



The Corona Virus from a Medical Point of View

Questions and Considerations¹

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How Did the Pandemic Start?

On January 7, 2020, the novel Coronavirus was already identified as SARS-CoV-2. The developmental steps at the outbreak of the pandemic were rapid: after the Coronavirus probably infected a human being for the first time at a wildlife market in the central Chinese metropolis of Wuhan which, looking back, is said to have happened November 2019, the country reported 27 cases of pneumonia of unknown cause to the World Health Organization (WHO) only on the last day of December. It is not until January 1, 2020, that the authorities closed the Huanan market. During these months, 30,000 travelers were still leaving the Wuhan traffic hub every day for destinations all over the world, until the city was sealed off on January 23. At the same time, Taiwan was arranging for travelers from the region to be checked on arrival. Taiwan, which is a democratic country, has since been considered a model in the fight against the virus. Taiwan was also the first country to inform WHO, even before China, but the disease control authority did not react at that time.

On January 9, the first patient suffering from SARS-CoV-2-associated pneumonia died. By now experts were becoming alarmed, since the last Corona epidemics – SARS, MERS – had proved to be extremely dangerous with high death rates. On January 12, a Charité University Hospital Berlin team, headed by virologist Prof. Christian Drosten, developed a PCR test method. The next day, the first case of infection outside China was discovered in Thailand, two days later in Japan and South Korea. On January 30, WHO declared a "Public Health Emergency of International Concern" (PHEIC).

Since the new lung disease, given the name COVID-19 by WHO, has become known, hardly a day has passed without the latest news about the spread of the pandemic, which is now worldwide, being communicated in the media. Reports outline the enormous socio-political and economic consequences governments predict the disease will have on the life of individuals. As a result, the consciousness of us all has suddenly changed; economic life has suffered massive losses; cultural life including studies at universities, schools, and kindergartens has come to a standstill; social contact is dramatically reduced and, in some cases, completely

banned; and the accustomed personal and social liberties in democratic societies are suspended.

Over all of this hangs an omnipresent cloud of fear. What used to be regarded as a normal cold, cough, or a flu in the making may now cause panic and threaten to overwhelm the outpatient clinics and the telephone lines of doctors' practices. Images of horror, for instance from Italy, have entered our consciousness via the TV news and the internet, and some people already see themselves on their way to the grave or imagine what it is like to suffocate.

Having been in contact and email communication on these issues with many people over the past few months, I notice a number of questions and considerations that repeatedly turn out to be particularly relevant; I want to focus my contribution in this essay on these questions. Even though it is certainly too early at this stage to find satisfactory answers to the many questions that concern us, it is nevertheless important, especially now that there is time for many people to do so, to exchange ideas on how we can understand this pandemic, how long it will last, what the consequences will be, and how we can make the best of this crisis, which affects each of us in very different ways.

However, as a supporting member of *Médecins Sans Frontières MSF/Doctors Without Borders*, I would like to take this opportunity to say something about this organization. I follow the enormous efforts by MSF to research the situation on the ground in underprivileged countries, to provide organizational advice wherever possible, and also to help directly. There are hundreds of thousands of people in these countries who are already struggling with chronic diseases such as HIV, hepatitis, or tuberculosis, and who are therefore particularly vulnerable to the new virus. Not to mention the Rohingyas who have fled persecution in Myanmar, who have to live together in tightly close quarters in

¹ This article is included in Michaela Glöckler, Andreas Neider, and Hartmut Ramm, *Corona - eine Krise und ihre Bewältigung: Verständnishilfen und medizinisch-therapeutische Anregungen aus der Anthroposophie (Corona – A Crisis: How Do We Overcome It? Aids and medical-therapeutic suggestions to gain an understanding through Anthroposophy)* published by Akanthos Akademie for Anthroposophic Research and Development, Stuttgart, 2019. The English translation, prepared by Astrid Schmitt-Stegmann, was revised for the current publication.

refugee camps, where distancing rules and frequent hand washing can only be a dream. Correspondingly great is the concern for those who feel co-responsibility for these people.

I do not want to miss the opportunity to highlight MSF as an example of the many initiatives, large and small, that try to get a picture of the situation on the ground, despite all the concern that perhaps they may be putting themselves in danger. They want to do what is organizationally and practically possible and feasible without fear and with much empathy. Such an engagement deserves our support, gratitude, and deep respect. A book on this subject was published a few years ago under the title "Courage and Humanity."² Medicine wants to serve the whole of humanity – it belongs to everyone, but it is available to people in very different ways. How this can be changed is also a question about which we are becoming more conscious due to the Corona crisis, and I hope that some of what has been put forward here can help to find an answer to this broader issue. In any case, it is fortunate that civil society is becoming increasingly active where government leaders fail. This activism is also a necessity, and without it less and less will be possible. We are all in the same boat and everyone can contribute to the "Corona turn-around."

Why Is COVID-19 More Dangerous Than a "Normal" Virus-Flu?

Although eventually the number of cases was not as large as originally feared, mortality was high in the Severe Acute Respiratory Syndrome (SARS), which originated in China in 2002 and was probably transmitted by bats. Shortly after it was identified and detected, the disease was found to have infected 8,000 people, with 774 fatalities, or 10% of infected patients [the ratio was later adjusted to 15%]. The Middle East Respiratory Syndrome/MERS-CoV, transmitted by camels, was first identified in Saudi Arabia in 2012, with a recorded fatality rate of 35% of those infected.

The *Coronaviridae* family is large and responsible for a wide range of diseases in humans and animals. Although these viruses usually cause only a cold in humans, they can also lead to life-threatening conditions. Even though the complication rate for COVID-19, as far as

the statistics indicate so far, is significantly lower than in previous Corona epidemics, COVID-19-associated pneumonia is particularly troubling. Due to the inflammatory swelling of the fine connective tissue surrounding the airways and pulmonary alveoli, pneumonia initially begins insidiously, but can then suddenly take on highly dramatic forms, requiring intensive medical care and even artificial respiration. This distinguishes the disease, for example, from the classical pneumo-

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nia caused by pneumococci, which usually begins with acute symptoms such as fever, physical weakness, and great discomfort that force the patient to go to bed; since the classical pneumonia is caused by bacteria, it can be treated with antibiotics if necessary. By contrast, pneumonia caused by viruses is called atypical because it is not the alveoli themselves that swell up, as in pneumococcal pneumonia, but the connective tissue between them.

This can begin slowly, then suddenly become dramatic and acute, triggering a sensation of drowning. Then, in addition to oxygen administration, intensive medical care, including artificial respiration, is usually necessary.

In contrast to classical pneumonia, which can be treated with antibiotics, conventional medicine has no specific medication to stop the activities of the virus. There are so-called antiviral drugs, but these are not specific to COVID-19 and have significant side effects. Therefore, the treatment of virus-related diseases relies on vaccinations and, if available, treatment with specific antibodies, the so-called hyperimmune globulins, which can deactivate the virus. However, these can only be obtained from organisms, including humans, who have overcome the disease and, by overcoming the disease, have been able to form the corresponding immunoglobulins.

This treatment option will probably become possible in the future but is not available at the time of this writing. More interesting in this context is the fact that most patients in China have relied on traditional Chinese medicine during the crisis, and that the supportive therapy methods of homeopathy and anthroposophic medicine seem to be proving their worth in Europe as well. In any case, we will be eager to evaluate patient records after the crisis has subsided.

What Are Viruses?

The word "virus" comes from Latin and means "slime, poison, drool." It was introduced into medicine by

² Tankred Stöbe, *Mut und Menschlichkeit. Als Arzt weltweit in Grenzsituationen* [Courage and Humanity: As a Doctor Worldwide in Border Situations], (Frankfurt am Main: Fischer Verlag, 2019).

the Roman encyclopedist Aulus Cornelius Celsus (25 B.C.– 50 A.D.). His eight books on the medical disciplines were first printed and widely available in the 15th century. Many of his suggested treatments—for example physiological fever treatment for inflammation—still make sense today. As electron microscopes were not yet available at that time, it was only possible to identify liquids such as saliva and other secretions and excrements, or polluted water, as cause of disease, but not the underlying perpetrators of the problem. Accordingly, virus research is a child of the 20th century. We have known the Coronaviruses since the late 1960s. But it is only since the invention of cryo-electron microscopy, for which the Nobel Prize for Chemistry in 2017 went to Jacques Dubochet (Switzerland), German-born Joachim Frank (United States) and Richard Henderson (United Kingdom), that the visualization of individual biomolecules has been possible. This method simplifies and improves the visualization of biomolecules to such an extent that it has initiated a new era of biochemistry.

