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Lake of Lotus

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The "Mahayana Sutra of
Mind Ground Contemplation"
is an Important Evidence
For The Lord Buddha
Shakyamuni's Preaching
on "Vajrayana" Practices

The Conditions Arising
for the Lord Buddha
Shakyamuni's Preaching
on "Vajrayana" Practices

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Condition for the Proper Caring of
Seriously-ill Patients?

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Organized by the **Dudjom Buddhist Association International Limited**



Co-organized by the **Life Enlightenment Charity Foundation Limited**



A project funded by
Love Ideas ♥ HK

of The **Li Ka Shing Foundation**

Life and Death Education Series: Seminar on “The Light of Life”

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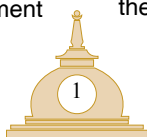
Since 2000, the **Dudjom Buddhist Association (International)** has endeavored to advocate on the importance of “life and death education”. We have invited internationally-renowned scholars and experts to deliver lectures; and in certain cases, we have cooperated with relevant academic institutions. Lecture and seminar series, training programs on “life and death education”, as well as information of multi-media publications, including periodical journals, audio-visual materials and so on, are extremely lacking in the contemporary society of Hong Kong.

Due to the general lack of knowledge on “life and death education”, this will bring fears, psychological damages and/ or even tragedies to both the deceased persons and their families before death. At the same time, **modern people are incapable of constructing a holistic perspective towards life, world-view, as well as spiritual quality. As a result, many family and social tragedies occurred in our society.**

The Dudjom Buddhist Association (International) appreciates the great fortune of having the encouragement

and full support from both friends and the general populace. Through an open platform of fair competition, we have successfully obtained the generous sponsorship on 6th August, 2011 in the second round of the charity activity of “**Love Ideas, Love HK**”, sponsored by the “**Li Ka Shing Foundation**”. This becomes the main financial source for our continued advocacy in this year on “life and death education” in Hong Kong.

We are, indeed, most honored to be able to participate in this **profoundly meaningful** charity activity of “**Love Ideas, Love HK**”, sponsored by the “**Li Ka Shing Foundation**”, through a fair, equitable and open platform of fair competition by general voting of “one person one vote” in **selecting the different meaningful program items**, so that our whole community will be benefited from them. The program item that the Dudjom Buddhist Association (International) has been given the sponsorship is entitled simply as “**Life and Death Education**”, which belongs to the category of “education”.



For the aspect of “life education”, there are various courses that pertain to those in relations to the value-added self-hood and that of the elevation on psychological quality. Not only would these enhance one’s working capability, but more importantly, these would also enhance the counsel, relief and support of one’s spiritual and emotional aspects. As such, one can construct a stable, active and positive view towards life, with positive value orientations. As for the aspect of “death education”, special weight has been given to **the true understanding on the real situations and true meanings of death, as well as the mastery of the correct ways to deal with death issues**, from which one can then become more zealous towards life and its living, through one’s further upgrading to have a much deeper and true cognition in the meaning of life. As a result, one can truly be living a much happier, more splendid and joyful living.

In this regard, the Duddjom Buddhist Association (International) will be holding a seminar on “life and death education” at the “Hong Kong Convention and Exhibition Centre”, at Wan Chai, Hong Kong on 5th August, 2012 (Sunday) with the following details:

Life & Death Education Series: Seminar on “The Light of Life”

Date: 5th August, 2012 (Sunday)

Time: 2:00 to 5:00 P.M.

Venue: Meeting Room S221, Hong Kong Convention and Exhibition Centre, Wan Chai, Hong Kong (Expo Drive Entrance).

Keynote Speakers & Sub-Topics:

(1) Ms Evelyn Elsaesser-Valarino – Lessons From the Light: What NDEs Teach About Life and Death;

(2) Professor Janice M. Holden – The Role of Near-Death Experiences, Deathbed Visions, and After-Death Communication in Grief and Grief Counseling.

Fees: HK\$50; An additional fee of HK\$30 for those requiring professional simultaneous interpretation services with headphones **(services available for English to be translated into Cantonese)**

Short Introduction of Keynote Speakers:

(1) Ms Evelyn Elsaesser-Valarino



Ms. Evelyn Elsaesser-Valarino

For over thirty years, Ms. Elsaesser-Valarino has devoted much of her time to research on Near-Death Experiences (NDEs) and its after-effects, and has authored several books and articles on the topic. She frequently gives lectures in Switzerland, other European countries, and the USA, attending international conferences and regularly contributes to their collective publications and congress proceedings. She is the European coordinator of IANDS (International Association for Near-Death Studies), as well as a special advisor for international relations of the Netzwerk Nahtoderfahrung IANDS Germany,

She is also an honorary member of SEDEL (Sociedad Española para la Difusión de la Espiritualidad, that is, the Spanish Society for the Diffusion of Spirituality). She further serves as a coordinator of the Scientific and Medical Network SMN of Switzerland for many years, and is a member of the scientific committee and honorary member of INREES (Institut de Recherche sur les Expériences Extraordinaires, that is, the Research Institute for Extraordinary Experiences) in Paris.

Furthermore, her book entitled “On the Other Side of Life: Exploring the Phenomenon on the Near-Death Experience” (柳暗花明又一生, published in six languages); and another co-authored book with professor emeritus Kenneth Ring entitled “Lessons From the Light: What We Can Learn From the Near-Death Experience” (穿透生死迷思, published in ten languages) have been published by the Chinese publisher Yuan-Liou in Taipei, Taiwan.



Synopsis of Topic:

Three major aspects of the Near-Death Experience (NDE) will be presented in this talk, namely:

- (i) The **Life review** – NDErs view in three dimensions, in full color, sound, and scent and out of time, every single event of their lives. They come to understand how their actions, words, and even thoughts, have affected the persons involved in the scene they review. They gain a holistic understanding of the impact of their deeds, the ones they are proud of as well as the more negative ones, by reliving the event not only from their own perspective but also from the one of the persons involved. The life review is highly transformative and pedagogic because it confronts us with our intrinsic responsibility towards our fellow humans and entails an empathic identification with all the persons we come across during our lifetime.
- (ii) The **After-effects** of NDEs – NDEs provoke a massive and fundamental questioning of values and objectives and the way to live one's life. The major After-effects of NDEs concern the conception of life and death and self-conception, as well as social and material issues. These personality changes have heavy implications in the lives of NDErs which will be presented and analyzed.
- (iii) The **“Lessons from the Light”** – NDEs trigger a profound change in attitude and belief systems, mainly due to an encounter with a “Being of Light” which is the core experience of this phenomenon. These “Lessons from the Light” are accessible not only to NDErs but to all individuals who learn about NDEs and deepen their understanding of this transpersonal experience.

