



Returning to Native Tradition An Integrative Approach to Diabetes

By Shirley Vanderbilt

"We place women and children front and center in our work and use a feminist analysis of health in the context of cultures and societies."

— Leslie Korn, Ph.D., director,
Center for Traditional Medicine



A participant in the diabetes class is evaluated for edema prior to hydrotherapy foot treatment. Photo courtesy of Center for World Indigenous Studies.

Prior to European colonization of the Americas, diabetes was virtually unknown in indigenous peoples. It is now epidemic, having taken a firm hold in this population over the past century and increasing at an alarming rate. It is estimated approximately 15 percent of Native Americans and Alaska Natives under care by Indian Health Services (IHS) are diagnosed with adult-onset diabetes, type 2, more than twice the national average. Statistics are higher in some groups, with a 50 percent incidence for adults between ages 30 and 64 in one Arizona tribe.¹

According to Leslie Korn, Ph.D., director of the Center for Traditional Medicine (CTM), an agency of the Center for World Indigenous Studies (CWIS) in Olympia, Wash., the cause extends beyond poor dietary choices, in many cases underscored by government food subsidies. Experts say it is also rooted deep within the trauma, disempowerment, and undermining of culture and tradition imposed on these tribes over time. As viewed by CTM, diabetes is a metabolic "dis-order" representative of the "physical, social, psychological, and spiritual disruption of the 'metabolism' of daily life among many native peoples."² Essential to successful treatment and prevention of this condition within the indigenous population is an understanding of the multiplicity of causes and addressing them within a community effort. Thus CTM's approach is integrative, combining education and community activism with authentic cultural nutrition, native



Leslie Korn, Ph.D., demonstrating diabetic self-care for a client, locates a series of points in the arm that increase vitality. *Photos by Cole Photography.*



Korn demonstrates self-care massage using auricular points for vitality and relaxation.

healing plants, energy medicine, and other forms of massage and bodywork.

Center for Traditional Medicine

More than 30 years ago, Korn embarked on a journey to Mexico that would chart the course of her future. In rural Yelapa, one of five villages comprising Comunidad Indigena de Chacala, an indigenous community along the Pacific coast, she found her purpose. "I was in search of the meaning of life, and when I arrived there I found it, and I stayed for 10 years." During that decade, Korn developed a reciprocity with the locals. She offered therapeutic bodywork, attended at births, and taught school children. Her Mexican-Indian friends and neighbors shared with her their own traditional healing treatments and rituals.

Korn's work in traditional therapies began with undergraduate studies in Chinese philosophy and medicine. In Yelapa, she met polarity therapist Elizabeth Wagner with whom she began to study and apprentice. She practiced the techniques daily on her neighbors and friends, and by early 1978 had established a small, natural medicine public health clinic. Furnished only with a treatment table, some healing herbs, and a few art supplies for the children of her patients, this humble clinic was the beginning framework for CTM's intercultural approach to healing.

Having begun a master's program in 1980, Korn left Yelapa in 1983 to further pursue graduate studies in Cambridge, Mass., where her credits included private practice in polarity therapy, massage, and psychotherapy, as well as teaching and conducting research at Harvard. She visited Yelapa several months each year to conduct an annual three-week certification seminar in polarity therapy and rural health while continuing her healing work with the locals. After another few years instructing at California Institute of Integral Studies while completing her doctoral dissertation, Korn moved back to Yelapa in 1997 with her husband, Rudolph Rýser, Ph.D., Cowlitz tribal member and co-founder of CWIS. They reopened the clinic and over the subsequent five years, the project expanded, incorporating a retreat and learning center for visiting health professionals interested in providing tradition-based services for their clients. The internships and educational programs emphasized not only bodywork, but also use of medicinal plants and an exploration of the importance of traditional diet based on local foods.

