



**Medical Intuition:
An Exploration into the science and art of healing
Sept 24-27,2015
Oak Brook Double Tree Hotel – Oak Brook Illinois**



Thursday

Welcome Gathering 8:00pm (Where? Please ask hotel front desk)

Friday

6:30am – 7:30am Yoga - Fran Smith
8:00am – 9:15 Breakfast
9:30 – 10:45 Caroline/Norm
10:45 – 11:15 Coffee Break
11:15 – 12:30 Caroline/Norm
12:30 – 1:45 Lunch
1:45 – 3:00 Caroline/Norm
3:00 – 3:30 Coffee Break
3:30 – 4:30 Caroline/Norm
4:30 – 4:50 Novi Chi - Colleen Daley
5:00 – 6:00 Yoga - Fran Smith
6:15 – 7:30 Dinner
8:00 – Movie night with Jim Curtan

Saturday

6:30am – 7:30am Yoga Fran Smith
8:00am – 9:15 Breakfast
9:30 – 10:45 Caroline/Norm
10:45 – 11:15 Coffee Break
11:15 – 12:30 Caroline/Norm
12:30 – 1:45 Lunch
1:45 – 3:00 Caroline/Norm
3:00 – 3:30 Coffee Break
3:30 – 4:30 Caroline/Norm
5:00 – 6:00 Yoga Fran Smith
6:15 – 7:30 Dinner
8:00 – Movie night with Jim Curtan

Sunday

8:00am – 9:15 Breakfast
9:30 – 10:45 Caroline/Norm
10:45 – 11:15 Coffee Break
11:15 – 12:30 Caroline/Norm
12:30 – 2:00 Lunch (not included)
1:45 – 2:30 Caroline/Norm

YOGA – with Fran Smith

We want to get you grounded before you take off with Caroline and Norm. Everyone is invited!

Please bring some comfortable clothing & yoga mat to make this an exceptional experience. These classes will be for for all yoga levels :)

Movie Night - with Jim Curtan

Please get in your favorite PJ's and bring a pillow for CMED movie night. A movie night you will never forget. :)

Jim Curtan is a motivational speaker, spiritual director, retreat leader. He has taught extensively with New York Times best-selling author Caroline Myss and has been a faculty member of the Caroline Myss Educational Institute since its inception in 2003. He has taught at the Omega Institute in Rhinebeck, New York, The London Centre for Spirituality, The Crossings in Austin, Texas and The Learning Annexes in New York, San Francisco, Los Angeles, and San Diego. He has lectured and led workshops throughout the United States, in Canada, Great Britain, the Netherlands and Indonesia. He has led spiritual retreats and workshops for the Young Adult Ministry of the Catholic Archdiocese of Los Angeles, the Metropolitan Community Church of Los Angeles and the California Men's Gathering.

In his prior career as a talent manager, Jim advised such prominent actors as John Malkovich, John Travolta, Patrick Swayze, Geena Davis, Willem Dafoe, Andy Garcia, Marilu Henner, Katherine Helmond, Diana Canova, Kevin Kilner, Kellie Overbey and Melanie Griffith.

Novi Chi – with Colleen Daley

There will be an information session on an alternative approach to healing both the body and the mind through NoviChi technology. NoviChi delivers the essence of life through electromagnetic frequency and light in its most pure form, a simple sine wave. The vision of NoviChi is to offer and sell to individuals taking control of their own health challenges and practitioners offering their clients a cutting edge towards success.

Novi Chi's mission is to make this healing tool accessible to everyone. Protocols are sold individually so anyone can buy the specific protocols directed at their individual health challenges and make a difference to their health. NoviChi could be your tool for preventative and permanent lasting change.

Throughout the weekend Novi Chi will be offering individual sessions at a reduced rate with the following protocols.

Neck/Shoulder/Collar, Lumbar/Sciatica, Knee, Ankle/Foot/Toes, General Detox, Brain Support, Immune Support, Fear/Anxiety Clearing, Grief/Depression Clearing, Heartburn/GERD/Esophageal, Asthma/Respiratory Allergies, Blood Sugar Support.

Please visit www.novichi.com

Email me: victorydaley@gmail.com

Transportation

Please use a LOCAL taxi company when you arrive in Chicago. The city cabs will get you good for the short trip to the hotel.