(2) Prof. Janice M. Holden



Prof. Janice M. Holden

Prof. Janice M. Holden, Ed.D., is professor of counseling, and Chair of the Department of Counseling and Higher Education at the University of North Texas, Denton, Texas, USA. Her primary specialization is the transpersonal perspective in counseling, with implications on experiences that transcend the usual limits of space and time, and their associated developmental potential. In particular, she has researched near-death experiences (NDEs), with over 30 journal articles, book chapters and numerous presentations.

Dr. Holden served six years on the Board of Directors of the International Association for Near-Death Studies (IANDS) since 2000, and was their past President for three years. Among other major works, she authored *the Near-Death Experiences: Index to the Periodical Literature through 2005*, *the Near-Death Experiences, Part 1: Recognizing a Pleasurable Near-Death Experience*, and lead-edited *The Handbook of Near-Death Experience: Thirty Years of Investigation* (2009, Praeger), in which leading researchers in the field of near-death studies provided comprehensive, critical reviews of all NDE-related research through 2005; and serves currently as the editor of *the Journal of Near-Death Studies*. Dr. Holden is a Texas Licensed Professional Counselor-Supervisor, Texas Licensed Marriage and Family Therapist, and National Certified Counselor in the United States of America.

Synopsis of Topic:

Research on three transpersonal experiences surrounding death – **near-death experiences, deathbed visions, and after-death communication** – indicates that they are virtually always a source of comfort, reassurance, and hope to the bereaved. In this talk, Dr. Holden will define and provide examples of each type of experience, will present research results that indicate the overwhelmingly beneficial effects of these experiences for the bereaved, and will explain how counselors and other health professionals can interact with the bereaved about these experiences in ways that best promote the progression of the grieving process and the general well-being of the bereaved.

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Please call us for enquiry at (852) 2558-3680,
or email to info@dudjomba.org.hk

You can also download the Application Form from our website at <http://www.dudjomba.org.hk>, or call us to fax you the Application Form. After you have filled in the form, please send it back to us, together with the necessary amount, by either fax or mail. Thank you very much!

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The Profound Abstruseness of
Life and Death

The Meaning of Near-Death Experiences (39)

By Vajra Master Pema Lhadren
Translated by Simon S.H. Tang



- **What is the Foremost Successful Condition for the Proper Caring of Seriously-ill Patients?**
- **How Complicated are the Emotions of Seriously-ill Patients?**
- **A Case of Failure in the Caring of a Seriously-ill Patient**

Excerpt of Last Chapter:

Various Reasons on the Formation of Different Scenes at the "Moment of Death"

The "scenes at the moment of death" can be roughly classified in the following categories in accord with the varieties of the "main causes" and "auxiliary conditions":

1. The "Separation of the Four Elements" – the "main cause" (the internal "consciousness" and "sub-consciousness", including all kinds of memories) conjoins with the "auxiliary conditions" (the 'Separation of the Four Elements' in the
2. The "Endorphins Inside the Brain" – the "main cause" (the internal "consciousness" and "sub-consciousness") conjoins with the "auxiliary conditions" (the "endorphins inside the brain" of the external circumstances) in forming the

external circumstances) in forming the "scenes at the moment of death" (please refer to the articles on "The Meaning of Near-death Experiences" in Issues 8 and 20 of the "Lake of Lotus").

“scenes at the moment of death” (please refer to the article on “The Meaning of Near-death Experiences” in Issue 21 of the “Lake of Lotus”).

3. The “Karmic Forces” – the “main cause” (the internal “consciousness” and “sub-consciousness”) conjoins with the “auxiliary conditions” (the “karmic forces” of the external circumstances) in forming the “scenes at the moment of death”. This can be further classified into the following two kinds:

- i. **Wholesome Ones** – arising from: (a) virtuous retributions (please refer to the article on “The Meaning of Near-death Experiences” in Issue 21 of the “Lake of Lotus”); and (b) the efforts of one’s Dharma practice (the main theme of this article in this issue).
- ii. **Unwholesome Ones** – arising from: (a) vicious retributions; and (b) the forces of karmic creditors in seeking compensations on one’s karmic debts.

According to the records of different surveys, most of the dying people had seen the following scenes:

1. **Protectors or avengers:**
 - (i) **good ones** – saw kith and kin who had passed away, unknown protectors, deities or Buddhas coming to fetch for oneself.
 - (ii) **bad ones** – being besieged by a crowd of ferocious persons or beasts, and going along in company with groups of people who looked confused.
2. **Strange places:**
 - (i) **good ones** – saw pavilions, balconies, buildings, flower fields, rivers, light zones, towns or cities.
 - (ii) **bad ones** – saw wilderness, forests, darkness, caverns, hells.

3. **Messy Issues that cannot be recalled clearly.**

How would the Buddhist point of view comment on these phenomena? According to the Buddhist teachings, it was said that rebirth would take place within forty-nine days after a person has passed away, then why would a dying person see the kith and kin who **had passed away long time ago** still coming to fetch for him or her? Why had not the kith and kin taken rebirths after so many years posthumously? Are the appearances of these deceased persons merely the illusions of the person who is going to die? Or were they really true? Are there any other reasons? Are those strange places the destinations where they are going to be reborn into? Under what circumstances would the normal rebirth of a dying person be negatively encumbered? Is there any way to help a deceased person to avert sufferings and elevate to a better place of rebirth?

Human beings have four kinds of conditions of consciousness (please refer to the article “The Wisdom in Directing One’s Dharma Practice” in Issue 26 of the “Lake of Lotus”) as follows:

1. **Beta β waves** – the “conscious condition” of daily living;
2. **Alpha α waves** – the relaxed “consciousness condition”, such as in entering into the elementary stage of ‘visualization’, or at the first stage of “mental concentration”; or the condition when the “spiritual body” is **slowly separating** from the “physical body”;
3. **Theta θ waves** – the peaceful “conscious condition” of having entered into higher levels of “visualization”, or at the deeper levels of “mental concentration”;
4. **Delta δ waves** – slow “conscious condition” of not having any dreams, and in a stage of slow-wave deep sleep.

In fact, how does the arising of the different stages in approaching death and its “transformation of consciousness” affect the thoughts and behaviors of dying patients? What are their relationships with the “scenes at the moment of death”? How should the family and kin and kith who take care of the dying patients respond to the “transformation of consciousness” and change of “scenes at the moment of death” for guiding the emotions and spiritual direction of the dying patients? Could the “transformation of consciousness” and the change of “scenes at the moment of death” be complementary to each other? Furthermore, the “**disintegration of the Four Elements**” of the physical body **also affects** the “transformation of consciousness”, as well as on the change of the “scenes at the moment of death”. Hence, how should one support and provide guidance to a dying patient in order to **reduce or resolve** the predicament from these problems?

What is the Ultimate Assistance in the First Stage of Approching Death?

