suctioning, I apply ice to reduce circulation from the wound toward the heart,

and I keep the bitten appendage lower than the rest of the body for the same reason



Some desert folks where I live catch rattlers by hand, but the most prolific was Butch, my San Diego Swap Meet mentor. He displays scars of a half-dozen bites on his left arm, as his technique is to distract with the left and grab behind the head with the right. He says that

after each bite the arm swelled painfully, he iced it, lowered it, took aspirin for pain and after a nauseating night felt fine. The point is to discourage snake catching while reversing the poppycock about aggressiveness of American snakes and their bites.

If you enter foreign jungles, be careful because snakes there grow bigger and great care is in order. My Peruvian guide was hired to shoot one that was bothering a village. He found the snake partially coiled on the ground and 45 feet long, looking down on him. He fired a shotgun blast from ten yards into the ear and it chased him through the jungle, knocking down small trees for a hundred yards before it expired. On one occasion in India, I was nose to nose with a 10-foot black cobra rising out a charmer's basket. The man motioned with his flute that I could pet the snake so I did on top the head. It

nudged my hand affectionately like a poodle, however it was stupid of me in the first place and I plan never to repeat the risk (ref. "Travel Fatigue," page 88).

Two rattlesnake bite victims reported to me that they were rushed to the hospital and given antivenin. The trick is to give the antivenin *intramuscularly*. One of them didn't know this, nor did his doctor, and seconds after the intravenous drip began he was "code blue" with a stopped heart. The other victim did know this but his ignored words before going code blue were, "Not intravenously!" Both were revived and billed for cardiac arrest. Certainly a hospital or doctor's office is the place to be five minutes after a venomous bite, but it's prudent to know the Kures, too.

*On one occasion in India, I was nose to nose with a 10-foot black cobra rising out a charmer's basket.*



## STROKE

---

### *What is it?*

An obstruction of an artery carrying blood (with oxygen) to the brain, or the rupture of one of the cerebral arteries. The brain's requirement for oxygen is cut off with the result of a sudden, severe headache. There may be weakness or paralysis on one or both sides of the face or body. The legs may tingle and become numb. The signs of stroke have much to do with the severity. Stroke may also be accompanied by speech and swallowing difficulty, nausea, vomiting, vision abnormality, dizziness, confusion, memory loss, and unconsciousness.

### *Traditional Treatment*

No cure exists, and two-thirds of cases result in permanent disability. Strokes are the third leading cause of death in America. Prevention is the key.

### *Kure*

A Kure, however, does exist. To a degree. First, I agree with prevention because a stroke is like getting hit by a tank, and it's best to get out of the way. Picture arteries in the skull as thin convoluted straws that carry oxygen in solution to the brain. These can be kept clean and open by proper diet and exercise. Food that is low in fat, cholesterol and salt keeps the arteries from narrowing. Exercise builds blood-vessel integrity. Drink good water rather than from the tap (ref. the discussion of water in "Bladder Stones," page 12).

Lose weight, if needed, so the heart doesn't have to pump so hard. If you don't like the idea of delayed

gratification then statistically you'll be a risk to join the aforementioned two-thirds.

Put aside a block of the day for relaxing (ref. discussion on life's priorities in "Anxiety Attacks," page 6). Hypertension is the greatest risk factor with stroke. The simple mechanics in my mind are that when the body "revs" continually it begins to accept high stress as the normal state. The pressure of blood against its vessel walls is harder, and the chance of rupture increases. Besides stress, continual use of caffeine, tobacco, and cocaine or amphetamine raises blood pressure. If regular periods of winding down can be arranged, blood pressure decreases and the chance of stroke diminishes

*The greatest healer of disease is a recovered peer.... I've contracted and shrugged half the diseases in the Merck Manual, including stroke.*

At a relatively young age I had one of the more severe strokes I've read about. It was a painful learning trip to Hades for a few minutes until paralysis took over. I think

respiration shut down until I lost consciousness. The next day I was surprised my timbers hadn't been shivered permanently, and attributed it to being fit, albeit overworked. The first week of recovery I chose to spend in solitary without conventional malarkey. I drank lots of liquid, walked great distances daily, and found quiet places to read. I didn't watch television or read the newspaper.