Under the heading *Pandemics and Their Causes: How Humans Unintentionally Breed New Epidemics*, the science journalist and biologist Philip Bethge published on April 3, 2020, in the science section of the German magazine *Der Spiegel*, a remarkable contribution.³ He writes that the outbreak of the current pandemic was not accidental. Species extinction, destruction of nature, and climate change have long increased the risk of diseases spreading from animals to humans. Bats and flying foxes [a genus of megabats] are particularly suitable hosts for this disease, with a good 3,200 different Coronaviruses already identified. Although we do not know how long it took for SARS-CoV-2 to make the leap to humans, we do know that these are classic evolutionary mechanisms that can cause such epidemics, with humans playing the leading role in spreading the virus. Time and again, pathogens jump from animals to humans. This so-called zoonosis is increasing worldwide. Why? Population growth and destruction of nature, species extinction, and climate change promote the emergence and spread of such pandemics because the associated disruption of habitats causes and promotes the crossing of species boundaries.

But how should we understand this? In order to do so, we must first understand a number of things about the special nature of viruses.

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A virus is not a living being in its own right. It consists only of a shorter or longer piece of genetic material either of the type DNA (DNA viruses) or RNA (RNA viruses). This is surrounded by a differently shaped protein capsule or envelope, which is often geometrically shaped. Thus, the Coronavirus owes its name to the beautiful spherical shape it has. What many people know only from scientific research and its application in medicine and agriculture as genetic engineering, gene technology, or gene manipulation is based on the study of the natural way of life of viruses. It is normal for viruses to introduce themselves into foreign cells as a piece of genetic material. Either they can coexist peacefully with their hosts while modifying their genetic material, or they can destroy the host

and look for new cells, as is the case with virus-related diseases, until the immune system stops this activity. The fact that it is possible to change organisms by introducing certain genetic material sequences has always been the “daily business” of viruses and not an invention of humans. Without penetrating a well-functional cell of bacteria, plants, animals, or humans, viruses can survive only for a short time. In sunlight and heat, they are quickly destroyed; in moisture or even in ice they can remain active for a long time. What classical genetics used to call “genetic coincidence” or “spontaneous mutation”—sudden changes in the genome—is, as we know today, essentially the work of such viruses. Even if research in this field is only decades old, including the new aspects brought by epigenetics and the modern genetic understanding with regard to an open developing system, enough is already known today to highly respect these “genetic assistants” in the evolution of the world of the living. They are, so to speak, “mobile genetic material” that serve predominantly to the benefit of their host organism and not to its detriment.

However, if the system is irritated, they can develop pathogenic, i.e. disease-causing, properties. Whether viruses, as do bacteria, play a positive role in human health or cause disease depends on the condition of the organism and its environment. They can also trigger different diseases, depending on the climate and location. A well-known example of this is Pfeiffer's glandular fever (mononucleosis). It is caused by the Epstein-Barr virus. However, in Africa, the same virus can cause Burkitt's lymphoma, a malignant lymph gland disease. In China it is responsible for a certain form of throat cancer. Viruses adjust the way they work on the situation of the environment, and on the host organism into which they enter. Thomas Hardtmuth has written a very readable essay on this subject. He uses many

³ <https://www.spiegel.de/wissenschaft/natur/pandemien-und-ihre-ursachen-so-zuechtet-der-mensch-ungewollt-neue-seuchen-a-00000000-0002-0001-0000-000170323296>

examples to illustrate the context-dependent nature of viruses as highly malleable genetic information carriers or information mediators.⁴

Based on this aspect, it is also easy to understand why it is so difficult to produce vaccines against certain viruses, because they change faster than a vaccine can be produced, and the mode of action of viruses in human constitutions differs. We also all know only too well that, despite the introduction of flu vaccination against a particular strain of flu virus, flu as such cannot be defeated because there are still enough other modified viruses that can cause the disease. Thomas Hardtmuth summarizes the results of his research so far:

From a systems-scientific perspective, viruses in their entirety (virosphere) represent the mediating medium of a global, genetic communication among organisms. The genomes of individual organisms are therefore less the result of random mutations, but can be understood as peripheral-and context-dependent, evolutionary new arrangements of this basically dialogically organized system of the virosphere. [...] The high genetic plasticity, adaptability, and mutability of viruses has been internalized and conserved through innumerable developmental steps in the highly complex intracellular RNA elements of the genetic “text processing” of all living organisms which mediate as an epigenetic regulator between environment and organism and are thus the prerequisite for further development and biodiversity. Viruses have a dual nature in that they are both genetic stimulators and pathogens. Against this background, their pathogenicity proves to be merely a special case in the sense that they are susceptible to stress and disruption of every innovative, living development.⁵

This does, however, answer the question why people, through their modern lifestyles and economic systems, are decisively co-responsible for something like the Corona epidemic/pandemic. Thomas Hardtmuth refers in this context to Günther Witzany's concept of biocommunication:

As has become apparent in recent years, the infectious, highly dangerous effects of viral infections are a kind of special case and characterize those viruses

that cannot develop a permanently sedentary lifestyle in host organisms. In most cases, viruses live in a host organism and help it to fend off competing parasites [whereby it achieves a higher level of immunity]. Thus, they often become part of the evolutionary history of the host organism or the whole host species. Sedentary viruses are crucial for species diversity and host genome processing. Practically all competencies of natural genome processing, as represented in the conservation of gene reading, transcription, translation, and recombination (with all its steps and intermediate steps), derive from viral capabilities. [...] Since it has become clear through several observations that viruses are capable of integrating genetic material into host genomes, it has become clear that viruses have symbiotic and symbiogenetic lifestyles in addition to infectious life strategies. They transfer phenotypic characteristics to the host that a non-infected host of the same species does not have. As endosymbiotic viruses that depend on host replication, they are part of the host history by becoming heritable and thus part of the genomic identity of the host.⁶

Just as today the microbiome of the intestine is increasingly being researched in its significance for the health and illness of the human organism, viral research will increasingly reveal the basis on which the human epigenome is lastingly influenced “at every moment of our lives”: “by diet, lifestyle, habits, diseases, by our mental state – even by our formed mental images, that also have their genomic correlate.”⁷ As an example, Hardtmuth cites, among other things, the fact that people today can digest starchy food well because they have genetically acquired this ability by integrating a nucleotide sequence from a virus that encodes the expression of the necessary amylase gene in the salivary glands. We are usually not clear about how

much we owe to this “wandering genome” in its wise ways and that a major part of the human genetic material is due to the integration of viruses during evolution.

Why Do Human Beings React So Differently to a Virus?

From the foregoing, there is already some evidence that helps to answer

the question posed above. It is not only “the virus” that causes disease, but the interaction of the individual constitution with this intruder. We know exactly why a

Therefore, it is clear with regard to Corona: The virus is the reason for this specific form of disease symptoms, but not the cause!

4 Thomas Hardtmuth, *Die Rolle der Viren in Evolution und Medizin [The Role of Viruses in Evolution and Medicine] – Versuch einer systemischen Perspektive*. In: *Jahrbuch für Goetheanismus*, Band 36, Stuttgart 2019, p. 3-61.

5 Hardtmuth, p. 3.

6 Günther Witzany, *Biokommunikation und natürliche Bearbeitung genetischer Texte – die Anwendung der sprachpragmatischen Philosophie der Biologie*. Norderstedt 2010, p. 121. Quoted in Thomas Hardtmuth, op. cit.

7 Thomas Hardtmuth, op. cit., p. 27.

mother usually does not get the flu when the whole family suffers from it – at best she gets it when the family system is back in balance and she needs to sleep. Even the young doctor’s assistant or the nurse newly employed in the infectious disease ward often has an “initial infection.” The fear of possible infection does not exempt medical professionals; moreover, every new beginning of wide infection is associated with encounters with the unfamiliar that makes people feel insecure, creates stress, and can upset an individual’s health balance, so that it is easier to become infected by a carrier. Why do we speak of a cold? Because hypothermia or too much draft also disturbs the fragile health balance, as does too little sleep, irregular or unhealthy eating patterns, etc. In large cities and urban centers, air pollution adds to the undermining of this health balance and is anyway a great challenge for the respiratory tract; it will remain so for as long as we do not orientate our transportation and industrial production processes towards a more human friendly ecology. Every organism has to deal with surrounding damage of all kinds on a daily basis.

This imbalance is compensated by an organism’s adaptable immune system as an essential factor of the body’s own self-healing powers. In addition, there are the differences in social circumstances mentioned above. Seen in this light, illness and health are not opposites – rather, they are a continuum of *illness* and *healing*. Health, on the other hand, is a fragile state of equilibrium between the ever-present factors of illness and the healing and regenerative compensation possibilities that the body possesses. This is why the question is so important: What strengthens the body’s healing and compensatory capabilities and what weakens them? These are the basic questions of current health-, resilience- and salutogenic-research.⁸

Therefore, it is clear with regard to Corona: The virus is the *reason* for this specific form of disease symptoms, but not the *cause*! We can be quite sure: Anyone who has developed a disposition for disease—for whatever reason—will sooner or later encounter a virus that triggers a flu-like infection, quite independently of Corona. Quite a few who had to fight with influenza during these past months and had themselves tested for SARS-CoV-2 (COVID-19) were almost a little disappointed when the

test turned out negative for COVID while other viruses could be detected.