The care-givers, kin and kith and professional counselors should perform the following steps when a dying person is **approaching the “first stage of death”**:

1. **Accepting and Understanding**
2. **Listening and Observing**
3. **Analyzing and Adopting**
4. **Leading Out and Guiding In**
5. **Accompanying with Unspoken Consensus**

The key points of application and their importance on the issues of “Accepting and Understanding” and “Listening and Observing” had been clearly highlighted in the cases of the previous chapters (**please refer to the articles on “The Meaning of Near-death Experiences” in Issues 29-30 of the “Lake of Lotus”**), as well as on the issue of “Analyzing and Adopting” by the dying persons (**please refer to the article on “The Meaning of Near-death Experiences” in Issue 31 of the “Lake of Lotus”**) have been clearly explained.



To most people, the issues of “Accepting and Understanding” and “Listening and Observing” are not difficult to do and it is relatively easy to carry out under the **call of “love” and with one’s wisdom**. Not too many skills will be required. Even though a person has never learned of the relevant know-how, nor have received any such relevant training, he or she can still spontaneously provide proper care or resolve various problems for the seriously-ill persons, or dying patients.

However, the quality and depth of the resolution to a problem would be inadequate or imperfect, due to the lack of relevant know-how or training by the participants. In order that both the care-giving family members and the dying patients do not have remorse which will be too late to repent later on, but only **ultimate offering in farewell with a “heart-to-heart connection and having no trace of regret”**, the following three steps should be included in the issues that must be done when a dying patient is **approaching the “first stage of death”**.

There are at least two parts to the issue of “Analyzing and Adopting” in the third step. The first part of “Analyzing and Adopting” is to be **directed by a dying patient**, while the second part of “Analyzing and Adopting”, which is to be **directed by the caregivers, kin and kith and professional counselors**, have already been discussed in the previous two chapters (please refer to the articles on “The Meaning of Near-death Experiences” in Issues 32 and 33 of the “Lake of Lotus”). The fourth step on “Leading Out and Guiding In” has already been discussed in the next before last chapter (please refer to the article on “The Meaning of Near-death Experiences” in Issue 34 of the “Lake of Lotus”). Now, we are discussing on the fifth step on **“Accompanying with Unspoken Consensus”** (please refer to the article on “The Meaning of Near-death Experiences” in Issues 35 and 36 of the “Lake of Lotus” for some parts that we have already discussed).



The Key Points of “Accompanying with Unspoken Consensus”

When a person comes across a major crisis, some expectations will certainly arise from oneself. Besides some vague wishes, it is crucial that some pragmatic needs should be satisfied which would be more significant to them. For instances, when a person gets cancer, the most needed would be someone who cares about him, understands him, accepts him, makes company with him and assists him to go through the proper treatments.

Therefore, a care-taker must stand by the side of the patient and understand what is the patient’s need and most wanted thing. At the same time of understanding, the care-taker would best be able to develop a relationship on the issue of **“Accompanying with Unspoken Consensus”** with the patient.

There are a few key points in the development of such kind of a relationship:

- (1) **On the same camp of companionship** – comprising of
 - a) **Listen** to the patient **empathically**, ... (please refer back to Issue 35 of “Lake of Lotus”);
 - b) **Express the empathic feelings** as personal experience to the patient, ... (please refer back to Issue 35 of “Lake of Lotus”);
 - c) **Pass on the message** of accepting, understanding and tribute **with genuineness**. ... (please refer back to Issue 36 of “Lake of Lotus”);
- (2) **Unspoken Consensus from Heart to Heart** – comprising of
 - a) **Develop Unspoken Consensus** – under reasonable circumstances, carry out more

welcome behaviors to the patient ... (please refer back to Issue 37 of “Lake of Lotus”),

- b) **Express Unspoken Consensus** – with the attitude to express feelings that the patient recognizes and considers as of same direction,
- c) **Coordinate Unspoken Consensus** – when deviation appears, employ proper approach to coordinate mutual thoughts to shorten the distance and seek for building of common ground for unspoken consensus.

What is the Foremost Successful Condition for the Proper Caring of Seriously-ill Patients?

(2) The “unspoken consensus” from heart-to-heart can be classified into: -

c) **Coordination of Unspoken Consensus** -

There are no two human beings that are exactly the same in this whole wide world. The thoughts of mankind drift and transform ceaselessly, and so even for the same person, he/she could have lots of conflicts in one’s own mind. Therefore, when two persons do come together, it is normal that there are discrepancies either in behaviors or in thoughts. In general, if people can get along, they will stay on; otherwise, they will then just part.

However, as the care-givers of the patient, should the family members and friends just leave the patient anytime they feel like? If not, then how should this be handled? Even for ordinary persons, they would often fall in poor spirit, lose their temper, and become picky due to minor issues, and so misunderstandings do always occur, let alone for a bed-bound patient, or even for a patient nearing the end of one’s life, there must be many problems due to the suffering

of sickness. This will make the family members and friends, who are responsible for care-giving, to be rather difficult in getting along with the patient.

Therefore, **if choices are available**, it will be best for the family members and friends, who are responsible for care-giving, to possess the following conditions:

1. **High Confidence** – the patient must have a certain level of confidence on the family members and friends (responsible for care-giving), as well as the physician;
2. **Harmonic and Close Relationship** – with easy communications for both parties;
3. **Being Able to Think Rationally** – one should not be too emotional in handling things;
4. **Stable Mood** – one should not be too emotional and lose of control;
5. **Be Willing to Give** – willing to commit, in terms of both time and spirit, when caring for the patient.

Why should it be in such a way? For those who are nearing the end of life, their thinking could be quite complicated. In general, if a care-giver who does not possess at least two or three of the aforesaid conditions, he or she might be more of a hindrance rather than of help, or even some traumatic regrets and break-off relations could be created. In order not to **turn the “intention of love into the result of harm”**, if there is the space for choices, it will be the best to have a family member and/or friend who possesses some of the aforesaid conditions for the provision of caring to the patient who is nearing the end of one’s life. **The main condition of success is to “select the suitable care-givers”** so that coordination between the dying patient and the family members and friends for care-giving is achieved, thus avoiding the possible upcoming occurrence of disagreements, as well as in seeking for mutual common grounds in forming the unspoken consensus.

How Complicated are the Emotions of Seriously-ill Patients?

In fact, how complicated are the emotional changes of dying patients? In the book **“On Death and Dying”** by the psychiatrist Dr. Elizabeth Kubler-Ross (1926–2004) back in 1969, she classified the feelings of dying patients into different stages (now more commonly known as her model on the “stages of coping with dying” or “stages of coping with grief”). After interviews with more than 500 cancer patients, and having gathered their experiences, she concluded that their feelings can be classified into 5 different stages of: “denial and isolation, anger, bargaining, depression, and acceptance”.