Within a week all dizziness and uncoordination was gone, never to return. I went on to explore life as fully as before.

If you have a family history of stroke or high blood pressure, or are unable to switch at will into a lower mental gear, then look now to exercise, food, and relaxation to pave your future well being. I used to work in an old folk's home where I learned much of courage in stroke management. One old-timer remarked, "Listen here, sonny. This ain't a dress rehearsal. Live and live well." The greatest healer of disease is a recovered peer, and hence the value of this book. I've personally contracted and shrugged off half the diseases in the *Merck Medical Manual*, including stroke.



## TICS

---

### *What is it?*

Involuntary, quick, repeated movements (or less frequently vocalization) of unknown cause, ranging in severity, and of varying duration. The tics usually involve muscle groups in the face or shoulders and arms, though they can be elsewhere. Some common cases include multiple blinking, raising the eyebrow or forehead, mouth-corner twitching, head turning, shoulder shrugs, facial grimace and leg kicks. Psychologists are fond of pointing to accompanying behavioral disturbances.

### *Traditional Treatment*

The cause of simple tics is said to be mysterious, giving the pros little to build on. Most simple tics spontaneously disappear in a year or so without treatment. Behavioral therapy is used, or drugs in extreme cases.

### *Kure*

Knowing the mechanism is important in disease treatment because if one identifies the cause and removes it then usually the disease no longer exists. My idea is that in a simple tic there is a nerve and a muscle involved in a vicious loop of mutual stimulation, leading to a refiring nerve and an inflamed muscle. Which comes first, the nerve or the muscle? It can be either, and if one can be corrected the tic disappears. The question becomes how to bring to rest one or the other.

Treatment requires getting at the tic from inside and out, and it can take weeks or months to heal. General exercise accomplishes the inside job by continuously changing the “bathwater” in which nerve and

inflamed muscle sit. Specific exercising of the tic muscles warm it and produce a “memory” that eventually lets the area relax. Good diet and especially (good) water (ref. discussion on water in “Bladder Stones,” page 12) must be taken. Massage the affected area twice a day.

The next idea is offbeat, but I’ve used it regularly in sports to success. Any body movement can be performed by any of a

*Which comes first, the nerve or the muscle? It can be either, and if one can be corrected the tic disappears.*

number of muscle groups. Take the simple act of raising the hand over the head—there are many muscle groups to choose from to orchestrate this. I think the best way to move—from walking to throwing a baseball—is to use the smallest muscle group that is closest to the point of action. The application to tics is simple. One muscle or muscle group produces a tic, yet other nondiseased muscles can take over the same movement as the tic. Learn those other groups by practice and feel, or view an anatomical chart (*Gray’s Anatomy* is a classic), and use them to give the tic a chance to rest and heal.

A place exists for will power, therefore for behavioral training, in this condition. I once experimented with blinking for a month, attempting to stop. The blink has been said to be a natural tic. I succeeded for periods of up to an hour, then usually slipped, but am convinced that with fuller attention

better results can be had. A tic victim can concentrate in similar ways to free himself.

One finds more will power in times of less stress, and thus by simplifying, slowing, and quieting, the condition may self-correct. Sleep with the affected area in a relaxed position that mildly stretches the associated muscles. Consider earplugs and nightshades. Warm it all night. The tic Kure has no room for tobacco or caffeine. Perhaps decrease some routine satisfactions but continue to work out at the gym or track.



## VISION PROBLEMS

---

### *What is it?*

---

This entry is intentionally general. It includes far-sightedness, near-sightedness, lazy eye, photophobia, glaucoma, cataracts, double vision, detached retina, and more, especially from a neurological viewpoint.