If the virus were actually the cause of the disease, practically everyone would have been infected during the flu epidemics, because these were not accompanied by restrictions regarding social contact. The example of the Corona epidemic also shows that most people who contract the virus do not fall ill or become only slightly ill with a cold and a little cough. The fact that, for the first time in the history of humanity, a slowing down of the infection rate through “social distancing” in the truest sense of the word is to be achieved with all possible force is due to the concern in the current virus invasion that the existing supply

capacities of the health care system may not be sufficient for the seriously ill, because we do not know how many of those infected will become seriously ill.

Why Is the Disposition to Become Infected So Individually Different?

Those who have a stable immune system and good self-healing resources are resistant and can protect themselves. The body quietly mobilizes its immunological defense against disease so that the viral invasion is not noticed at all, or only slightly. Those who do fall ill, however, may wonder why their body’s own protective function has failed, so that the infection with SARS-CoV-2 can take hold with more or less severe symptoms. Depending on what is considered the cause for a weakening of the immune system, we can then help ourselves in a more targeted manner. In addition to the above-mentioned possible causes of hypothermia and certain lifestyle elements such as sleep, diet, lack of exercise, or low stress tolerance, mental and spiritual factors can also play a role.

Anyone who suffers from herpes blisters caused by the herpes virus, for example, knows only too well in which context they appear and then disappear again. The virus remains in the body, but it only becomes virulent if the appropriate conditions are present. This is also used diagnostically by measuring the activity of herpes viruses in saliva, and in stress research as an indicator of chronic mental stress. It is also well known from psychoneuro-immunological research how greatly motivation and positive feelings strengthen the immune system. In addition, salutogenesis and resilience research also show how much influence on the health condition a spiritual orientation, religious faith, or an optimistic

It becomes clear how strongly our identity correlates with our immunity. Depending on what we connect and identify with, that is what makes us stronger or weaker.

⁸ See Michaela Glöckler, *Was ist Anthroposophische Medizin? [What is Anthroposophic Medicine?]* Wissenschaftliche Grundlagen, therapeutische Möglichkeiten, Entwicklungsperspektiven, Dornach 2017.

worldview can enable us to process constructively what life demands of us.

Moving examples for this are contained in books such as Victor Frankl's *Man's Search for Meaning*, Jacques Lusseyran's *And There Was Light*, Hans Jonas's essay, "The Concept of God after Auschwitz," or the book, *Stronger than Hate*, by Tim Guénard, a severely traumatized child from France who was later described his path of a life filled with gratitude and joy. What kept these human beings alive—despite all the inhumanity they had to suffer or witness—was the awakening and ever strengthening certainty of their spiritual existence and destiny.

Taking all this into account, it becomes clear how strongly our *identity* correlates with our *immunity*. What we connect and identify with is what makes us stronger or weaker. The fate of countless refugees in our times also bears witness to high levels of endurance that is based on trust in God, in oneself, and in destiny, and that makes it possible for them to survive even the greatest hardships. The will to survive and the hope for a better life have such a potent effect that the immune system defies the damage wrought by overtiredness, heat, cold, lack of food and water, fear, and violence. The deadly impact of the Spanish flu that raged around the world in the wake of the World War I was due not simply to the virus, but to the condition of humanity shaken and traumatized by the destruction of familiar living spaces, as well as by fear, violence, hunger, flight, and many painful losses.

Dealing with Disease – Why Do Humans Face Different Problems from Animals and Plants?

In the natural world, diseases hardly ever occur; instead they appear only as "regulators" for ecological balance. Even wild animals do not know this problem: when an animal falls ill or suffers an injury, it is quickly eaten or dies because it can no longer feed itself. Otherwise, plants and animal species fall ill and become extinct because their habitats have been changed by humans; they are not able to adjust themselves to the new environmental conditions, their ability to exist is endangered or extinguished. The fact that illness or injury is different for pets is due to their symbiotic life with humans and the veterinary medicine associated with it. Living with illness—rather than simply dying from it—is something specifically human. Why?

In childhood and adolescence, acute infections predominate; between the ages of 20 and 40, people mainly voice psychosomatic complaints that are associated with their education and training, their career path, or the challenges starting a family. After that, sooner or later chronic diseases begin to set in which accompany us until the end of life. These "normal illnesses" are companions of every biography – though in each individual case they can be more or less pronounced or present only as a tendency. Those who say, "I have always been healthy" are ignoring the occasional cold or the diarrhea suffered on vacation. That is why doctors write in the medical history: Never been *seriously* ill.

But why is it this way with humans? Why don't we have the natural ability to adapt easily everywhere? Why in the course of our development do we react with illness to physical, soul, and spiritual irritations? These three forms of illness tell us this: because they all have indispensable positive side effects. Acute infections during the growing age promote the development of a stable immune system that prevents us in the best case from falling seriously ill in the course of our lifetime. Psychosomatic problems, on the other hand, cause us to look for ways and means to become more stress tolerant, to better cope with frustrations, to become more self-confident, and to stand for who we are. Many seek self-coaching and self-management or reach for spiritual training books, such as Rudolf Steiner's *How to Know Higher Worlds*, or do yoga or take a Zen course. The result is that our "soul immune system" stabilizes. We learn to get along better with ourselves and our environment.

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As unpleasant as it may seem to some people, it is precisely these ailments and symptoms of illness that help us – they show us the

way and wake us up for necessary learning goals. Birds, dogs, and cats cannot become more perfect than they are. So, what is the point of having to deal with symptoms of illness? Only we humans can learn and become more human throughout our lives. A bird, by contrast, would not become more "bird-like" by dealing with symptoms of disease.

And what positive side effects do chronic diseases have during the last third of life? They are often the occasion to ask questions of development and meaning which also include the question of death and a possible post-existence in disembodied form. Such existential reflections can also offer occasions for spiritual reorientation.

When we experience the limitations and fragility of our physical existence ourselves, new feelings and thoughts are awakened that point us to our imperishable, purely spiritual existence. This existence does not live in the body, but in the powers of our thoughts, feelings, intentions – in the identity that we develop ever more consciously. In this way, something that can be called “spiritual immunity” is created.

Besides these three forms of illness that accompany every course of life, more or less intensively, there is also a group of illnesses that is very difficult to understand. These are unexpected illnesses connected with destiny questions. For example, childhood leukemia, a congenital heart defect, an accident that leaves one physically disabled, food poisoning. Here, “finding meaning” is only possible if we have learned from the “normal illnesses” that accompany life that illnesses do not harm but want to help. They are not a “punishment from God,” but supporters of the individual development of each person. Whoever deals with the questions: Why did this happen to me? What has changed in my life? What could I learn only from this particular experience? will find – if he or she seriously wants to – the meaning, the personal message for his or her path into the future. And when death occurs through illness? Why learn so much when you die suddenly and then perhaps “everything is finished”?⁹ Thoughts such as these lead almost automatically to the realization that human development in one life cannot lead “to perfection” – that although death does indeed end an earthly life, our further development does not end with it.

How should, otherwise, the prophecy contained in *Saint John’s Gospel*, for example—“You will know the truth and the truth will set you free” (John, 8:32)—be realized if humans live only once? And, in addition, if people live only either as a man or a woman or something self-determined in between? As soon as we seriously think about the capacity for human development, the thought of reincarnation readily comes to mind. Then the thought is quite relieving, that we can take the achievements of one life on earth with us into a life between death and new birth, and there, in a spiritual form of existence, prepare a next life, where new tasks for further development are pending. Into this other,

9 See Michaela Glöckler, *Raphael and the Mysteries of Illness and Healing*, available at www.buch-engel.com/Gloeckler-Michaela-Hrsg-Raphael, or at the Medical Section at the Goetheanum.

non-bodily form of existence, however, we can take with us only what we have become as thinking, feeling, and willing humans.¹⁰ As a result of such a consideration, the feeling of co-responsibility for Planet Earth grows, so that it can offer us the chance for further development for a long time to come.

What Is the “Right Way” to Face the Pandemic?

There are two strategically related approaches to dealing with the Corona pandemic, both recommended by leading epidemiologists: building up so-called herd immunity by more or less controlled—i.e. gradual—immunization of the population, while life goes on as normal, and at the same time protecting risk groups. Many people are familiar with the term herd immunity from the WHO’s strategy for measles vaccination. This strategy states that when almost all people are immunized, new infections can occur only in exceptional cases. If, however, to build up herd

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immunity in the absence of an available vaccination, as is the case of Corona, one can risk this strategy only if the health service is flexible and has the best staff and equipment to deal with the consequences of this approach. This flexibility is needed because one does not know how many will become seriously ill before immunity is achieved. Great Britain initially tried this approach, but soon failed due to the weaknesses of its chronically underfunded national health care system. At present, only Sweden is consistently taking this approach. In an interview with the magazine *Cicero* on March 26, 2020, Anders Tegnell, a doctor, an epidemiologist, and key advisor to the Swedish government, emphasized:

All countries have the same goal: We are trying to reduce the spread of the virus. [...] But we also agree that it is very difficult to predict what will happen when we close schools. Many things happen when you do that: the children are affected, society, especially the parents. This is where Sweden differs from many other countries: Both parents almost always work here. And many of them work in the health system. And when we speak to them, they say: Do not close the schools. The effect of this measure on public health will be much worse than the spread of the virus in a

10 See Rudolf Steiner’s lectures, *The Inner Nature of Man and Life and Our Life between Death and New Birth*, Forest Row, 2013.

school. [...] We live in a strange world now. Usually we have to fight in the health sector to get things done, for example, vaccination campaigns. Now we have to fight to make sure that things are NOT done. If you ask scientists all over Europe whether it makes sense to close the borders at a time when there are significant number of Corona cases in every country, the answer will be: No. It was the travelers who brought the virus into the country in the beginning, but now not anymore. [...]