By the 1980s, relevant research articles kept piling up and people discovered that the classification of these stages is too simple, and so it is impossible to express the **very complicated emotional reactions when human beings are facing significant crises**. After all, human minds are highly complicated, facing multiple contradictions, and are rapidly changing. Thus, the variations of emotional venting are extremely huge among different people. Generally speaking, when a person has serious sickness, such as cancer, the reaction would be affected by the following factors:

- (1) **Styles of Personality**
- (2) **Intellectual and Knowledge Backgrounds**
- (3) **Past Experiences in Crisis Intervention, and Those of Pains and Frustrations**
- (4) **Philosophy of Life or Belief System**
- (5) **Back-up Supporting System**

Besides the five aforesaid stages, namely: denial and isolation, anger, bargaining, depression, and acceptance, the patients' emotional reactions could also have the following kinds of phenomena:

1. **Becoming Frail**—one's emotion becoming very fragile and highly sensitive. Apt to be suspicious and easily get hurt, or becoming indifferent and apathetic, so as to reduce the possible level of being harm.
2. **Degenerating** – sometimes the person would become non-rational like a child. It is because the person is unwilling, and unbearable to leave this world. At the same time, one is filled with fear, despair, etc. about the possible scenario on the forthcoming future. The entanglements of love and hatred would make the patient's behaviors to become non-rational like a child.
3. **Becoming hysterical** – since the individual might have the feeling of just acting upon something without further considering the possible costs and consequences, and so one's routine lifestyle might have been changed suddenly; hence, in his/her remaining days, the person might become so self-indulgent that one does something rather shocking to one's family and friends as if being insane.
4. **Becoming rationalized** – since the person might feel like doing something without considering their costs and consequences, and thus in his/her remaining days, one's routine lifestyle might have been suddenly changed, with the possibility of letting go everything in the pursuit of one's unrealized dreams. For instance, to live one's life more positively, in search for the meanings of life, to prepare and account for one's final days in terms of funeral arrangements and other related matters, with an active will to fight on, or with extraordinary courage, unusual calmness, to be filled with hope, to squarely face all challenges, and to thoroughly accept one's destiny, and so on.

No matter how the patient takes on his/her expressions of emotions, or with dramatic changes in personality and behaviors, all in all these are “normal” conditions. Since every person is different, and so don't expect every patient would take on a particular mode of reaction or in the handling of emotions. Thus, the kith and kin who take care of the dying patient must have an open attitude to face any format in the

expression of emotions, and **not to be critical, resisting or having a scornful attitude**. They should be accepting, accommodating, understanding in listening, and in properly modulating the ways of one's care-giving. By so doing, the best result in caring for the patients' benefits as the first priority would then be achieved.

A Case of Failure in the Caring of a Seriously-ill Patient

Is it really so significant in **who** acts as the care-giver of a seriously-ill patient? Would it be a factor in **determining the life and death, as well as the quality of life, of a patient**? Would it be an issue in affecting a patient to be dying in regrets? The following case can be taken as a reference:

Case 45

An oncologist in Taiwan wrote an article about a case of an improper care of a dying terminal cancer patient, which has resulted in utmost regrets. He **felt deeply miserable** about the whole thing. Here is his account on it:

"In last Wednesday morning, while I was in the out-patient clinic, I received a phone call from the family members of a lung cancer patient. She asked me whether she can transfer her father from a medical center in the north back to our clinic for further treatments. I could not get a clue at that very moment. I remembered she told me, a few weeks ago, that she was planning to bring her father to the oncology department of our hospital for further assessments, to see whether it is recommendable to have radiotherapy. Therefore, she (the second daughter) and her father had not returned to our clinic for several weeks already.

Later on, I came to know that the patient's eldest daughter had brought her father to a medical center in the north for their assessments and also took their radiotherapy. As a result, his condition



rapidly deteriorated in just a few days, and the patient became unconscious. The patient had been waiting in the emergency unit to be transferred to the ward for two days, but there was still no vacancy. As such, the family called on me and wished to be transferred back for my further treatments. I accepted her request thoughtlessly. But, I reminded her that they still had to go to the emergency unit to wait for a vacancy in the ward, and then I would go to see the patient as soon as he was admitted into the emergency unit.

Her father was over 80's and had been my patient for a very long time. Like my grandfather-in-law, they were the elder generations that had received the Japanese education. He was the owner and landlord of the parking lot just opposite to our hospital. Every time when he came to our clinic, he was accompanied by his second daughter. And the patient himself always came in person each time.

The old gentleman was a lifelong cigarette smoker and had developed into emphysema, chronic obstructive pulmonary disease (COPD) and tuberculosis. The old gentleman had received our out-patient clinical treatments of his valvular cardiac disease, and had also undergone surgery in a medical center in the north with medications. Last October, the old gentleman had routine radiographic check-up in our out-patient clinical examination and found tumors in his lung. After the pathological study, it was confirmed to be lung cancer.

I discussed with his second daughter about the treatment plans. Since the patient was of age, and his cardiac pulmonary functions were not good, and so neither surgical nor chemotherapeutic approach was

considered suitable to the patient, due to our concern that the patient might not be able to stand the adverse side-effects. As for radiotherapy, there was also the concern on the possible worsening of pulmonary fibrosis. Since their financial situation was rather sound, and so the old gentleman and his second daughter accepted my suggestion to go for targeted therapy.

A month later, the tumor has been reduced and the patient felt that the symptom of short of breath had been improved, and so he kept on with the medications. Until a few weeks ago, the second daughter indicated that she would like to evaluate the feasibility of radiotherapy for her father. After which, there was no further information about the old gentleman for the next few weeks.

It was in the afternoon of last Wednesday, I went to the emergency unit to see this patient after I had finished with the rest of the out-patients. When I saw this old gentleman, he appeared to be a completely different person from what I saw in the past. He was unconscious, with his face and limbs to be dropsy. This was **the first time** that I met the eldest daughter of this patient. She said that her father had deteriorated into such a condition after receiving five rounds of radiotherapy in a medical center in the north. He had been unconscious in the emergency unit for two days. The physicians asked her to sign the consent of DNR (**do not resuscitate**), for which she signed on it as she believed that this was the best for her father.



She then asked me whether it was the best arrangement for her father. Under such circumstances, it was the ultimate and the best selection. However, from my past experiences, a patient would become unconscious most likely due to hypoxemia (**that is, of having too much concentration of carbon dioxide inside the blood**). After the blood test, it was confirmed that the concentration of carbon dioxide in the blood was up to 100 level. I requested the staff in the emergency unit to provide a positively-pressurized ventilation mask to the old gentleman for the expelling of carbon dioxide. At the same time, antibiotics and steroids were also administered to the patient.