CTM eventually merged with the larger agency of CWIS in Olympia and Korn's project thus embraced indigenous tribes of the northwest United States and Canada. In 1997, CTM received funding to support a community-wide intergenerational project to treat diabetes through traditional medicine, leading to the protocol now taught in the center's seminars, and certificate and master's degree programs. In 2002, CTM permanently relocated



In a natural medicine for diabetes class in the Pacific Northwest, participants practice sensing energy fields prior to implementing the diabetic protocol. *Photo courtesy of Center for World Indigenous Studies.*

Polarity Therapy

Polarity therapy, developed by Randolph Stone, is based on an underlying principle of wireless energy currents in, around, and through the body. These currents, either positive, negative, or neutral, flow vertically and horizontally and also spiral from the top of the body downward and from the center outward. In the course of disease, this subtle energy flow, which gives life and through which the soul functions, is disrupted. The polarity therapist, focusing on reestablishing the natural balance of this flow, works with bipolar contact, placing hands or fingers simultaneously on negative and positive areas to effect

to Olympia, with Korn turning over the Yelapa clinic to a local healer and herbalist.

The blending of Korn's traditional medicine background and Rýser's extensive experience in political action and self-determination has resulted in an integrated approach to their work within indigenous communities. The center's scope now includes "community-determined research, clinical training, education and healing, and policy studies that are culturally congruent and isomorphic to local indigenous communities."³ CTM's applied philosophy, Korn says, "promotes the integration of healing arts and sciences, in which culture (cult: worship; ure: earth) is the fulcrum for nature, the central element underlying health and illness in the personal and social domains. We place women and children front and center in our work and use a feminist analysis of health in the context of cultures and societies."

Diabetes — A Cultural Perspective

It was not until the 1930s that diabetes began to infect native communities in North America and only in the past few decades have rates increased so alarmingly in the native communities of Mexico, Central America, and South America. "There are many components that synergize each other, particularly for Native Americans who experience ongoing oppression in this country," Korn says. A combination of trauma, learned helplessness, and nutrition and lifestyle changes are major influences in susceptibility.

"There's a layering effect of stress — the stress of cultural oppression, then of war, and of daily life," Korn says. Refined and highly processed foods that were once only available to the wealthy have now become dietary staples for the poor through government subsidy. Sedentary behaviors, whether from depression and loss of motivation or declining health, contribute as well.

"At a very basic level, chronic stress raises glucose levels in the body," Korn says. "Combine that with nutritional problems and even when you do begin to eat according to your cultural traditions, it becomes difficult to lower blood glucose levels. There's a kind of chronic stress that arises out of cultural oppression," she says, noting, for example, the high rate of hypertension in African Americans. Chronic stress leads to learned helplessness which engenders a deeper emotional and physiological conditioning.

The term "learned helplessness," coined by researcher Martin Seligman, refers to the despair and depression that develops when one cannot escape from stress or control the outcome of

the release of flow, which in turn allows healing to take place. Specific reflex points and their corresponding body part can also be stimulated, effecting a release along the associated current. The applied pressure ranges from a light, balancing touch to a moderate, more stimulating pressure to a deeper pressure dispersing resistant tension. Treatment may also include stretching postures, nutritional guidance, and facilitated communication.



Contact between the first and second metatarsal region, with slight pressure against the second metatarsal, stimulates the air element (ayurveda). This point, as a reflex to the brachial plexus, improves respiration and reduces anxiety. It is also a negative pole reflex to the kidneys and the ankles. *Photos by Cole Photography.*

the situation. Seligman's initial research with dogs during the 1960s identified this conditioned response. Even when a stressor is removed (for the dogs, the threat of electrical shock), the conditioning that took place over prolonged exposure remains, with accompanying passivity and helplessness. "That became the basis for looking at what happens when you can't escape from stress," Korn says. "When you have those experiences over and over, you become conditioned. In a hyper-reactive state of stress, what we do in touch traditions is to decondition that hyper-reactivity and help the organism remember that sense of wholeness and relaxation." It allows change in physiology, such as lowering blood glucose, and allows for cognitive and affective change. "That intersects with my whole belief in how massage and polarity therapy works," she says.