The Local taxi ride should cost no more than \$30, plus tolls

A city cab will cost you \$40 to \$45. Call when you land in Chicago for a Local Cab Company. American Cab 1-847-671-1133

Contact:

David Smith

smithevents@gmail.com

847 40 4938

PERSONAL STRESS ASSESSMENT

Total Life Stress Test

NAME _____ DATE _____

Record your stress points on the lines in the right-hand margin, and indicate subtotals in the boxes at the end of each section. Then add your subtotals (on page 4) to determine your total score.

A. DIETARY STRESS

Average Daily Sugar Consumption

Sugar added to food or drink	1 point per 5 teaspoons	_____
Sweet roll, piece of pie/cake, brownie, other dessert	1 point each	_____
Coke or can of pop; candy bar	2 points each	_____
Banana split, commercial milk shake, sundae, etc.	5 points each	_____
White flour (white bread, spaghetti, etc.)	5 points	_____

Average Daily Salt Consumption

Little or no "added" salt	0 points	_____
Few salty foods (pretzels, potato chips, etc.)	0 points	_____
Moderate "added" salt and/or salty foods at least once per day	3 points	_____
Heavy salt user, regularly (use of "table salt" and/or salty foods at least twice per day)	10 points	_____

Average Daily Caffeine Consumption

Coffee	½ point each cup	_____
Tea	½ point each cup	_____
Cola drink or Mountain Dew®	1 point each cup	_____
2 Anacin® or APC tabs	½ point per dose	_____
Caffeine Benzoate tablets (NoDoz®, Vivarin®, etc.)	2 points each	_____

Average Weekly Eating Out

2-4 times per week	3 points	_____
5-10 times per week	6 points	_____
More than 10 times per week	10 points	_____

DIETARY SUBTOTAL

A

B. ENVIRONMENTAL STRESS

Drinking Water

Chlorinated only	1 point	_____
Chlorinated and fluoridated	2 points	_____

Soil and Air Pollution

Live within 10 miles of city of 500,000 or more	10 points	_____
Live within 10 miles of city of 250,000 or more	5 points	_____
Live within 10 miles of city of 50,000 or more	2 points	_____
Live in the country but use pesticides, herbicides and/or chemical fertilizer	10 points	_____

B. ENVIRONMENTAL STRESS (continued)**Soil and Air Pollution**

Exposed to cigarette smoke of someone
else more than 1 hour per day

5 points

Television Watched

For each hour over 1 per day

1/2 point

ENVIRONMENTAL SUBTOTAL

B**C. CHEMICAL STRESS****Drugs (any amount of usage)**

Antidepressants

1 point

Tranquilizers

3 points

Sleeping pills

3 points

Narcotics

5 points

Other pain relievers

3 points

Nicotine

3-10 cigarettes per day

5 points

11-20 cigarettes per day

15 points

21-30 cigarettes per day

20 points

31-40 cigarettes per day

35 points

Over 40 cigarettes per day

40 points

Cigar(s) per day

1 point each

Pipeful(s) of tobacco per day

1 point each

Chewing tobacco — "chews" per day

1 point each

Average Daily Alcohol Consumption

1 oz. whiskey, gin, vodka, etc.

2 points each

8 oz. beer

2 points each

4-6 oz. glass of wine

2 points each

CHEMICAL SUBTOTAL

C**D. PHYSICAL STRESS****Weight**

Underweight more than 10 lbs.

5 points

10 to 15 lbs. overweight

5 points

16 to 25 lbs. overweight

10 points

26 to 40 lbs. overweight

25 points

More than 40 lbs. overweight

40 points

Activity

Adequate exercise*, 3 days or more per week

0 points

Some physical exercise, 1 or 2 days per week

15 points

No regular exercise

40 points

Work Stress

Sit most of the day

3 points

Industrial/factory worker

3 points

Overnight travel more than once a week

5 points

Work more than 50 hours per week

2 points per hour
over 50

Work varying shifts

10 points

Work night shift

5 points

PHYSICAL SUBTOTAL

D

*Adequate means doubling heartbeat and/or sweating minimum of 30 minutes per time.

E. Holmes-Rahe Social Readjustment Rating*

(Circle the mean values that correspond with life events listed below which you have experienced during the past 12 months.)