---

### *Traditional Treatment*

---

One customarily goes without forethought to an ophthalmologist (eye doctor) who prescribes aids.

---

### *Kure*

Better vision can be had without glasses. Find books on your library shelf, if you like, on eye exercises for various conditions. I've tried their techniques and heartily recommend them for simple conditions like near- or far-sightedness and some others. I postulated the use of eye exercises to improve vision because of a background in anatomy before coming across the books. The eyeball is like a Ping-Pong ball attached by muscles all around to its bony orbit. The eye also accommodates for distance using lens muscles, and the iris is muscular. So seeing is much under voluntary control, akin to lifting weights in that one can strengthen and coordinate the muscles.

I am a substitute schoolteacher and one way to grab class attention is by holding a book upside down and reading aloud. "How?" is the reaction, and I reply, "This reminds me of the child who was handed a violin and asked if he could play. He said he didn't know because he hadn't tried yet." Then my class

turns their books upside down and begins reading bottom-to-top, right-to-left easily. That is the lead-in to a course I once offered at a community college, “The art and science of backward reading and writing,” and is also the best exercise Kure for general vision problems.

---

*Note: Most up-to-date computer operating systems enable you to invert the screen image (basically rotate the image on your screen 180 degrees) by pressing Ctrl-Alt-DownArrow, which enables you to read a text page from right to left and from bottom to top. [Return to the normal view by Ctrl-Alt-UpArrow.] Try spelling your eyes by such “reversing the flow” for a minute of every hour you deal with text on screen; you’ll be amazed at the results.*

---

The backward reading idea began after I won some national paddleball titles and decided to switch to the opposite hand for competition. I was a natural righty with strong backhand that I secretly attributed to having longhand-written so much material. The motion of moving a pen across a paper from left to right is remarkably similar to the swing motion of any sport’s backhand, so I began writing in mirror image with the left hand with the goal of a proficient backhand. Within a year I was placing well with both hands in tournaments and dreaming of meeting myself in the finals righty vs. lefty.

Convinced I was on to something with the backward (mirror) writing, I looked for ways to read in same, trying a mirror at first and then turning books by the dozens upside down. Later I would type pages by the

thousands with the computer monitor upside down. I began to notice a visual difference too.

If you like to read and want greater strength and stamina, try this: Read an hour with the book positioned normally for 15 minutes, turn it upside down for the next 15 minutes and alternate throughout the hour. You'll have unbelievable stamina and eventually be able to read continually for hours. It's like curling a weight with one hand, then resting that muscle while you curl with the other. Do you do sports like baseball, tennis, soccer, boxing, or basketball? If so, try backward reading to cause your eyes to track objects better from right to left. Words in a sentence flow like sports balls, and when you practice reading with flow from right to left you automatically improve your athletic vision.

Next, go to go to mirror image writing. That's what I did after discovering the advantages of backward reading. Leonardo da Vinci called it his secret mirror code, but I developed it independently. At school I write an assignment on the board and the girls pull out their compact mirrors and read it aloud. I show the class how to practice writing the mirror alphabet and simple words, as I had done in learning.

*Words in a sentence flow  
like sports balls, and when  
you practice reading with  
flow from right to left you  
automatically improve  
your athletic vision.*

We are a visual society, bombarded by the second with print that flows left to right. I hypothesize we are visual versions of hunchbacks, overdeveloped on one side. This causes eyestrain, headaches, neck and back strain (ref. "Neck Stiffness," page 59). Turn a book upside down and after reading a while find as others have that they suddenly adopt a different head, neck, and back posture and their little pains disappear. Many visual problems improve also. If convinced of this Kure, the next step is writing in mirror image and turning computer monitors upside down (press control-alt-↓ as noted above).