In the afternoon of last Wednesday, I went to see the old gentleman and returned to my office for lunch. Before long, I received a call from the patient's second daughter. At the other end of the phone, she was crying very sorrowfully. She told me that her father had good progress while having treatments in our clinic. However, the eldest daughter suggested that there was **an acquaintance** in a medical center in the north in which they **could provide better medical treatments**. Nobody would know that it would develop into the present situation, even though it was just a few days after the patient's transfer over there.

The patient stayed in the emergency unit over there for two days, but neither was he given any further treatments, nor was there a vacancy for him in the ward over there. Furthermore, she had to call me and request my favor in taking back the patient for our further caring, and so on. I told her over the phone that she should not blame her eldest sister, because after all she did it with good intention. Ever since, their father was diagnosed to be of lung cancer, and there were discussions that the aftermath of radiotherapy could result in pulmonary fibrosis. Therefore, molecular targeted therapy was suggested. I told her to relax, that since the old gentleman had come back, I would take good care of him. For what had already happened, one should not keep on thinking about it. I believe the old gentleman **would not want to see you two sisters being at odds with each other due to his sickness**.

I went to the ward to see the old gentleman in the morning after the following day. He had awakened and could speak to me. He said he could not make it this time, and that the efforts would be futile. **I felt bad upon hearing that** because I knew what he had said was true. However, I got hold of his dropsy hands, told him to relax, and that I would help him. His daughters were also very devoting, and so I asked him not to worry at all.

After the visit, the second daughter came rushing after me, saying that she was really **upset and sorrowful**. The patient was quite alright just two weeks ago, but then how come he has developed to such an adverse condition by now. I continued to advise her not to blame upon her eldest sister. After all, **what had happened had already happened**. It was just fine if proper treatments would be given to him. She mentioned that after the old gentlemen had awakened, he gave instructions about some issues that needed to be taken care of after his passing away. She asked me whether the situation was really so bad. Whether targeted therapy was still effective by now or not? I told her that the current condition of the patient was certainly not good; at least, he had now awakened, and so we would administer with antibiotics and steroids to address the inflammation of the lung, as well as the inhaling of medications in treating COPD and emphysema. At the same time, they themselves could self-finance for albumin and diuretics for treatment of edema. As for the targeted therapy, it would not be late to apply them after the current difficulties had been overcome.

Few days later, we took a chest x-ray for the old gentleman. It showed that there was improvement in the pathological site. However, there was not much improvement about the overall edema, which probably indicated that his cardiac pulmonary functions were really poor. The bright side was that he was still relatively clear-headed. Nevertheless, he did not want to put on the positively-pressurized ventilation mask, especially in the evening, and so he could not sleep almost for the whole night.

It was really a dilemma. If he did not put on the mask, he would soon become unconscious again due to an increase in the concentration of carbon dioxide in his blood. I had no other options but to discuss with his two daughters. At last, they have decided to respect the old gentleman's will that the mask would be put on him only when he was asleep (**or unconscious rather?**). Even if something went wrong by so doing, they were prepared to accept the consequence.

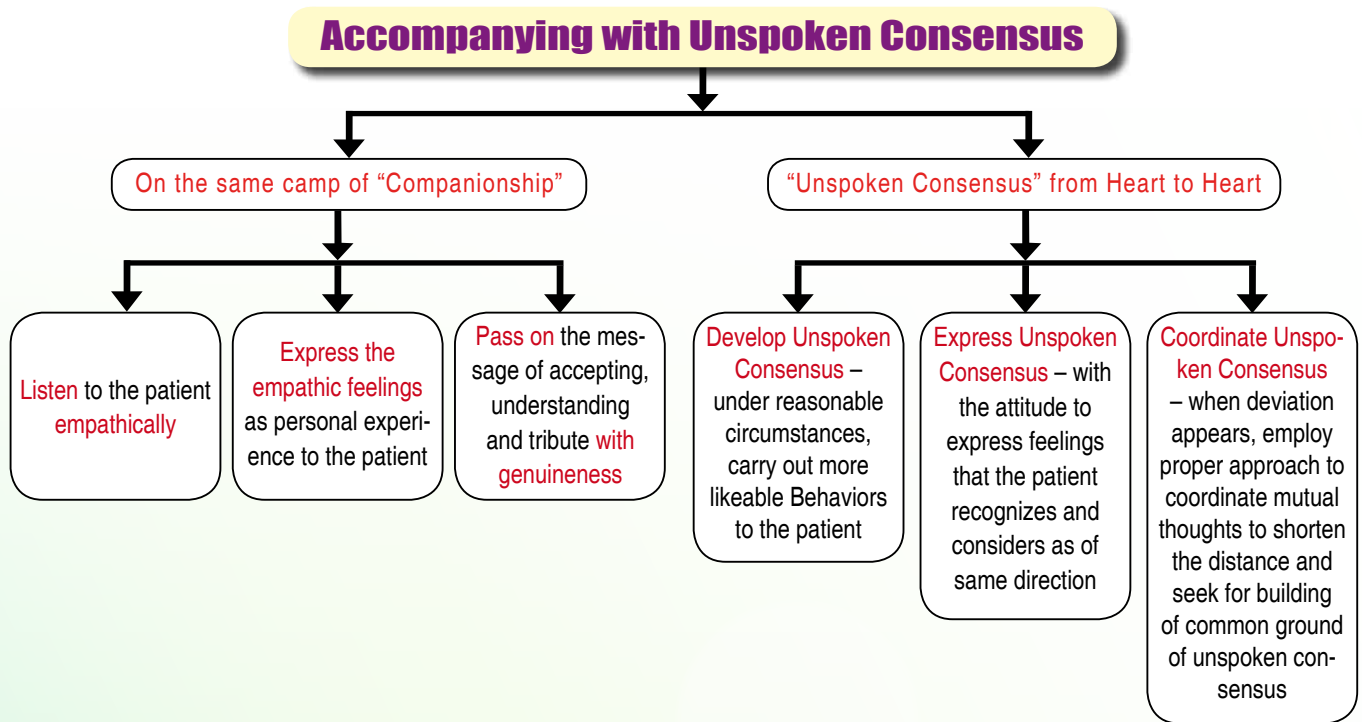
The day before yesterday, the old gentleman kept asleep and then awake, off and on. The mask would be removed while he was awake. Until the evening, he had not been awake, and so the mask was kept on him until the next morning. Eventually, he was awake again, and his daughters were so happy that they broke into tears. After leaving behind his last words, the old gentleman went into deep sleep. The daughters followed the old gentleman's will and brought him home, where he passed away in his sleep."