Indigenous populations have suffered not only loss of land and power, but also their authentic cultural nutrition. "Communities' connection to the earth as the source of physical nourishment is inversely related to the degree of diabetes in the community," Korn says.⁴ For example, prior to Spanish colonization, Mexican tamales were made without fat. In the Northwest, tribes "lived in concert with nature in ratio with how nature provided the food," with just a certain amount of carbohydrates, such as from roots and berries. But many tribes were relocated from their original lands to environments that could not support their traditional diet. As development takes place around the world, this evolving fusion and concomitant loss of native nutrition increases.

"Diabetes is the end stage of a chronic, disrupted digestive process," Korn says. "Often people also have chronic diarrhea and constipation. Gluten is toxic to many people (and, as I suggest, poison for indigenous peoples of this hemisphere), and we also see bowel problems and allergies that have gone undiagnosed for many years prior to the diagnosis of diabetes. This is why diabetes is emblematic of the chronic neo-colonial process that continues in this hemisphere, spreading refined foods worldwide through the globalization process."

CTM's Diabetes Protocol

The basic components of Korn's integrative approach toward diabetes are massage and energy medicine techniques for stress reduction and improvement of circulation systems, detoxification, use of medicinal plants and traditional foods, and community activism to encourage healing and self-determination.

Bodywork Therapies: Korn says that in such a labor-intensive, self-management disease as diabetes, bodywork not only supports people in feeling well, but also coaches them to achieve their goals within a partnership model. She integrates several techniques — primarily polarity therapy, cranialsacral, lymphatic drainage, and circulation massage methods, all working



Empowering individuals to take care of themselves and their loved ones is central to Korn's teaching. Here she demonstrates the location of lymph drainage as a self-care technique.

Diabetes Mellitus

Diabetes mellitus is a disorder of the metabolic system in which a deficiency or decreased ability to use insulin interferes with proper conversion of glucose to energy. The result is a buildup of glucose and fat in the bloodstream, with potential damage to vital organs and risk of death. Complications include kidney failure, heart disease, stroke, blindness, and amputation of lower extremities. With an increased incidence of 61 percent since 1991, diabetes is the fifth leading cause of death in the United States.

In type 1, or insulin-dependent diabetes, insulin production is shut down. Type 2, in which insulin production is insufficient or not readily available for use, accounts for 90 percent or more of

synergistically to restore balance. "People need a variety of things in different areas and systems. If you go deep into healing, to be really effective in your work you have to be isomorphic to your patient. The more tools we have at our disposal, the better."

The 21-point polarity protocol incorporates lymphatic touch throughout and is adapted to the idiosyncrasies of the client. Based on the work of Randolf Stone (see Polarity Therapy on page 58), this energetic balancing begins with relaxation and attunement between therapist and client. Work starts with a head cradle, proceeds to the clavicle area to open lymph nodes, then toward the belly and down the side to the feet, and up the other side back to the clavicle — blending a combination of clearing lymphatic pathways and balancing body systems. Polarity therapy induces deep relaxation and, "without relaxation, no change happens," Korn says. "Once that happens, we can stimulate lymphatic function with lymphatic drainage techniques. One of the principals of doing lymphatic work is to release the lymphatic dam in the clavicle area before you start working at the feet. It all works together. Lymphatic touch is probably one of the lightest next to energetic touch." Because the lymph nodules are just beneath the surface of the skin, too much pressure can "damage or keep them from working."

The combined treatment addresses the many body-system challenges of diabetics, including reducing blood glucose levels, improving circulation and kidney function, and reducing edema. Massage work on the feet may be supplemented by hydrotherapies to enhance circulation and prevent leg ulcers. "Cranialsacral, as well as polarity, not only induces deep relaxation," Korn says, "but also engenders an overall sense of well-being and spirituality that in turn stimulates hope for renewed health."

Bringing digestion and metabolism into equilibrium is at the core of much of the 21-point polarity work. "When we massage the abdomen with both lymphatic and peristaltic-stimulation techniques, we stimulate intestinal motility," she says. Other points on the body are used, as well, to stimulate and balance the digestive process. (Korn also advocates the use of detoxification methods such as castor oil packs and coffee enemas for cleansing of the liver.)