Any monitor should be set at eye level or slightly higher. Placing the monitor higher than normal corrects a lot of neck and back strain since the head is like a bowling ball with muscle attachments at the neck to keep it from rolling off. With this more relaxed posture the eyes function better in the long haul (ref. "Neck Stiffness," page 59).

Some other tips: Dim the contrast. Pick a print that is sans-sans, i.e. simple and pleasing to the eye; I prefer Arial in 8-point. Use black-and-white rather than color. I've learned to see things around me and recall them in black and white because recall is quicker, more acute, and the after-image disappears more rapidly. It isn't as pretty or fun, but that's the trade-off. These applications hold for TVs too.

I was a child diagnosed as myopic, photophobic, strabismic (lazy eye), and having one of the worst cases of depth perception the doctor had ever seen. I

conquered these without glasses or professional help, and encourage others to try the same Kures before consulting an expert. Note that the book you hold in your hands, *Keeley's Kures*, was born when I got an email from photojournalist friend Art Shay, who was having a terrible time with double-vision. "I've been to all the specialists and nothing works."

I introduced him to eye exercises, backward reading and writing, and made some changes in his computer habits. As his eyesight improved I got an email, "You ought to write a book." One day perhaps this book—or at least this chapter—will be printed in mirror image and sold with an attached mirror as a training aid. 😊



### ***How To Treat Anything for Starters***

For starters, your physician should be a sports medicine doctor, or at least an elderly physician. It makes all the difference in treatment and recovery. A lot may also be said for a specialist or clinic dealing only in a specific ailment, since they base treatments on personal conclusions from having seen thousands of cases. Get a second opinion, if possible, definitely seek recovered peers for advice, and search online for the key words: disease name, forum, and natural treatments.

### ***Health Insurance***

What is the one thing everyone needs but cannot afford, hence the single string to control a person, families, and whole societies' lives? Health insurance. If overpriced, it cuts out the middle class—the rich can afford it, the middle class teeters in ill health, and the poor get it free with enough time to wait in hospital lines and pick up bugs.

The ramifications of unaffordable insurance are sundry. One frets about getting ill, and so becomes. Aspiring youth are forced out of entrepreneurship into government, military, and corporate jobs *with benefits*. I saw it daily while teaching school—the inability to go to the hospital for a skateboard crash, and the students geared study away from books to cultivating relationships to get jobs *with benefits*.

My SED (severely emotionally disturbed) class had many cases of the brightest kids and parents who invested their children in the class to get instant, free health insurance, and to build a future family breadwinner in the welfare system. Further, is it stupid to earn less salary to fall into a low-income bracket for free health care, as many do?

Long ago, I quit contributing to escalating monthly insurance premiums, and used cheap, comprehensive traveler's insurance while globetrotting. Now I travel without standard health insurance exclusively in third-world countries where medical/dental/hospital fees are about 1/50th that of the USA.

For example, I get a physical and medical workup on arriving and leaving South America for \$50; a tooth crown ground and repegged on the spot in México for \$5; and local healer/shaman doctors from Indonesia to the Amazon treat everything from blisters to stomach aches for a song. One can hardly live in America without health insurance, yet who can afford it? I like to say, don't point out a fault without a solution. I don't have an answer for American health insurance, except to make it accessible even if it means the one thing to socialize, but learn self-treatment (e.g. the Kures) at the same time.

### *Medical Tourism* \_\_\_\_\_

This is valuable info for an ex-pat or American in need of competent medical care. A traveler or US resident willing to take a junket to a five-star

hotel + quality hospital in an exotic land need not have American medical insurance, considering the low rates Third World countries charge for diagnosis, treatment, and operations. (Someone pointed out to me that it is correctly termed medical rather than health insurance, because many overwrought American doctors are ill at promoting your health.)

It's all in finding the right doctor, anywhere. I insist on older docs and sports med physicians, or at least one who does sports. In a dearth, visit a sharp young clinic operation of a handful of friendly docs who in synergy come up with the proper diagnosis and treatment. My luck with physicians in foreign countries has been excellent. They kick up the 'homey' price 20% for ex-pats or visitors, bringing it to maybe 5% of American rates.