Sweden differs from many other countries in one important aspect: on one hand, we have had a very strong bureaucracy here for centuries. A large part of the technical knowledge lies within this bureaucracy. Our ministries, on the other hand, are small and support the politicians in the decisions they make. But politicians in Sweden don't make decisions on details, they just give the general direction in which to march. And the bureaucracy then works out a plan of how to proceed. Politicians make the decisions, but they are based on the knowledge and experience we provide them. [...]

There have been a number of surveys, about our agency and me personally. The result is: We have incredible support.¹¹

In Sweden, therefore, public life is only slightly restricted and the number of infections [at the time of this writing] is currently declining, with many intensive care beds empty.¹² Tegnell suspects that 50% of the population is already infected. However, only a later test could prove this. Latest figures from the press conference with Tegnell on April 16 show that Sweden, with a faster infection rate without a shutdown has 132 Corona deaths per million citizens. In comparison, countries that did enact a shutdown, where infection is slower, had even fewer: Finland 14, Norway 28, Denmark 55, and Germany 46 deaths per 1 million inhabitants.

11 <https://www.cicero.de/aussenpolitik/C-pandemie-schweden-skifahren-staatsepidemiologe-anders-tegnell/plus>

12 [Editor's Note: By mid-October, Sweden (population 10.1 million) has registered the highest number of COVID-19 cases of all the Nordic countries, with 103,200 confirmed cases and 5,910 deaths. Its neighbor Norway (population 5.4 million), which did enact a national lockdown on March 12, 2020, registered 16,136 confirmed cases and 276 deaths.]

To hold a child to an artificial timeline for developmental and academic achievements that apply to all, rather than to the individual child, is to doom a large percentage of children to failure at a very early age.

Leaders in the German *Society for Infectious Diseases* (DGI) consider a strategy that doesn't include a drastic shutdown to be a dangerous mistake. A "controlled infestation" is out of the question for them. They refer to the available figures and the projections derived from them. Board member Prof. Dr. Gerd Fätkenheuer is counting on a strategy for monitoring and controlling the infection. Urgently necessary for this are an expansion of the test capacities as well as the isolation of persons tested positively. To this end, all measures must be taken that can help to control the epidemic. These include smartphone tracking via the COVID-19-app as well as the wearing of face masks if there is a possibility of direct personal contact.¹³

This strategy, which includes the lockdown that paralyzes social life, is now the dominant reality for most countries, because it is guided by the current scientific opinion. This also applies to Germany, even though its health system is in good shape compared to other European countries, and even though leading epidemiologists have spoken out in favor of "controlled infestation" without a lockdown, especially in Germany. The question of the "right approach" can be answered only by the will to find it – and a genuine interest in the well-being of all. Statistics and extrapolations are not enough. Although they offer mathematical security, they can also be blatantly unrealistic. If you want to do justice to life, you need not only numbers but also courage and a sense of reality.¹⁴

Between Panic Scenarios and Trivialization: Where Do We Stand?

Where do we stand? Obviously in the middle of it! Both sides, "panic and neglect" as the WHO puts it, have advanced their arguments, and we can learn from both sides to look more closely at what is at stake. But what can we learn from those who want to see the Corona pandemic integrated into the normal flu season? The question must be asked: What would have happened, if already in January, when the first projections were made, we had concentrated fully on the support of

13 <https://www.dgi-net.de/senioren-vor-COVID-19-schuetzen-junge-infizieren-ein-gefaehrlicher-irrweg/>

14 For example, it has been shown that the contact ban ordered in Germany on March 23 as a result of the calculations of the RKI [Germany's federal agency for disease control and prevention] no longer had any effect on the R-factor, the transmission rate on which the spread of the pandemic depends. Since March 22, it has remained at about 1. See the report of the Robert Koch Institut of April 14, 2020, online at www.rki.de and the report from the influential Tech website *heise online*, at <https://www.heise.de/>.

the health system and had mobilized funds and consultation for it? What if social life had continued undisturbed, and what if we had put our money on quickly building up good herd immunity protection, as the afore-mentioned Swedish chief epidemiologist Anders Tegnell has so far risked?¹⁵ After all, the more people become immune, the slower the epidemic spreads. In addition, voluntary blood donations from people who have already achieved immunity could then be used to provide hyperimmunoglobulin therapy, which can save the lives of severely ill people.

Instead of panic-mongering, a good health care system could elicit public trust by anticipating crises and educating people about measures to strengthen the immune system beyond simply washing hands, protecting one's mouth, and practicing physical distancing. Alternatively, wouldn't it be a nightmare if new waves of influenza and pandemics are used to force people to undergo mass testing and vaccinations "for social reasons" and surveillance measures are tested in the name of public health, while also benefiting the pharmaceutical industry and its associated politics?

Not to mention the danger of people over 65 losing their freedom of movement by decree "in order to be protected by authority," or that residents in old people's homes are no longer allowed to be visited by their relatives?

Good hygiene measures are needed on site in the form of sufficient protective clothing, etc., rather than social isolation. Other news reports speak of the continuous increase of electrosmog—especially from high frequency microwaves, which the 5G installations worldwide are bringing along with them¹⁶—in addition to air pollution, which must be considered the main cause of lung complications. To declare these cofactors to be the main culprits is surely not tenable. But it certainly is relevant to include them in the considerations that are important when it comes to sustainable public health. After all, these are all man-made factors for which there are alternatives, decidedly healthier ones, that could be made widely available, if we only want it so and if we budget a little more time for their development.

15 See Schweden, "Stoisch gegen den Rest der Welt" ["Stoic against the rest of the world"], *Neue Zürcher Zeitung* on Sunday, April 12, 2020.

16 See www.diagnose-funk.org

The decision concerning which system of data transmission—such as the 5G network—is to be chosen is completely beyond the process of democratic control. Systems that have fewer adverse health side-effects in the long term are still under development and are not brought into the decision-making process. But who decided that everything must be done so quickly, even if that means accepting possible damage to health?

One thing is evident from all these considerations: Behind every possible strategy for crisis management stands a certain way of thinking – also about health and illness. These are not mutually exclusive and should complement each other in a meaningful way.

And what about the various conspiracy theories currently circulating? Powers of darkness and of light are always at work around and between us: every good thought is a luminous reality, every dishonest intention a dark one. In the end, it is not "evil people" who rule us, but seductive and evil thoughts. It is our thoughts through which we imagine the visible and invisible world and bring it to consciousness. And it is only through our feelings that we can understand what our thoughts and concepts illumine; we experience feelings that take hold of us and lead us around without our understanding them as burdensome and unhealthy. It is through thoughts that we can bring invisible powers to our consciousness. Religious documents speak of these – be they gods or devils, angels or demons. We can and must learn to judge which spirit harbors certain intentions, motivations, and deeds.

On many occasions Rudolf Steiner did not shy away from speaking about Lucifer, who is called Diablos in the Bible, and of Ahriman, who is called Satan, in addition to well-known good higher beings, like the archangel Michael and Christ. Goethe has Mephistopheles says

in the drama *Faust*: The little people never feel the devil, even when he has them by the collar. It takes a strong will for self-knowledge to admit to oneself which motive is at the basis of our decision-making for or against something, or how pure the intention is that guides one. Freedom is not available without the risk of erring.

However, if we live with the question—when called upon to judge whether the consequences of certain choices would promote human freedom, and whether

It takes a strong will for self-knowledge to admit to oneself which motivation, which motive is at the basis of our decision-making for or against something, or how pure the intention is that guides you.

we can address the question with our own power of judgment—it becomes easier to recognize whether or not the intentions and goals harbored by such choices truly respect and promote human dignity. Then it will also become clear which spirit is served when we agree to something or not.

Does the Image of the Human Being and the Medical Mindset Need a "Turnabout" in Thinking?

Today's mainstream approach in medicine, informed by empirical natural science, is based on the idea that diseases are errors of nature that can be eliminated to the extent that the mechanism of their development is known. As beneficial as this is to efficiently treating the symptoms of a disease, it seems so naïve—if we know the different levels from which disease-and healing processes can emanate—to think we can control everything physically right through to the final stage of an illness. We should also mention that not only the occasional pathogen but the man-made changes to our habitat and environment and the horrendous contrasts between rich and poor—i.e., those with and those without substantial education—are responsible for most diseases and early deaths.

The Corona crisis shows this with greatest clarity. As sensible as the physically effective emergency measures of isolation and protection may be at first, it would be disastrous if a new type of political-medical form of dictatorship were to emerge using this pattern, which could restrict individual autonomy regarding health to the point of disenfranchisement. The tools for such a change in approach are already available and are currently being successfully tested.