"There's a lot of fear about touch in diabetes, just like with cancer," Korn says, "but they (diabetics) need to be touched and it is very useful, particularly when they develop neuropathy and pain. Part of our work in doing the diabetes protocol is to help people relax and experience pleasurable sensation in bodies and minds that experience pain and numbing." Depression is common, especially in the late-stage clients seen at CTM's clinic.

reported cases. While both types are thought to be linked to genetic disposition, current theories on type 1 suggest an environmental trigger, such as infection or toxins. Type 2, however, has been heavily associated with obesity, poor diet, and sedentary lifestyle. Traditionally referred to as adult-onset, type 2 is now increasing among children and teens.

Sources: National Center for Disease Control and Prevention, www.cdc.gov/diabetes ; American Diabetes Association, www.diabetes.org .

With the disease uncontrolled, painful neuropathy, edema, and even limb amputation can occur. "Care for the patient is a family issue, and often the family is depressed and without the help they require."

Depression and chronic illness are frequently co-morbid, Korn says. "Often, though not always, chronic stress and depression contribute to the development of diabetes in part because chronic stress raises blood sugar, and in turn diabetes is a terribly destructive disease, which in turn is depressing. When people are stressed and depressed about their lives, they often self-medicate with sugar and alcohol (which also turns to sugar). Sugar and refined carbohydrates are addictive and so the cycle goes. The brain depends on the right fuel mix of glucose, fats, and oxygen and when these ingredients are out of proportion so is our mental health."

Native Nutrition: "Our approach to prevention and treatment includes understanding cultural heritage as a method for determining appropriate food and nutrients for natives," Korn says. Cultural pedagogy, an important facet of CTM, involves the study of gathering and preparation, medicinal quality, history, botany, and politics of native foodways. "Our bodies evolve in large part based on the environment where they evolved." To enhance health and recovery, CTM uses metabolic typing to determine appropriate types and ratios of foods for each individual in the program.

As the program at Yelapa evolved, emphasis was placed on rediscovering and implementing authentic foodways to combat the effects of excess refined foods on local residents, namely diabetes and cardiovascular disease. Korn and her associates conducted health screenings throughout the area, checking blood type, glucose levels, and blood pressure of those who typically did not attend the clinic. Taking action as a community, villagers began to meet weekly for discussion and cooking sessions focused on reinstating traditional foods. Culinary education became an established part of CTM's approach and led to creation of the Nutrients for Natives program, which raises funds to provide nutrients, self-care education, and traditional medicine treatment for native populations.

Medicinal Plants: During her early years in Yelapa, Korn recorded oral histories from local herbalists and healers to document the use of medicinal plant practices within the community. The goal was to not only preserve this knowledge for villagers, but to apply it on a more global basis. A portion of her documentation served as the foundation for a community-generated medicinal plant book now used as a resource at the Yelapa clinic and in CTM's diabetes project.

Korn reports there are more than 1,300 plants throughout the world identified with hypoglycemic and anti-diabetic properties. Many, such as the nopale cactus, are indigenous to the North American continent. Known in Mexico for its effectiveness in preventing and treating diabetes by lowering blood sugar levels, nopale also aids digestion and contains essential vitamins and minerals that contribute to balanced health.

Community Activism: "Our work with indigenous peoples in Mexico and northeast Canada shows that the failure of conventional diabetes prevention and treatment programs is because these programs put the onus on the individual to change and are disconnected from cultural identity and authentic community-defined systems of support," Korn says. "It's a community disease and it's a community response." Thus CTM supports empowerment and intergenerational exchange to lift the community out of the stagnation of helplessness and reinforce self-determination.