Foreign hospital doctors nearly always have private practices at home, and that's where I get instant professional help. No appointment, his wife is the secretary, and he's linked to the top specialists for radiology, lab tests, surgery, and so on in town. You're in and out the door in 15 minutes, and feeling so much better for it that you're tempted to not even fill the prescription down the block instantly at about 25% USA costs. The doctors and pharmacists generally speak some English.

Foreign docs, while making less than American, often own businesses on the side. I got close to an Iquitos, Peru, waitress to meet the physician-owner of a restaurant who gave me a tour of his clinic, some excellent off-the-cuff health pointers, and was willing to trade English lessons for future diagnoses.

On the other hand, here in Lake Toba, Sumatra, the elderly lady who just made me a salad says that no one in Toba gets sick, and there are no dentists (she's never been), but for a village accident or emergency you are whisked away in one of three cars to a nearby town where the doctor accepts homemade pies and chickens, just as the old-time American doctors.

*... for a village accident or emergency one is whisked away in one of three cars to a nearby town where the doctor accepts homemade pies and chickens, just as the old-time American doctors.*

Medical tourism is a welcome wave set off by American shock-fees. However, after the Bumrungrad, Bangkok, hospital was ruined following a TV special five years ago—medical tourism, caused by the TV show, increased so rapidly that its health care grew shoddy and

foreigners retreated—foreign providers have learned it's all about the competition.

Likewise, it's reckoned that USA prices will fall with less demand. Or, they'll try to control it somehow, like recently 'requiring' American passports to reenter from Mexico, where thousands of borderline Americans travel for medical and dental Rx's. The truth at the border—tested by friends and me dozens of times and most recently six months ago—is when a smart-alec immigration officer demands your passport or else, the results-oriented legal repartee is that he may not prevent you from entering your own country. Then his face reddens, and he waves a sheet in your face that asks you next time to bring a passport.

### ***Cancer and AIDS***

Only in a pinch would I get chemo or radiation treatments for cancer. They're over-prescribed as the concurred treatments among traditional doctors to avoid lawsuits. The results, in more than half the cases, are worse than the original condition.

Many people, perhaps a majority of seniors, trot around healthily with undiagnosed cancer, and pass on just short of 100 years. The tragedy, repeated a million times over, is the old guy goes in for a checkup, a questionable, nonsymptomatic growth is unearthed (that probably would remain so for life), a biopsy done, CANCER screamed, and the slow chemo or radiation death 'cure' starts. (Ref. below.)

### *The Delicate Address of AIDS* \_\_\_\_\_

In the mid-1990s, I spent a few weeks globetrotting to Canada, Europe, and the alternative medicine Livingston-Wheeler Clinic in San Diego to gather information on Acquired Immunodeficiency Syndrome (AIDS) and cancer for a concerned group. Since witnessing and touching my first pancreatic cancer in 1968 (in a young male boxer) as a wet-behind-the-ears veterinarian—and glamorization of what I believe is, for the most part, a scheme by the AMA to fleece the American public while covering its royal buttocks—I arrived at an unpopular conclusion that cancer's primary cause is a compromised host.

*I arrived at an unpopular conclusion that cancer's primary cause is a compromised host.*

This is an unfit person or unhealthy organ, usually from diet or environment that enables a secondary agent (virus) to step in

to rev up compromised cell metabolism and party—with replication and leaving a mess just like a frat scene. Microbes are everywhere, despite ammonia and handy wipes. In fact, because of popular disinfectants microbes have evolved wisely not to kill the host or organs too quickly, or else the party won't linger.

So, what's to be done about cancer?