How many elderly people would—with the appropriate education—consider the risk of infection and the possibilities of palliative care as an alternative to intensive care units, in view of the possibility of serious illness? I venture to suggest that many would say with certainty: my personal freedom is more important to me than an ordered security – even if my life ends earlier as a result.

A health care system that does not recognize the meaning and significance of illness and death in a human being's life can neither judge comprehensively nor do justice to the specific questions of those who are

sick. Why should elderly people not have the right to go to a concert, even if they know that they can get infected there during a flu season? It is to be hoped that, in an advanced health care system in the future, directives will also enable people to decide for themselves what kind of protection they would choose, and under which conditions, and bear the consequences.

The image of the human being that also takes the spiritual dimension of humans into account, and their ability to develop towards freedom and dignity must—if medicine is to remain human and become ever more so—needs to complement the natural scientific medicine of

the present, even if this has far-reaching consequences for allopathic medicine, for example in relation to the treatment of the psychosomatic problems mentioned above. Of course, the treatment through painkillers and psychotropic drugs of acute symptoms such as sleep disorders, "nervous heart complaints," stomach pain, appetite problems, restlessness, headaches, depressive moods, anxiety, hatred, and frustration is at first helpful and offers relief. However, if a doctor rules out physical causes for the symptoms, the treatment should not be continued in this way. What can be quite sensible in an acute situation inevitably leads to a dead-end later on.

After all, we humans are not as specialized as animals, which by nature do everything right and "can deal." We must learn everything actively from the very beginning. Even the most human capacities, like walking, speaking, and thinking are not given to us from the start. Even such "natural" things, as sleeping well, eating healthy food, and dealing humanly with reproduction, etc., must be learned during the course of life. The same applies to soul capacities, such as learning to set oneself apart from others, developing healthy self-confidence, self-control, concentration, inner peace, etc. If a medical way of thinking advocates replacing developmental work with medication, it does more harm to the person than good.

But how can the question concerning the kind of thinking in the medical field be helpful to us for the issue of a "shutdown" of social-economic life? The fear that the health system of a country—its ability to provide intensive medical care intervention—is not prepared for an epidemic growth of pneumonia has justified the shutdown. From this point of view, such a temporary

As sensible as the physically effective emergency measures of isolation and protection may be at first, it would be disastrous if a new type of political-medical form of dictatorship were to emerge according to this pattern.

measure is justifiable. The time gained can be used to ensure the supply of protective materials, intensive care beds, and, above all, adequately-trained medical staff. The quality of the country's health care system needs to be scrutinized and the long overdue and requested improvements and investments have to be made. In addition, the slowing down of disease-spreading through "social distancing" serves to make everyone aware of the risk and of social co-responsibility. Good hygiene rules apply to any flu epidemic.

It is therefore crucial that we now reconsider where the "skipping" in the hospitals as a result of privatization has led, not to mention the state of emergency in professions such as nursing and social services, whose staffing shortfalls have been lamented for decades. For this is the result of a materialistic way of thinking that is geared towards maximizing profits. *This* is the problem that brought us the shutdown. If a shutdown is to be avoided in the future, a rethink is needed here. As much as digitalization is now being promoted to compensate for shutdown problems and to better counteract questionable and actual contagions, investments in a healthcare system and good, professional human care will need to be made with similar intensity. Not only that: ecological problems must be diagnosed as the main cause of pandemics and treated globally.

Here are two examples from the aforementioned essay by Thomas Hardtmuth:

The fact that modern poultry fattening has little to do with species-appropriate husbandry need not be stressed. In recent years, mutated virus strains (H5Nx) have suddenly appeared, leading to an increase in mortality rates from avian flu, and it was feared that they could spread to humans and cause a global epidemic. For whatever reason, research results from industry-related institutes have now been published, mainly indicating that this new virus was allegedly imported into Europe from Asian wild birds. As the American evolutionary biologist Robert Wallace (2016) of the University of Minnesota has convincingly demonstrated in his book *Big Farms Make Big Flu*, these new pathogens (Campylobacter, Nipah-virus, Q-fever, hepatitis E, and various novel influenza variants) all originate from industrial

If a medical way of thinking advocates replacing developmental work with medication, it does more harm to the person than good.

agriculture. The mutated strains could not be detected in wild birds.

In 2011, animal breeders in the USA bought 14,000 tons of antibiotics. That is 70-80% of the total annual consumption in the USA, which means that only a quarter of it is used in human medicine. Such consumption figures apply to almost all Western industrial nations. Without this massive use of antibiotics, there would be mass deaths from epidemics in the fattening farms.¹⁷

According to Professor Christine Moissl-Eichinger, Professor of Interactive Microbiome Research at the Medical University of Graz, numerous studies show that pathogenic agents, such as multi-resistant germs in intensive care units, were not eliminated by additional bactericides and antibiotics. Instead, the overall microbial system was modified by adding highly diverse bacterial communities (adding "healthy" bacteria to water solutions) in such a way that the pathogenic germs were neutralized.¹⁸

As long as intensive animal husbandry and large-scale monocultures are considered essential for world food supply, and therefore the largest part of state subsidies goes toward this end, and small farmers receive hardly any help, people will continue to sell their lands to big business. What is needed is a healthy way of thinking about the cycles of life and about how everything in nature, how all development, is connected to every-

thing else. In this context, reading newspaper reports like the one in the [Swiss daily] *Basler Zeitung* of April 16th, under the headline "People Are Starving While the Harvest Rots," is simply unbearable: Millions of tons of *subsidized* agricultural products end up in the garbage because of the closure of restaurants and schools in the USA

and the lack of logistics to get the food to where the need is – the food banks for the needy.

Medicine is diagnosis and therapy in a comprehensive sense. It is not only about fighting viruses with tests, vaccinations, hyperimmunoglobulins, antivirals – it is also about supporting the population in the form of

¹⁷ Thomas Hardtmuth, *Die Rolle der Viren in Evolution und Medizin* [The Role of Viruses in Evolution and Medicine], p. 47.

¹⁸ Hardtmuth, p. 46.

education that promotes resilience and health.¹⁹ Good education, independent thinking and opportunities for further education are also the best means of regulating the growth of the world population in a healthy way in the long term. In addition, there is a need for broad education on why food is dependent on species-appropriate and ecologically sound production, and why, for example, daily meat consumption is more harmful to health than beneficial, etc. All this would be possible if enough people would become enthusiastic about such a “turnabout of thought.”

Anthroposophic Medicine: An Integrative Medical Approach

Anthroposophic medicine was founded by the Austrian philosopher Rudolf Steiner (1861-1925) and the Dutch physician Ita Wegman (1861-1943), in 1920, in Dornach, Switzerland.²⁰ In the year of the Corona pandemic, anthroposophic medicine is celebrating its 100th birthday. It is interesting to note that Steiner's foundation course, consisting of 20 lectures delivered during Easter time of 1920,²¹ not only deals with the then still virulent Spanish flu and sheds critical light on the one-sided model for understanding infectious diseases. He also warned in a public lecture, on April 7, 1920, of the danger that health and hygiene issues would be removed from democratic control and decisions would be made in a strictly authoritarian manner by the prevailing scientific opinion and politics.

The undemocratic nature of this belief in authority contrasts with the longing for democracy (...). Shouldn't it be possible to strive for more democratization than is possible today under the present circumstances in such an area as public health care that concerns every human being so closely, so infinitely closely, and therefore it concerns the whole human community?²²

It goes without saying that Steiner is not concerned with questioning technical authorities and experts. Instead, he is addressing here the way in which a certain concept of hygiene is enforced by state authority, without the people whose health is at stake having a say – and especially in the absence of a natural-scientific model of thinking about the human being and the associated concept of health and illness. Since the very word

Anthroposophy—Greek: *Anthropos*, “human,” and *Sophia*, “wisdom”—means humanness, it is clear that Steiner is concerned with the human right to comprehensive self-determination and self-development and with a community of adults who know that they need each other and that they live for and with each other.

One hundred years later, in the midst of the Corona crisis, these words take on an almost dramatic relevance to the current situation. This relevance is clear when one compares Steiner's concerns and questions with those of Bill Gates, who, on the website of his Bill and Melinda Foundation, claims to uphold the leading view. He advocates comprehensive testing of the world population, global vaccination strategies, and, if necessary, total health monitoring using information technology. He also stresses how government and the private sector must work together to ensure that all this can be implemented efficiently.