Death of spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death of close family member	63
Personal injury or illness	53
Marriage	50
Fired at work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sexual difficulties	39
Gain of new family member	39
Business readjustment	39
Change in financial state	38
Death of close friend	37
Change to different line of work	36
Change in number of arguments with spouse	35
Mortgage over \$20,000	31
Foreclosure of mortgage or loan	30
Change in responsibilities at work	29
Son or daughter leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Spouse begin or stop work	26
Begin or end school	25
Change in living conditions	24
Revision of personal habits	23
Trouble with boss	20
Change in work hours or conditions	20
Change in residence	20
Change in schools	19
Change in recreation	19
Change in church activities	18
Change in social activities	17
Mortgage or loan less than \$20,000	16
Change in sleeping habits	15
Change in eating habits	15
Vacation, especially if away from home	13
Christmas, or other major holiday stress	12
Minor violations of the law	11

(Add the mean values to get the Holmes-Rahe total. Then refer to the conversion table to determine your number of points.)

Conversion Table

Holmes-Rahe less than	60	110	160	170	180	190	200	210	220	230	240	250	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	Anything over 351 = 40 +
Your number of points:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

Holmes-Rahe Social Readjustment Rating (Converted)

E

*The Social Readjustment Rating Scale: See Holmes, T.H. and Rahe, R.H.: The social readjustment rating scale. *Journal of Psychosomatic Research*, 11:213-218, 1967, for complete wording of these items. Reproduced with permission of the authors and publisher.

EMOTIONAL STRESS

Sleep

Less than 7 hours per night	3 points	_____
Usually 7 or 8 hours per night	0 points	_____
More than 8 hours per night	2 points	_____

Relaxation

Relax only during sleep	10 points	_____
Relax or meditate at least 20 minutes per day	0 points	_____

Frustration at work

Enjoy work	0 points	_____
Mildly frustrated by job	1 point	_____
Moderately frustrated by job	3 points	_____
Very frustrated by job	5 points	_____

Marital Status

Married, happily	0 points	_____
Married, moderately unhappy	2 points	_____
Married, very unhappy	5 points	_____
Unmarried man over 30	5 points	_____
Unmarried woman over 30	2 points	_____

Usual Mood

Happy, well adjusted	0 points	_____
Moderately angry, depressed or frustrated	10 points	_____
Very angry, depressed or frustrated	20 points	_____

Any Other Major Stress Not Mentioned Above You Judge Intensity (Specify):

_____ (10 to 40 points) _____

EMOTIONAL SUBTOTAL **F**

Add A _____ + B _____ + C _____
+ D _____ + E _____ + F _____ =

YOUR PERSONAL STRESS ASSESSMENT SCORE

If your score exceeds 25 points, you probably will feel better if you reduce your stress; greater than 50 points, you definitely need to eliminate stress in your life.

Circle your stressor with the highest number of points and work first to eliminate it; then circle your next greatest stressor, overcome it; and so on.

SYMPTOM INDEX

Name: _____ Date: _____

When people are chronically ill, they often have other symptoms. Do you have any of the following? PLEASE CHECK ONLY THOSE THAT YOU HAVE NOW OR RECENTLY

- ___ Depressed mood.
- ___ Loss of interest or pleasure in things you used to enjoy.
- ___ Significant weight change (loss or gain).
- ___ Frequent eating between meals.
- ___ Insomnia.
- ___ Snoring
- ___ Sleep walking
- ___ Hypersomnia.
- ___ Sleep walking.
- ___ Agitation.
- ___ Sluggishness, slow to function.
- ___ Fatigue, low energy, feeling tired all of the time.
- ___ Feelings of worthlessness or guilt.
- ___ Difficulty concentrating, thinking, and remembering.
- ___ Indecisiveness.
- ___ Recurrent thoughts of death or suicide.
- ___ Suicide attempts.
- ___ Nervous exhaustion.
- ___ Worrying excessively or being anxious.
- ___ Frequent crying.
- ___ Being extremely shy or sensitive.
- ___ Lumps or swelling in your neck.
- ___ Blurring of vision.
- ___ Seeing double.
- ___ Seeing colored halos around lights.
- ___ Pains or itching around the eyes.
- ___ Excess blinking or watering of the eyes.
- ___ Loss of vision.
- ___ Difficulty hearing.
- ___ Ear ache.
- ___ Running ear.
- ___ Buzzing or other noises in the ears.
- ___ Motion sickness.
- ___ Teeth or gum problems.
- ___ Sore or sensitive tongue.
- ___ Change in sense of taste.
- ___ Nose stuffed up.
- ___ Runny nose.
- ___ Sneezing spells.
- ___ Frequent head colds.
- ___ Bleeding from the nose.
- ___ Sore throat even without a cold.
- ___ Enlarged tonsils.
- ___ Hoarse voice even without a cold.
- ___ Difficulty or pain in swallowing.
- ___ Wheezing or difficulty breathing.
- ___ Coughing spells.
- ___ Coughing up a lot of phlegm.