The present treatments of radiation and chemotherapy are slipshod, often killing a patient before his time. I believe a majority of cancer patients are better off never finding out and living a full, healthy, symptomless life. Of American seniors, I personally believe 80% of the tiny spots of cancer go unnoticed with *zero* bearing on health and life quality, until RIP. Cancer isn't the monster it's shouted to be.

If a cure is found, the odds are it will be an injection directly into the cancerous tissue, rather than a systemic treatment that debilitates (further compromises) the health of the patient. Remember that doctors are called upon to "do something," even if it's worse than nothing. They must follow conventional guidelines and drum up business for the Pharmaceutical Machine, or get sued for malpractice. This is one reason to take a medical tourism junket to an exotic country for an annual checkup.

Likely, the direct injection into a cancer will come from the Amazon green pharmacy—the most fecund evolutionary brew the earth has known. I've gone collecting there *with*, been treated *by*, and know that western medicine may profit *from* jungle shamans (healers). They treat holistically, sizing up a patient's lifestyle, before prescribing jungle medicines, chants, and/or flower baths.

The Belen witches of Iquitos, Peru, operate along a bright alley on a waterfront market, a dozen standing before 10-foot-tall shelves of bottles of custom herbs and tonics for prescription. The 'patient,' often a First-World traveler, approaches the healer of choice who appraises him with a penetrating glance for skin tone, eye brightness, lip gloss, hair health, posture, and other things I don't know about. Sometimes they take a pulse; however, from vet med where animals are speechless, as in foreign tongues, there is no need for dialog.

The last fresh therapy is that American doctors would serve better medicines for cancer and other ailments by dining at a Thai restaurant... and ducking into the kitchen to discover why it tastes so good. Thai chefs are the most adept in the world at mixing ingredients to affect the tongue, intestinal tract, blood organs, and then nervous tissue. Their dishes are a medley of time-release ingredients that act in concert. Eating Thai is a synergy.

*The last fresh therapy is that American doctors would serve better medicines for cancer and other ailments by dining at a Thai restaurant.*

Medicines should be prepared in the same harmonious blends. This targets localized cancer to attack in gentle waves, so as not to shock the surrounding tissues and general health. And, a

lesson from vet school is that temperature makes a difference. The rate of absorption of oral (tablet or liquid) medicines along the intestinal tract is controlled by temperature, and drinking one glass of tepid water with each dilutes and washes the medicines along.

Cancer may be beaten, or at least the tide turned, by recognizing the primary cause as a compromised host or tissue, a holistic approach, medicines from the green pharmacy, a Thai-like blend, and a rigorous American scientific approach to discover a cure, unhampered by pharmaceutical leagues.

AIDS was also part of my world search for a 1990s sponsor, and continues today. From this, I offer a couple of grody insights into the condition that I think, like cancer, is 90% American Hoax. Yet, it exists, so let's be direct.

A veterinarian's periodic chore, especially for poodles and Pomeranians, is to express (relieve of contents) the anal gland. After a few of these, it becomes easy to talk about. Plus, I got an image from homosexual Amazon hairdressers (who monopolize the business) of the 'corazon' (Spanish for heart). Confirmed by the standard source, *Gray's Anatomy*, just inside the anus lies a throbbing venous ring the hairdressers call the 'corazon' ('little darling'). Bluntly, during anal sex, this ring may be abraded, and bleed like hemorrhoids.

No one with a bruised or torn 'heart,' or risky hemorrhoids, should engage in anal sex, and I don't care what everyone else does. (One shocked friend in my informal email practice wrote after my Rx to stop it, "You sure know a lot about a\_holes!") The reason to stop is that all that's in there, unlike the female vagina, pounds into the venous abrasion... and directly into the blood stream. Infected bisexual males may mate with females to pass it on.

This politically ignored logic is probably the primary cause of AIDS' symptoms, or at least it compromises the immune system to allow a secondary cause everyone is searching for. The Amazon hairdressers, with business in a downswing, may become the site of a controlled experiment to take the mystery out of AIDS.