Thus, the modern dictatorship of science and economics appears right on the horizon. Faced with such a danger, Steiner emphasizes that the economic sphere must not become “master of the spiritual.” The health of the people should not be served with an economic attitude, but with a “social meaning.” For example, to explain typhoid fever, quite different things from the typhoid bacilli are necessary. After all, questions of hygiene are eminently connected with social status and educational issues. Steiner calls for the health-conscious patient, the “person who has come of age,” to “face the person who says this or that to him as equal: the knowledgeable physician.”²³ For this to happen, however, a foundational school education will be necessary. The sick person should not accept something on authority, but wherever possible out of insight. Steiner's credo was: social issues must be approached with pedagogical means, and pedagogical issues with a school system that is oriented towards the healthy development of children and adolescents rather than performance standards of business and politics. Hence his demand, when Waldorf education was founded in 1919, that there should be a right to education up to the age of 18 and only after that should the preparation for whatever graduation qualification commence—depending on the post-graduation intentions of the young person at that time. Education was for Steiner the most important part of health care provision: preventive medicine.²⁴

In anthroposophic medicine these different levels, from which illness or weakening of the physical constitution can emanate, are described in a differentiated way and

19 See Michaela Glöckler, *School as Environment for Healthy Development*, op. cit.

20 See Michaela Glöckler, *Was ist Anthroposophische Medizin?* [What is Anthroposophic Medicine], op. cit.

21 See, Rudolf Steiner, *Introduction to Anthroposophic Medicine (Spiritual Science and Medicine). First Doctors Course* (Hudson, NY: Anthroposophical Press, 1999), CW 312.

22 Rudolf Steiner, *Hygiene als Soziale Frage* [Hygiene as Social Question], öffentlicher Vortrag, 7. April 1920. In: *Fachwissenschaften und Anthroposophie*, GA 73a, Dornach 2005

23 Steiner, *Hygiene as Social Question*.

24 Ibid.

named as physical, etheric, astral, and ego-organization. These "organizations" present complex interrelationships (Rudolf Steiner also called them "members") of the human being that work together in a regulated way. Here we are dealing with the central expressions of a human being as bodily-physical, as enlivened, ensouled, and spirit-gifted. Decisive here is that the regulated connections and interactions not only constitute the body in its complexity, but that in the course of life, they can also emancipate themselves again from the activity in the bodily constitution through growth and development. They are then available as the soul abilities of thinking, feeling, and willing²⁵ that represent the inner development space of the soul. Such a consideration then also makes it possible to think concretely about the prenatal and postnatal human being. Just as the laws of free-fall work when a body falls, so we can also think this law without any object actually falling. In the same way, the human being can be imagined prenatally as "eternal", i.e. alive in thoughts, feelings, and intentions, and then also again after death, when he has laid down his earthly body and in retrospect beholds his life and his development up to that point.

THINKING	FEELING	WILLING
I- Organization Laws, that bring about Holism and Identity Experience	Astral Organization Laws, that make Conscious Relationships possible	
INTEGRATION	DIFFERENTIATION	
Etheric Organization Laws of rhythmically structured Time-Configurations and Processes	Physical Organization Laws, that fill Space with Matter	
PROLIFERATION, GROWTH, REGENERATION	INTEGRATION OF SUBSTANCE	

Relationship of the human members or organizations to thinking, feeling and willing²⁶

²⁵ See, Rudolf Steiner and Ita Wegmann, *Fundamentals of Therapy* (Spring Valley, NY: Mercury Press, 1999), GA 27.

²⁶ Image taken from Michaela Glöckler, *Schule als Ort gesunder Entwicklung. Erfahrungen und Perspektiven aus der Waldorfpädagogik für die Erziehung im 21. Jahrhundert*, [School as Environment for Healthy Development], (Stuttgart 2020). English translation forthcoming.

This view of the human being does not only make an integrative medicine possible, one that includes the capacities of conventional medicine on the physical level. Rather, it contributes to an even more concretely understandable view of how health can be directly influenced by life-style and by self-education in exercises of soul, spiritual mediation, and religiosity. These connections can be studied in detail, as we learn to experience the spiritual reality of thoughts – including the thoughts of our own 'I' or Self. When we begin to live consciously in our thinking, feeling, and willing as in a non-sensory world, where our being is "eternally" at home, just like our body is in the transitory world, then we stand in life with a different strength than do those to whom the spiritual world is closed.

A spiritual image of the human being such as this one can be experienced as a kind of remedy against the offences of the materialistic worldview, which declares humans to be a chance product of material processes and leaves us uncertain about our inner nature, leading, understandably, to fear and depression. Armed with ridicule and scorn, this worldview considers a continued spiritual life after death as nonsense or a prescientific article of faith. Understandably, those who think like this will have great difficulty developing an ecological and empathetic consciousness.

What Does Anthroposophic Medicine Offer for the Prevention and Treatment of COVID-19?

The anthroposophic hospitals in Berlin (Havelhöhe) and Herdecke and the Filderklinik near Stuttgart are part of a regional care system. Right at the beginning of the crisis, Berlin's Havelhöhe hospital set up a Corona outpatient clinic,²⁷ and all departments expanded their intensive care capacities. In addition to the possibilities of conventional medical treatment, supportive remedies from anthroposophic medicine are also used there to support the self-regulation of the body. In Geneva, at a World Health Organization online meeting on COVID-19, in which the experiences of various complementary medical systems were shared, anthroposophic physicians were able to present the treatment concept for COVID-19 patients, which has so far been coordinated in the clinical context. This revealed interesting parallels with the treatment concept of Traditional Chinese Medicine (TMC), which is still widely used in China.

In the clinic and outpatient practice, fever treatment is of central importance. Just as viruses in the air are sensitive to sunlight and heat, so are they also in the

²⁷ See www.tagesspiegel.de/berlin/neue-Cvirus-ambulanz-in-berlin-spandau-wir-sehen-eine-extreme-verunsicherung-der-bevoelkerung/25622712.html

organism. The body reacts with fever to kill viruses. In addition, a cheerful and bright mood and loving care and support are extremely helpful for the recovery process.²⁸ Therefore, fever-lowering remedies (antipyretics) are only considered if the patient's self-regulation is too weak. Otherwise, the body is well-supported with physical-physiological measures (e.g. leg compresses) in the effort to battle the viruses by increasing body heat and keeping the fever within healthy limits without reducing it unnecessarily.

The anthroposophic pediatrician Prof. David Martin has explained the basic principles of physiological fever treatment on his website and in a video and has done much to allay the fear of fever. He has also given twelve interviews on all questions concerning fever, allergy, and the immune system.²⁹ Sufficient sleep, healthy nutrition, and regular physical exercise and walks in the fresh air are also important. Experiences to date in the anthroposophic treatment of respiratory tract infections are documented in detail in the *Vademecum*.³⁰

On the soul-level it is positive feelings that help staying healthy. Everyone knows from his or her own experience that feelings have a very strong influence on how deeply or superficially we breathe, how regularly and relaxed or tense and stagnant our breathing can be.

Since the respiratory tract can be particularly affected by COVID-19 infections, up to the most severe life-threatening pneumonia, it is particularly important to be aware of this connection. But how can you create positive feelings when you are afraid of infection or when you have stress and anger in the cramped settings of your home? How can you heal if you are worried about sick people or old family members that you can only contact via telephone and cannot visit?

There are several options: In the first place, I'm sure you all love music. By listening to music, getting involved with it, one can experience directly how the mood of

28 See www.tagesspiegel.de/berlin/neue-Cvirus-ambulanz-in-berlin-spandau-wir-sehen-eine-extreme-verunsicherung-der-bevoelkerung/25622712.html

29 see www.warmuptofever.org, www.youtube.com/watch?v=iVURD9ImteU and <https://medsektion-goetheanum.org/anthroposophische-medizin/care-praxis-anthroposophische-medizin/umgang-mit-fieber-und-infektionserkrankungen-care-ii/>.

30 *Vademecum Anthroposophische Arzneimittel*, Supplement Der Merkurstab 70, Berlin 2017. For self treatment at home in milder cases of infection I can recommend the publication from Markus Sommer, *Grippe und Erkältungskrankheiten natürlich heilen* [Natural Healing of Influenzas and Common Colds] (Stuttgart 2009).

the soul and the emotional state and breathing behavior change. In addition, the contemplation of certain moments in life, when you were grateful, satisfied, and happy, can bring clearly before you the understanding that, although you are now living through a crisis, other times will surely come. There are also prayers and meditative verses that one can take up. Here, for example, is one by Rudolf Steiner, aimed to help restore inner peace:

I carry peace within me,
I carry within myself
The forces that strengthen me.
I will fill myself
With these forces of warmth,
I will inculcate myself
With the power of my will.
And I will feel
How peace streams
Through all my being
When I strengthen myself,
To find within me
Peace as strength
Through the power of my striving.

In the interpersonal relationships it is very helpful to listen more consciously to what the other person wants to say, and, instead of reacting immediately, to consider for a moment how to formulate the answer in such a way that it can be well-received.

The salutogenesis researcher Aaron Antonovsky (1923-1994) discovered three qualities of feeling that can make a person internally secure and resistant (or resilient).³¹ If we practice these in interpersonal dialogue at home and at work (when this is possible again), we can help ourselves and others to breathe more freely and feel healthier. These are the feelings we have when we understand something, when we experience something as meaningful, and when we feel the joy of knowing how to do something.