____ Coughing up blood.
____ Chest colds more than once a month.
____ High blood pressure.
____ Low blood pressure.
____ Heart trouble.
____ Thumping or racing heart.
____ Pain or tightness in the chest.
____ Shortness of breath.
____ Heartburn.
____ Feeling bloated.
____ Excess belching.
____ Discomfort in the pit of your stomach.
____ Nausea.
____ Vomiting blood.
____ Peptic ulcer.
____ Change in appetite.
____ Digestive problems.
____ Excess hunger.
____ Getting up frequently at night to urinate.
____ Urinating more than 5-6 times a day.
____ Unable to control your urine.
____ Burning or pains when you urinate.
____ Black, brown, or bloody urine.
____ Difficulty starting your urine.
____ Constant urge to urinate.
____ Constipation.
____ Diarrhea.
____ Black or bloody bowel movement.
____ Grey bowel movement.
____ Pain when you move your bowels.
____ Bleeding from your rectum.
____ Stomach pains which double you up.
____ Frequent stomach trouble.
____ Intestinal worms.
____ Hemorrhoids.
____ Yellow jaundice.
____ Biting your nails.
____ Stuttering or stammering.
____ Any kind of problem with your genital or sexual organs.
____ Sexual problems.
____ Hernia or rupture.
____ Kidney or bladder disease.
____ Stiff or painful muscles or joints.
____ Swelling joints.
____ Pain in your back or shoulders.
____ Painful feet.
____ Swelling in your armpits or groin.
____ Trouble with swollen feet or ankles.
____ Cramps in your legs at night or with walking.
____ Itching or burning skin.
____ Rash or pimples
____ Excess bleeding from a small cut.
____ Easy burning skin.
____ Dizziness or light headedness.
____ Feeling faint or fainting.

___ Numbness in any part of your body.
___ Cold hands or feet even in hot weather.
___ Paralysis.
___ Blacking out.
___ Fits, convulsions, or epilepsy.
___ Change in your handwriting.
___ Tendency to shake or tremble.
___ Tendency to be too hot or too cold.
___ Sweating more than usual.
___ Hot flashes.
___ Being short of breath with minimal effort.
___ Failure to get adequate exercise.
___ Being overweight.
___ Being underweight.
___ Having lost more than half of your teeth.
___ Bleeding gums.
___ Badly coated tongue.
___ A lot of small accidents or injuries.
___ Varicose veins.
___ Headaches.
___ Other aches and pains.
___ Feeling pessimistic or hopeless.
___ Have had any kind of surgery within the past year.
___ Being upset easily by criticism.
___ Having little annoyances get on your nerves and make you angry.
___ Getting angry easily.
___ Getting nervous around strangers.
___ Feeling lonely.
___ Having difficulty relaxing.
___ Being troubled by frightening dreams or thoughts.
___ Being disturbed by work or family problems.
___ Wishing that you could get psychological or psychiatric help.
___ Being tense or jittery.
___ Being easily upset.
___ Being in low spirits.
___ Being in very low spirits.
___ Believing that your life is out of your hands and controlled by
external forces.
___ Feeling that life is empty, filled with despair.
___ Having no goals or aims at all.
___ Having failed to make progress towards your life goals.
___ Feeling that you are completely bound by factors outside
yourself.
___ Feeling sad, blue, or down in the dumps.
___ Feeling slowed down or restless and unable to sit still.
___ Frequent illness.
___ Being confined to bed by illness.

For men only:

- ☐ Having a urine stream that's very weak or very slow.
- ☐ Having prostate trouble.
- ☐ Having unusual burning or discharge from your penis.
- ☐ Having swelling or lumps in your testicles.
- ☐ Having your testicles painful.
- ☐ Having trouble getting erections (getting hard).

For women only:

- ☐ Having trouble with your menstrual period.
- ☐ Bleeding between your periods.
- ☐ Having heavy bleeding with your periods.
- ☐ Getting bloated or irritable before your periods.
- ☐ Taking birth control pills (in the last year).
- ☐ Having lumps in your breasts.
- ☐ Having excess discharge from your vagina.
- ☐ Feeling weak or sick with your periods.
- ☐ Having to lie down when your periods start.
- ☐ Feeling tense and jumpy with your periods.
- ☐ Having constant hot flashes and sweats.
- ☐ Have had a hysterectomy or on hormonal replacement.

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