What are the causes of provoking these regrets? These lie in the fact that the family members who took the responsibility of caring for the patient did not possess some of the aforesaid conditions, namely:

1. **High Confidence** – the patient should have certain confidence with his family members and the **physicians** who take the responsibility of care-giving. However, in this case, both the patient and his family members who took the responsibility of caring for him were rather skeptical about the attending physician.
2. **Close and Harmonic Relationship** – with easy **communications**. However, the eldest daughter of the patient **had not followed up this case from the very beginning**, thus she **did not understanding** the attending physician's total rationale. And she did not believe in the second daughter's related messages. She only took the suggestions of other **non-professionals** and so deriving a big mistake.
3. **Capability of Rational Consideration** – should not be too emotional in making decisions. However, in this case, the patient and his two daughters were too emotional, and could not make rational analysis and

“collect similar and different suggestions from various professionals, then making thorough verifications on the reliability of the assistance providers, so as to make correct assessments on the sustaining ability on the bodily weakness of the patient”. At last, they ended up with no vacancy available in the ward, with the consequence not to be amendable.

Since the family members who take care of the patient are directly or indirectly governing the life and death, and quality of life, of the patient, it is very important to seriously consider and select the care-givers basing upon their qualities. Otherwise it will be wasteful and futile, no matter how hard the efforts would have been.....(To be Continued)



Remarks:

1. The newly-released book on “The Meanings of Near-Death Experiences (1)” has been published. Its contents include the articles on “The Meanings of the Near-Death Experiences” from Issues 1 to 10 of the “Lake of Lotus”.
2. The newly-released book on “The Meanings of Near-Death Experiences (2) – The Key Points at the Moment of Death and the Essential Revelations of the Tibetan Book of the Dead” has been published. Its contents include the articles on “The Meaning of the Near-Death Experiences” from Issues 11 to 20 of the “Lake of Lotus”.
3. The newly-released book on “The Meaning of Near-Death Experiences (3) – The Various Ways of Realization and Rescue of Dying Kith and Kin” has been published. Its contents include the articles on “The Meaning of Near-Death Experiences” from Issues 21 to 30 of the “Lake of Lotus”.

The Wisdom in Directing One's Dharma Practice (39)

By Vajra Master Pema Lhadren
Translated by Fong Wei

- The “Mahayana Sutra of Mind Ground Contemplation” is an Important Evidence For The Lord Buddha Shakyamuni’s Preaching on “Vajrayana” Practices
- The Conditions Arising for the Lord Buddha Shakyamuni’s Preaching on “Vajrayana” Practices

Excerpt of Last Issue

For the general populace, and even up to the great Dharma practitioners, their objectives of Dharma practice should be more or less of the following types:

1. **Praying for worldly desires** – For example: to seek for oneself and one’s own relatives to have “longevity, recovery from illness, success in one’s career, good marriage, wealth increase, averting disasters and relief from sufferings, as well as reunion with those deceased loved ones”. Also, there are those who hope to get the “ease of heart and security at the present life”, etc.; or for “fame, wealth, respect” in order to study Buddhism; as well as for those who put in efforts to practice the Dharma.
2. **Rebirth in the good realms** – For example: to hope and pray for rebirth in the heavenly realm, or in the human realm, and not to fall into the evil realms (of animals, hungry ghosts and hells).
3. **Liberation from the tractions of the “cycle of karmic existence”** – to hope and pray for the freedom in deciding for oneself as to whether one would be reborn into the six realms (of heavens, asuras, humans, animals, hungry ghosts and hells), or whether to remain in the highest level of the “Realm of Form”, such as the “Akanistha” (the “Heaven at the End-of-Form-Realm”), which is beyond the control of the tractions. (Please refer to the explanations on the “Three Realms” in the article on the “Profound Abstruseness of Life and Death: The Meaning of Near-Death Experiences” in Issue 17 of the “Lake of Lotus”).

4. **Attainment of Buddhahood** – The recovery of one's "Primordial Nature" and the originally possessed and boundless capabilities, which are free from any bondages and to remain in the "Dharma Realm". (The "Nature of the Mind", also known as the "Buddha Nature", or the "Primordial Nature", refers to the original possession of that most crystal clarity of awareness. Please refer to the articles on "The Meaning of Near-Death Experiences" in Issues 4 & 5 of the "Lake of Lotus").

What are the methods that one can choose in order to achieve these four types of objectives? What will be their effects? What are the **critical key points** that one should pay attention to when judging upon and in choosing those methods of Dharma practice? Regardless of what kinds of religions, the practice methods can be broadly divided into the following types:

1. **Prayers** – Including confessions, repentance of one's conducts, and in the making of aspirations and wishes;
2. **Recitations** – mantras, Buddhas' Holy Names, or sutras;
3. **Visualizations** – themes include the formulae for different types of "meditation", or even the making use of the internal functions of one's body for coordination.

Irrespective of which types of practice methods, it must include the training of one's "mental strength". Otherwise, it would not be able to produce any effects. One of the important points for judging which of the practice methods are the most effective ones is the **degree of influence** that these can have on one's "mental strength"? What percentage will they constitute?

The "Mahayana Sutra of Mind Ground Contemplation" is an Important Evidence For The Lord Buddha Shakyamuni's Preaching on "Vajrayana" Practices

In the "**Mahāyāna Sutra of Mind Ground Contemplation**", the Lord Buddha Shakyamuni had enlightened us on the respective methods of the "Mental Visualization" through the "Hinayana, Mahayana and Vajrayana" Dharma practices. This Sutra can be said to be **a clear and simple overview of the Dharma practices on "mental visualizations"**. The fact that the Lord Buddha Shakyamuni had **enlightened us in one and the same Sutra on the "mental visualizations"** through the "Hinayana, Mahayana and Vajrayana" Dharma practices is **sufficient enough to be a strong and important evidence** in proving against the wrong accusations from both "Hinayana and Mahayana" that "Vajrayana" practices were "not preached by the Lord Buddha". It also testifies that the defamation from some of the "Hinayana and Mahayana" practitioners against the "Vajrayana" practices will only **constitute an evil cause for their downfalls (to the "evil realms") due to their "slandering of the Lord Buddha's teachings"**.





The most amazing picture to all the Bodhisattvas was that the screen of this Golden Light also reflected on all the inconceivable things, as well as the rare cases on all the changes of supernatural powers, and the wonderful practices on the “Dharmas of the Mind” as preached by the various Buddhas (Tathagatas) of the three times of the “past, present and future”. Thus, the manifestation and emergence of this Golden Light is known as the “Bodhisattvas’ Magical Displays of Supernatural Powers on the Irreversible Anuttara-Samyak-Sambodhi”. It means that whoever is able to see the manifestation and emergence of this Golden Light can see in person the displays of the Bodhisattvas’ supernatural powers during the process of their Dharmas of the Mind, thus enabling one to attain the “Unsurpassed, Well-Balanced and Equally-Abiding, Complete and Perfect Enlightenment” of Buddhahood that will never degenerate nor change.