Toward this goal, the center has provided community-based and family education, and organized intergenerational communication groups. Korn says teenagers have been very responsive, expressing a desire to learn and preserve the medicine ways of their elders. Family members are also trained in the polarity protocol. "I believe everyone can learn how to do this and should," Korn says. "They can learn how to hold the head or massage the feet to reduce edema. We've been doing a lot of work with teenagers, in matching them with grandparents." These strategies open the door of treatment opportunity for tribal members who cannot afford private therapy sessions.

Working within Tribal Communities

Charlene Hanson is a massage therapist and member of the Salish Tribe on Flathead Reservation in Arlee, Mont., where she lives and provides health services for her own tribal members as well as those of the reservation's Kootenai Tribe. As a "practicing" student of polarity, she incorporates CTM's diabetes protocol in both her individual therapy sessions and community health presentations.

With individual clients, Hanson combines most of the 21-point polarity protocol with lymphatic touch, nutrition, and massage. The benefits of this comprehensive, traditional approach are phenomenal, she says. "There's a lot of reduction in their edema levels in extremities, especially the ankles. There's a big decrease in depression." Along with nutritional counseling, lymphatic drainage also appears to influence eating habits. "The touching part seems to help with a whole variety of ailments that tend to overwhelm them. It's very calming for the native people I've worked with."

Addressing the challenges of implementing her therapies, Hanson says most of this work is not covered through insurances or IHS. "It would be a great treatment for the people, but since it is such a new approach, they're hesitant." Some of her clients pay out-of-pocket; others receive services through low-cost monthly programs.

Women, especially those with more advanced disease and clusters of symptoms, are more likely to seek services, Hanson notes, as they are generally more open to new things. But in many cases, they face the obstacle of other family members who, while voicing support, continue to practice unhealthy eating habits. "That tends to lead to a depression cycle," Hanson says, with the diabetic struggling to change within an unchanged environment.

Hanson's consulting business, operated through contracts with educational institutions, state health and human services, and local tribes, focuses on the theme of returning to traditions. "It incorporates returning to native diets and following the traditional practices we did in order to have a healthy, balanced lifestyle." Hanson's long-term goal for her reservation — people with community-based gardens sharing bounty with elders, chronically-ill homebound, and diabetics — is well on its way, with the current organization of a local church garden, tended by the youth group and supported by other tribal members.

Another of Korn's students, Sandi Loytomaki, lives in Guelph, Ontario, where she ministers to First Nations Tribes of Canada's eastern woodlands. She is of the Crow Clan, with heritage connecting her to the Sámi Tribe of Scandinavia. An energy therapist with a degree in neuropsychology, Loytomaki also blends shamanism, intuitive medicine, spiritual healing, and botanicals in her practice. While studying at CTM, she assisted Korn in development of the diabetes protocol.

"We use the bodywork protocol as a piece of our whole diabetes package, looking at people as a whole individual, but also as their culture and society influences them," Loytomaki says. Her first priority with clients or groups is to get a sense of their needs. She then matches pieces of the protocol to those individualized needs. Loytomaki also instructs clients in self-help use of polarity points for relaxation and treating edema. These techniques can be done individually or with partners, but one must be sensitive to the cultural environment. In communities that experience a high level of physical trauma, there can be discomfort with touch or bodywork.

Noting the ineffectiveness of conventional diabetic approaches, despite large funding allocations, Loytomaki says, "That's where

this kind of program can make a difference, because it addresses more than one factor in the person's healing journey. When you can address several factors at once, specific to individual or community needs, there's greater compliance to the program."

The beauty and power of CTM's diabetic protocol, she says, "is that it can and will work in indigenous communities, but it will work in other communities as well. In many ways it's a fresh look on the chronic nature and all that goes into manifesting chronic imbalance. I think that's something that can broaden out. People can track back in their ancestry where they are originally from, which will help them understand their physical structure and what they have inherited from their ancestors. That's an important piece to the puzzle often overlooked. In acquired diabetes, which really comes from the way a person is living, these are principles and a program that can apply to all people."

More Information

Center for Traditional Medicine, www.centerfortraditionalmedicine.org.

Center for World Indigenous Studies, www.cwis.org

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