This threefold "sense of coherence," the threefold sense of coherence of *comprehensibility, meaningfulness, and manageability*, plays the central role in the interpersonal sphere. To feel that you are understood is good; so is the experience of meaning in your thoughts and actions; and the experience of doing, that you can and have the ability to help – brings joy. Much of this can be experienced in both a positive and negative sense

31 Aaron Antonovsky, *Salutogenese – Zur Entmystifizierung der Gesundheit* [Salutogenesis: Demystifying Health] (Tübingen 1997).

but can also be practiced with a lot of humor, especially now that so much has to take place in the confined spaces at home. For nothing is more hurtful than not to be understood, to experience oneself as meaningless and powerless. We must remember, it is through feelings that we experience ourselves as connected to the world. Context or relationship, however, is the law of all living beings – none could survive without relation to the environment. On the other hand, falling out of relationship, out of context, isolation – are hostile to life and harmful; if they last too long, they can be fatal.

On a spiritual level, good thoughts and motivations have an immune-stimulating effect. They aim at what is essential and they make us feel that we are constituted not simply of a physical body but that we also have a spiritual, indestructible identity that is accessible to thought. Who doesn't know the power of getting excited about something or when we focus on an ideal and are committed to realizing it? Good thoughts connect human beings spiritually; they can strengthen us spiritually. It is striking, how strongly people who are ill experience the good thoughts that others send them.

From where does this "power of thought" come? Even a simple consideration makes this clear: In the end, it is always thoughts, laws, that determine life and our environment – including the technical instruments we create. The lawfulness or regularity that we experience is effective, but this lawfulness is based on a thought. Thoughts are, so to speak, powerful laws. In self-education this is a daily experience: I develop myself in the direction that I have thoughtfully planned: first I think, then I realize it through practice. If, for example, we practice honesty in our daily lives, at some point we will become truly honest people. Similarly with belief and trust: I can only believe in something, trust in something that I can think – even if at first I do not entirely understand it. In Greek, belief and trust are expressed by the same word: *pistis*. But trust is the basic feeling we have in our thinking. The two belong together because we trust our thinking unconditionally. This is why doubts—these, too, are thoughts—can torment us so much. If we would not believe in them, they would not have this power over us.

This is why words and thoughts like those of the Protestant theologian Dietrich Bonhoeffer, in a prayer that he had written in prison a few months before his execution, have had such a strong effect that they soon became part of every large prayer collection. A verse from it may remind us of this:

*Wonderfully sheltered by good powers
We wait and trust in what may come
God is with us in the evening and the morning
And most certainly, on each new day.*

Thoughts and words such as these have an immediate healing and ego-strengthening effect, because thoughts not only dominate the material world as laws of nature but also form the bridge to the invisible divine-spiritual world. Whoever learns to make himself at home there also with his thoughts, identifying with goals and ideals that originate in that world, has an inexhaustible source of health opened up for himself.

It is the immune system that ultimately secures our physical being, but it is strengthened and influenced by the acquired soul-spiritual immunity that comes from identifying with what inspires us and gives meaning to our lives. Goethe expressed this experience of eternity and indestructibility of thought in his poem "Legacy":

*No Being can disintegrate to nothing!
What is Eternal stirs in all of us!
To Being, hold on happily!
For Being is eternal; 'tis laws that will
Maintain the living treasures
From which the universe adorns itself.*

Rudolf Steiner once formulated for a student these eternal values and ideals so:

*To wonder at beauty,
Stand guard over truth,
Look up to the noble,
Resolve on the good;
This leads us all truly
To purpose in living:
To right in our doing,
To peace in our feeling,
To light in our thinking,
And teaches us trust
In a guidance divine
Of all that there is
In the breadth of the world,
In the depth of the soul.*

Anthroposophic medicine sees itself as integrative medicine that adapts its therapeutic approaches to individual circumstances at all levels of human existence.

What Is Important for Children in This Crisis?

The good news is that, according to the experience gained so far, by and large children and adolescents do not become seriously ill, but rather experience the

virus as harmless with mild symptoms or in some cases not at all. Prof. Christian Drosten also noted on April 16, in a German radio podcast, that apparently only a few people become infected in households. Perhaps there is some yet unnoticed background immunity gained through cold-related Corona viruses.

In his commentary in the Stuttgart newspaper of April 17, 2020, "The Burden of Families: Politics Must Give Parents and Children More Support in the Crisis," Dieter Fuchs sums up the problems at home:

11.4 million families with underage children are forced to organize their work, learning, childcare somehow, in far reaching isolation from other people who could help. Especially for families with small children this is hardly feasible in the long run. Psychological and economic problems are the result – hardships that politicians have not yet given the necessary attention to. This should change. (...) Individual solutions are needed, possibly organized by the youth welfare services. Otherwise, educationally disadvantaged and poor families could fall through the cracks. And it is the children who are burdened the most by this. A Corona generation is impending. (...) Their basic rights to education, freedom of movement, and social exchange are ignored. A society that burdens parents and children for months will pay a heavy price.

As true as these words are, it is also true that much is mobilized locally by responsible parties in day care centers, kindergartens, and schools, offering bridging services as well as online and telephone advice, and showing solidarity during the forced closures. One teacher, for example, visited all her students at home and discussed daily activities and tasks with their parents via email and Dropbox. Another teacher is in constant correspondence with many children. The reason for this is clear: What do children need most of all in crisis situations? What is the most important thing? Human commitment, presence, and closeness.

The presence of at least one adult can make a child feel that the world is in order despite all the commotion around Corona. Even in times of war, children feel protected when adults around them radiate peace and confidence through their inner confidence, their trust

in life and the future. This is much easier to do for the sake of children with their presence than without it. Playing games together, reading, talking, singing, painting, engaging in handcraft – all these are helpful ways to intensify the connection. Everything that deepens the immediate human relationship and makes closeness tangible is spiritual nourishment, which in such times is at least as important as good food on the table.

What else can be done at home and in one's immediate surroundings? Whenever possible, involve the children in domestic activities: cooking, cleaning, tidying up. If the adults enjoy performing activities of this kind, children will feel attracted and will want to participate.

When going for walks, look around with the eyes of a child, discover, enjoy the beautiful weather, the flowers, the clouds, the wind.

Most importantly, one of the side effects of the Corona crisis is the enormous boost in importance that digitalization has gained. Social isolation is shifting communication to electronic media, border closures and travel bans suggesting that people should meet virtually via *Zoom* or *Skype* instead. Schools offer e-learning, while digital media have already taken their place at the center of home life. Consequently, the daily struggle to limit screen time becomes even more tedious, and the struggle is easily abandoned. At this point, it must be said all the more clearly that there is nothing that undermines and impairs the healthy brain development of children and young people more than too much screen time during the years of physical development. This is especially the case in the first three years of life, when the brain develops fastest. The golden rule here is: Under three – screen free!

The media guide book, *Growing up Healthy in a World of Digital Media*, which was originally compiled and published by the Alliance for Human Education, is strongly recommended in this context.³² Not only does it provide the necessary scientific basis for understanding neurobiological connections on the basis of independent research, but it also explains the increased sensitivity of young people's brains to electro-smog. In addition, it instructs how children can be protected from cyberbullying and other negative influences stemming from the internet and from social networks.

32 Michaela Glöckler and Richard Brinton, *Growing up Healthy in a World of Digital Media: A Guide for Parents and Caregivers of Children and Adolescents* [Hudson, NY: Waldorf Publications, 2019].

What is particularly important here are the positive indications as to what can be put in place of screen-time to provide children and adolescents with age-appropriate educational and developmental stimuli. The human brain needs about 16 years for the control centers in the frontal brain to become mature enough to enable independent thinking, a sense of responsibility, and the capacity for an autonomous conscience.

What, then, is the best way to promote brain development? Whole-body activity.

Just as brain-damaged infants are treated with gymnastics, using certain movement patterns to provide damaged areas of the brain with direct incentives for regeneration and support from non-damaged areas, so, interestingly, the recommendations for treating dementia prophylaxis go in the same direction. The recommendation here is not crossword puzzles and mental arithmetic but physical exercises in dexterity, coordination, and movement. Therefore, artistic activities such as painting, sculpting, singing, making music, puppetry, as well as classical school activities such as learning to write by hand are recommended as complex, whole-body activities that promote brain development most effectively. Tapping and swiping the touchscreen, on the other hand, does not. When facing the screen, the body's own activity and complex sensory integration work are largely eliminated.

Even the act of looking at a screen is exactly the opposite to the activity of a healthy eye. When engaged in looking at one's surroundings, the eye muscles are active and move to perceive what one wants to look at. In front of the screen, however, the image moves and the eye muscles remain rigid and inactive. This is not such a big problem for adults with trained brain structures who can sit in front of a screen for any length of time, for either professional or personal reasons; it does, however, present a permanent false stimulation for children and adolescents as their organs mature.

What are the consequences? People get used to responding to a presented scheme. Imagination, empathy, and independent thinking are inhibited in their development. This is why Waldorf education applies the principle of promoting students' own initiative

and creativity instead of consuming the product of someone else's; learning actively and practicing things by oneself before delegating them to the computer – this promotes the human core competences. The Waldorf curriculum for media education drawn up by Prof. Edwin Hübner is recommended for teachers, as it offers a wealth of ideas for working creatively towards the necessary media competence and media literacy.³³ Also worthy of mention is the initiative of the ELIANT Alliance, which together with the Alliance for Humane Education is campaigning for the right to screen-free kindergartens and primary schools.³⁴

What Is This Crisis Doing to Us?