When decades of convention pass, repeated to little success, this is a definition of insanity and it's time to strike out for new ideas on AIDS... and cancer.

## **Bugs**

*A different perspective on microbes:*

Being a universal host of diseases doesn't win close friends, but keeps one busy. At an early age, I started admiring microbes, including pathogens, under a progression of more powerful microscopes, and falling in love: Who could resist the fuzzy *paramecium*, whiptail *euglena*, and amorphous

*amoeba* that nonetheless would try to bring me to my knees? What linguist hears without a heart flutter *spherophorus necrophorus*, *entamoeba histolytica*, and *caseous adenosis*?

So, one by one, I contracted them. By 1994, I paged through the *Merck Medical Manual* physician's bible (that as a veterinary intern I dashed to the plumber's closet to pillage the vet version to diagnose waiting pets on the examination tables). What I found was that I'd encountered and recovered from about 35% of the vast listings of ailments known to mankind, including the obscure Hobo Disease.

A decade later, I bragged to my physician to relieve his anxiety over my first renal calculi, and he starred in stony silence. He then quoted Abraham Lincoln at the Wisconsin Agricultural Fair, "This too shall pass...."

Since visiting the Amazon and South Pacific and adding bouts of malaria, elephantiasis, and hepatitis, my exposure rate tops 50% or 65%—including the ridiculous psychiatric section.

Each microbe, from childhood, is a study, and produces two where there was one in a blink, for pain or for pleasure. The reason for the lifelong loves is that a recovered peer is the best medical help you can find anywhere. So if you become afflicted and run into me out there in the wilderness, or in the teeming cities of the world, rest assured I'll have

made a continuing running head start on my Hippocratic Oath.

### ***On Vets and Meds***

If I seem out of place in strange diagnoses with odd treatments of human ailments, it's only because people aren't accustomed to a veterinarian addressing human medicine. Vets, many smarter than I, take the same courses as human medicine students but have a long edge in seeing more patients. How many more? About 30 times.

We walk lines of kennels and circle pastures while a physician is limited to his practice and hospitals. Vets take a holistic approach to treatment that should be applied to human medicine, accounting for the weather to what kind of scraps Farmer John's wife throws to the pigs. We diagnose by gaze and touch more than by dialog and lab tests.

Vets are not specialists, and have been trained in the anatomy, diagnosis, and treatment of four species: dog, cat, cow and horse. Finally, the two vets I worked for treated their own kids, from stitches to prescriptions, in their clinic. Masterful human physicians abound, but if I had kids who got sick, I would tell them to first go to a veterinarian and get a second opinion from a physician.



## ABOUT THE AUTHOR<sup>1</sup>

---

Steven ‘Bo’ Keeley is a Doctor of Veterinary Medicine, former national racquet champion, and has traveled the world... on a wing and a shoestring.



“My life has followed the vicissitudes of Buck the Dog in Jack London's *Call of the Wild*: from comfortable back yards across America; boxcars on every major railroad; 100+ countries under a backpack; hiking the lengths of Florida, Colorado, Vermont, California, Death Valley, and Baja; to retirement in a desert burrow with Sir the Rattlesnake as a doorkeep... and a solar computer to write essays and memoirs.”

In 2007, he became the first California substitute teacher—most requested by students and faculty—to be fired surrounding a ‘playground war.’ He left to ride the rails, and then became an itinerant expatriate writing from selective global Shangri-Las including Iquitos, Peru, San Felipe, Baja, and, lately, unspoiled Lake Toba, Sumatra.

Bo’s Wikipedia entry reads like Indiana Jones.

---

<sup>1</sup> “The picture is at 14,000 ft. in the Peruvian Andes where a dog with the red-eye condition, and 10-year old girl waltzed in front of me on an empty street. They danced, she leading, he on hind legs, with a red moon hanging on the wall behind me. So I sat, traded the camera for the dog... a magic moment, and then cover material for Keeley's Kures.”

## INDEX

---