As recorded in the “Mahāyāna Sutra of Mind Ground Contemplation”, after the Lord Buddha Shakyamuni had arisen from His “meditative concentration” (Samadhi), all the Bodhisattvas saw Him in releasing a very special kind of “Golden Light” which they had never seen before. This “Golden Light” had formed a screen that reflected on the various Dharma practices, vows and activities of all the Bodhisattvas of the three times of the “past, present and future”, as well as the various manifestations of the Lord Buddha Himself, including the various phenomena during the course of the Lord Buddha’s own Holy Dharma practices of countless lifetimes, up till His final attainment of perfect Buddhahood. At the same time, it also displayed the phenomena of life and death in every corner of the ,Three-thousand Large Thousandfold Worlds’; the phenomena on the sufferings of all sinful sentient beings situated in the various “Eight Cold and Eight Hot” hell realms; the sufferings of animals and hungry ghosts of the ten directions; and the painful sufferings and blissful enjoyment of all worldly sentient beings of the Six Realms. All these various kinds of phenomena were all displayed in this Golden Bright Light.

At that time, there was a group of Elderly who were witnessing the manifestation and emergence of this Golden Bright Screen. While they greatly praised the Lord Buddha Shakyamuni’s “Mahayana methods of mental visualization”, their fear for sufferings also arose at the same time. It was because, as was depicted on the screen, all Bodhisattvas of the three times of the “past, present and future”, if they were to abide by the Dharma practices of the “Mahayana methods of mental visualization”, they had to go through a long time of countless billions of light years before attaining Buddhahood. The sufferings to be borne by them were, indeed, too harsh and chilling for anyone to see and of extremely high degree of difficulty.

This group of Elderly, therefore, confessed to the Lord Buddha Shakyamuni by saying that: “We do not want to practise the ‘Mahayana’ Dharma methods which are too painful and too slow. We are only willing to practise the Dharma methods of ‘Hinayana’ (that is, the Holy Fruit of ‘Arhat’ of the ‘Sravaka Vehicle’) and that of the ‘Middle Vessel’ (that is, the Holy Fruit of ‘Pratyekabuddha’ of the ‘Solitary Buddha Vehicle/ Pratyeka-Buddha Vehicle’).” The highest



fruition of achievements of the “Hinayana” and “Middle Vessel” are known as the **“Path and Fruits of the Two Vehicles”**. In practising these methods, one would only have to take care of and save oneself, without having the need to save others. As such, the longest time on Dharma practices required for one to get liberated from the sufferings of the cycle of karmic existence would only be from three lifetimes to the time of one hundred kalpas. This will be **much faster** than on practising the “Mahayana” methods (**that is the “Bodhisattvas Vehicle/Prajna Vehicle”**) which would require up to countless millions of light years. (A “kalpa” refers to a period of time. A “small kalpa” is equal to the time required for a universe to go through the process of “formation, persistence, disintegration, annihilation”. Twenty “small kalpas” are equal to one “medium kalpa” and four “medium kalpas” to one “big kalpa”). The original text reads as follow:

The Volume Two on Requit of Gratitude, Section No.2 [0296c17] of the **“Mahāyāna Sutra of Mind Ground Contemplation”** which says (**in modern terminologies**): “At that time in the city, there were 500 elderly people.....who heard about the Lord Buddha’s praises of the **Mahayana Dharma Door of the Mind Ground**, and then they thought: ‘We see the release of Golden Light from the Tathagata, depicting the difficulties of the ‘ascetic practices’ of the Bodhisattvas. We do not like nor enjoy the practice of an ascetic mind. Yet, **who would be able to reside in life and death for eternal kalpas to endure the sufferings and afflictions for the sake of all sentient beings?**’ After these thoughts, they rose from their seats, uncovering their right shoulders while placing their right knees on the ground. They respectfully joined their palms together and said to the Lord Buddha in the same words: “My Lord, **we are not pleased with the Mahayana Dharma practices of the Bodhisattvas. Neither do we like to hear the sounds of the ascetic practices.** Why is it like this? The Dharma practices and vows of all the Bodhisattvas.....required **‘three Asamkhyā kalpas’ time** to achieve the activities of the eighty-four thousand paramitas in order to cross over the river of life and death, to eventually reach the great comfort

and happy place of Bodhi. This is not as good as to aim for the **“Path and Fruits of the Two Vehicles”** which only require a period of three lifetimes to the time of one hundred kalpas for one to gather the accumulations of merits in breaking the causes for life and death, thus achieving the Nirvana fruit of swiftly obtaining peace and happiness.”

The Conditions Arising for the Lord Buddha Shakyamuni’s Preaching on “Vajrayana” Practices

In order to enable a large number of sentient beings to get salvation, not only for their own benefits, the Lord Buddha Shakyamuni had explained in details the ways of how to **requite gratitude** of all sentient beings in this Sutra. But, regardless of how the Lord Buddha Shakyamuni had encouraged and explained to the followers, **they were still extremely frightened by the prolonged periods of Dharma practices and the painful sufferings that they have to bear in between.** They were unable to make themselves believe that they had the ability to endure such kinds of sufferings.

Thus, in the last paragraph (**of this Sutra**), the Lord Buddha Shakyamuni had enlightened us on a **“dual-beneficial” Dharma practice** which enables one to “arouse one’s bodhicitta” so as to save oneself and also to save others (**that is, “to be self-beneficial and altruistic at the same time”**), while the time so required is much faster than that of both “Hinayana” and “Middle Vessel”. This **“dual-beneficial” Dharma practice** is the “Mental Visualization” method of “Vajrayana” practice (**that is, the “Secret Mantra Vehicle”**).

Therefore, the collection on the “Mental Visualization” methods under the “Hinayana, Mahayana and Vajrayana” practices in this Sutra are due to seven major conditions:



1. **The “Golden Light” Blessings** – the release of the unprecedented “Golden Light” as blessings to the sentient beings of the Six Realms after the Lord Buddha Shakyamuni had arisen from His “meditative concentration” (**Samadhi**);
2. **Secret Meanings** – As enlightened by the Lord Buddha Shakyamuni, the release of such radiance is where the secret meanings lie. (Please refer to the article on the “Wisdom in Directing One’s Dharma Practice” in Issue 38 of the “Lake of Lotus”);
3. **The various phenomena of the cycle of karmic existence and of Dharma practices as manifested and displayed in the “Golden Light”;**
4. **The sentient beings’ fear of sufferings;**
5. **The sentient beings’ like for swiftness and dislike of slow pace;**
6. **The Lord Buddha’s Mercy and Compassion;**
7. **The Lord Buddha’s Great Wisdom.**

The **arisen of these seven major conditions** led to the Lord Buddha’s teachings on the “Vajrayana” methods of “Mental Visualization”. These are, indeed, great blessings and great jubilation for all sentient beings. Hence, those sentient beings who do not possess such **levels of intellectual comprehension and wisdom** should not slander or criticize the “Vajrayana” teachings casually. Otherwise, they will have sown the self-afflicting and harmful “Causes for their rebirths in the Hell Realms”, and in hurting others as well, due to their slandering of the Buddha and of His teachings.