In the report of the Ethics Council of the [German] Federal Government (*Bundesregierung*) by Prof. Peter Dabrock and Prof. Steffen Augsburg, we read among other things:

For a body whose statutory task is to advise the Bundestag and the Federal Government, but also to stimulate public discourse, the continuation of a thoroughly controversial debate is, of course, no cause for concern. Debate can and should be welcomed by everyone, including the politicians, as an expression of the open society. For: If people already show an admirable degree of solidarity and accept sometimes very drastic restrictions of freedom without complaint, then we should not deny them their rights to reflect on the unprecedented challenges of the present, even to complain about them, to point out what burdens they experience in themselves and in others, or to question whether the measures taken are proportionate. Against this background, it is not only legitimate, but also necessary to consider

how to proceed and under what conditions opening perspectives are justifiable, perhaps even necessary. "The Corona crisis is the hour of democratically legitimized politics." With

Steiner's credo was: social issues must be approached with pedagogical means, and pedagogical issues with a school system that is oriented towards the healthy development of children and adolescents rather than towards performance standards of business and politics.

33 www.waldorfschule.de/fileadmin/bilder/Allgemeines/BdFW_Medienpaed_an_WS.pdf. In this connection, I would also like to draw attention to the initiative „echt dabei“ ("truly present") and their excellent website: www.echtdabei.de. They also give helpful suggestions as to what can be done instead of spending time in front of a screen.

34 www.eliant.eu.

this sentence we close our statement – meant as an invitation and a request that the determination of the acting policy is strengthened if it seeks to resonate with the public. The citizens who are the public must, for their part, be asked to be patient, because we obviously still have the peak of the crisis ahead of us. It is too early to carry out openings [of public spaces] now. But it is never too early to think about criteria for openings. Anything else would be an authoritarian state thinking that should not be entangled in our system and that would not strengthen the trust of the people, which is so necessary.

(...) We must move away from an all-or-nothing thinking and doing. The longer the crisis lasts, the more voices should be allowed, yes, must be heard. We should not be afraid to let many people with different competences but also legitimate interests have their say.³⁵

One such courageous voice is that of the Hamburg pathologist Prof. Klaus Püschel, head of the forensic medicine institute at the University Medical Center Hamburg-Eppendorf. On April 2, he told the *Hamburger Abendblatt* newspaper about the postmortem examinations he conducted of people who had died with a diagnosis of COVID-19. He had not seen a single case that was not also burdened by serious pre-existing conditions. He therefore severely criticized the Robert Koch Institute for not recommending the autopsy of so-called Corona deaths out of hygienic reasons and the suspected danger of infection. One has to learn from the dead for the sake of the living. According to his assessment, the cause of death would often turn out to be typical old-age Coronary events that occur in every flu season. Even in the few known individual cases of those who died at a younger age, one would have had to investigate the specific cause of death.

When I read this, I thought of Rudolf Steiner's call for a democratization of the health system – there is no better way to reiterate this call in the current crisis. And to counter the fear of the digital surveillance state that is now being tested everywhere, I would like to quote Joseph Weizenbaum, professor at the Massachusetts Institute of Technology. He was one of the most influential and innovative co-developers of computer technology in the US during the 20th century. In an interview

35 www.ethikrat.org/fileadmin/PDF-Dateien/Pressekonferenzen/pk-2020-04-07-dabrock-augsberg.pdf

What do children need most of all in crisis situations?

What is the most important thing? *Human commitment, presence, and closeness.*

in the Orwellian Year, 1984, when asked whether the total surveillance state was coming, he said: "Of course, that's what we're working towards. But when it really comes, this state, it is much more a consequence of the fact that people no longer defend their freedom than that the computer is to blame for it."³⁶

Weizenbaum then cited the Stalin and Hitler regimes as examples of how total surveillance is possible without computers and how much a prosperous future for humanity depends on the development of morality and humanity. This, however, is the most important challenge for the educational system of the future. Anyone who thinks that

digitalization will provide the decisive support for the task of moral development will surely be disappointed. Morality cannot be taught – any more than value-awareness – and most certainly not digitally! Nor can it be downloaded via an app. It can be cultivated only through specific interaction with people. This requires real people who can set an example and live and work together with children and young people in a committed manner.³⁷

All of this can give us courage to see how much positivity and caring has been and continues to be created during the Corona crisis, next to all the anxiety and concern. Many people are now saying and writing about rediscovering what is really important and what brings true joy. To many, it has become clearer—suddenly it seems self-evident—that what really matters is real human relationships, which should be further worked on and developed, to make them even more "human." But it is also to be hoped that in the context of coming to terms with this crisis—especially economically, socially, and with regard to the health care system—a different thinking than the one that prevailed before the crisis will be guiding the way forward.

For the moment, though, we are still in the middle of it all; we are still experiencing how much our well-being depends on the way we think about ourselves and about the situation.

36 Joseph Weizenbaum, *Kurs auf den Eisberg. Die Verantwortung des Einzelnen und die Diktatur der Technik* [Heading for the Iceberg: The Responsibility of the Individual and the Dictatorship of Technology] (München 1987), p. 104.

37 See the Petition of the European Alliance ELIANT and the "Bündnis für humane Bildung" at www.eliand.eu.

How Will Things Be After Corona?

Albert Einstein once famously remarked, "The purest form of madness is to leave everything as it is and at the same time hope that something will change."

For many years now a growing number of people has felt that a fundamental cultural change is needed, for instance in the way we do business: When will the limits to growth on our limited planet be taken seriously? At some point in time, even the last virgin forest will have been cleared, the largest areas of land will have been permanently damaged by over-fertilization and even become infertile, and the climate crisis will be unstoppable.

To be sure, our kitchen appliances can communicate with each other in a smart home, *Alexa* and similar electronic helpers join in the routine housework and communicate with providers on the internet. You don't have to unlock the front door yourself anymore; your favorite music plays when you enter home; you can arrange everything on your own and your own home becomes a world in which all information is always available. At the same time, unemployment figures have risen further, and mass misery arising in war and crisis regions has increased. Even if a "*bedingungslose Grundeinkommen*" or unconditional basic income were to be established—the money is available, it would only need to be redistributed a little—it would merely ensure sufficient consumption competence to keep the economy running. But if the way of thinking and doing business does not change fundamentally, the very conditions that brought us into this crisis would continue.

Great books have appeared since the groundbreaking publications of Rachel Carson's *Silent Spring* and the Club of Rome's *The Limits of Growth*. And we should also mention Rudolf Steiner's suggestions, which he made after the First World War:

- For an economic life: that it is structured associatively, with all those involved in the value-creating chain, right up to the sales, sitting together with the consumers and talking about sustainable production, adequate working conditions, and acceptable prices in such a way that something satisfactory results for all concerned. That certainly means more quality and less consumption. It replaces the ideology of growth with an ecology-oriented thinking about circular flow

and interrelationships that do justice to the life of humans, nature, and earth, also in the long term.

- For an independent free cultural life of schools, educational institutions, universities, artistic activities: that they can develop independently of state educational plans with financing not tied to any strings, since freedom and self-determination are the most important educational goals.
- For a legal life of human rights and politics: that they create laws and framework conditions so that economic and cultural life can harmonize with social life.³⁸

How good it is, that Ernst Ulrich von Weizsäcker and Anders Wijkman wrote the book, *Wir sind dran* ("It Is Our Turn").³⁹ This volume was written together with 33 other members of the Club of Rome for its 50th anniversary in 2018. If only a fraction of those responsible for the state and the economy would read such a book and take it seriously, humankind would have the best chances! For what does the current crisis teach us? What does virus research teach us? How everything is connected to everything else! How we humans are part of the ecosystem and how our life is part of the life on our planet.

We need to work on an integrative understanding of humans and society that also includes the spiritual side of existence. We also need a secular spirituality which is based on thinking as a bridge between the world of

the senses and the spiritual world and from there makes its contribution to the cultural development of humanity. Anthroposophy, with its holistic cultural initiatives, can contribute to this not only in the already relatively well-known fields of medicine, education, and agriculture, but also increasingly in the social and economic field, as has been shown by pioneers such as the founder of the dm drugstore chain, Götz Werner, or the recipient of

the alternative Nobel Prize, Ibrahim Abuleish, for his SEKEM-cultural initiative in Egypt.

What does the crisis teach us?
What does virus research teach us?
How everything is connected to everything else!

³⁸ Rudolf Steiner, *Towards Social Renewal: Rethinking the Basis of Society* (London, UK: Rudolf Steiner Press, 1999), CW 23.

³⁹ *Wir sind dran. Club of Rome: Der große Bericht: Was wir ändern müssen, wenn wir bleiben wollen* [It Is Our Turn: What We Need to Change, If We Want to Stay] (München 2019).

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