Those who are able to “visualize the mind” could achieve complete liberation and swiftly attain “Buddhahood”, and this is also the important guideline in the “**Mahāyāna Sutra of Mind Ground Contemplation**”. Then, come the questions as to how to “visualize one’s mind”? Whether it can be done by “visualizing” oneself as the Buddha or “deity”? How supreme are the “Vajrayana” methods of “Mental Visualization”? and so on.....(**To be Continued**)

Notes:

1. The newly released book on “The Wisdom in Directing One’s Dharma Practice (1)” has already been published. The content includes the articles on “The Wisdom in Directing One’s Dharma Practice” from Issues No. 1 to 10 of the “Lake of Lotus”.
2. The newly released book on “The Wisdom in Directing One’s Dharma Practice (2) - **Seven Methods of Strengthening One’s Mind to Counteract Adversities**” has already been published. The content includes the articles on “The Wisdom in Directing One’s Dharma Practice” from Issues No. 11 to 20 of the “Lake of Lotus”.
3. The newly released book on “The Wisdom in Directing One’s Dharma Practice (3) - **One of the Pivotal Points in Practising the Holy Dharma: The Mysteries and Usage of the Mantras and Sounds**” has already been published. The content includes the articles on “The Wisdom in Directing One’s Dharma Practice” from Issues No. 21 to 30 of the “Lake of Lotus”.





The Essence of Teachings:



Everything Comes from *the Mind* (11)

By Vajra Master Pema Lhadren
Translated by Various Disciples



Excerpt of Last Chapter

The “**Avatamsaka Sutra**” mentions that “everything comes from the mind”. So, in order to explain that “**everything comes from the mind**”, we have to talk about the importance of “**mental strength**”. Since the “cycle of karmic existence” composes of strong “**tractional forces**”, which would subject all of us to its bondages, to be drawn into, and under the control of, the tractional forces of the “**Law of Cause and Effect**”. So, the kind of force we called “**mental strength**” is the only kind of force that can counteract the “**tractional forces of the cycle of karmic existence**”, and can thus help us to be released and be “**liberated from reincarnations**”.

Since this kind of force is coming from the function of one’s own “**mind**”, and that is why it is called the “**mental strength**”, and is also a sign of “**everything comes from the mind**”. Furthermore, the “**tractional forces of the cycle of karmic existence**” are, in fact, originated from the combinations and permutations of countless “**mental strengths**”, thus constructing a grand design and blueprint of “**everything comes from the mind**”, and also form the “**Law of Cause and Effect**”.



For what scientists to be recognized as the “Law of Cause and Effect”, the so-called “Cause” is one’s “Observation”. The “energies” coming from one’s “sight” and “mental strength” will bring about changes in the **observed** electron. This is a mutual “interactions of tractional forces”, and this is the “Cause”.

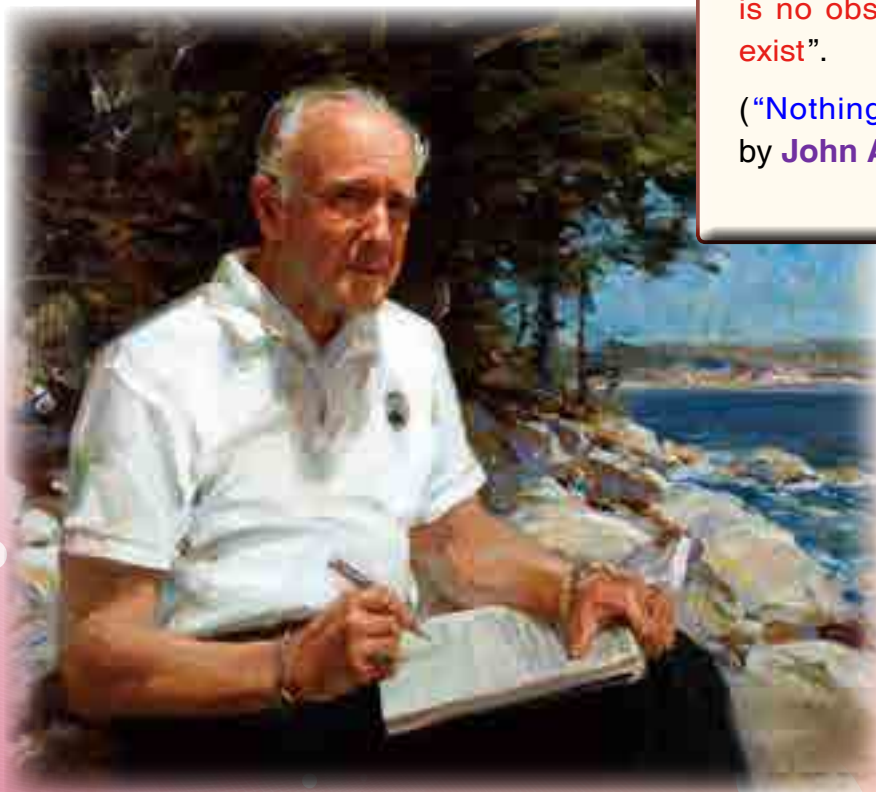
Then, what is the “Effect”? The “thing” that is being observed by you will manifest itself in a certain shape; or else the “thing” that is being observed by you, due to the energy that was added by one’s “mental strength”, will change its original “speed”, “form”, and “direction”, and all these are the “Effects”. Thus, this is recognized by the scientists as the “Law of Cause and Effect”. (Please refer to the article on “Everything Comes From the Mind” in Issue 36 of the “Lake of Lotus”.)

The Power of the "Mind"

The meaning of “everything comes from the mind” is that, due to the function of the “mind” for all sentient beings, it triggers the “causes” and when it meets with different “conditions”, it will produce numerous “interactive chain reactions” of these “cause and effects”. All “things” come about in this way to become all kinds of phenomena of the universe. If we are to sum up what the scientists and the Lord Buddha have said before, we will start to better understand that the power of the “mind” for all sentient beings is, indeed, very important.

“Only when something is put under observation, it will then exist. If there is no observation, the matter will not exist”.

(“Nothing exists until it is observed.”
by John A. Wheeler)



Why do we say that “everything comes from the mind”? The “mind”, being the “main cause”, when meeting with different “conditions”, will link up together to produce different kinds of “cause and effect relationships”. These “causes and effects” will then produce a series of chain reactions, like a domino effect, which are all linked together. This kind of chain reactions will constitute everything, from the origin at the beginning, through the process, up till the end result, all cannot be separated from the various functions of the “projections of the mind”, the “consolidating power of the mind on everything”, and the “inclusive power of the mind”, and that is why we said that “everything comes from the mind”!

Like what the scientist have said: the compositions of the electrons to form the molecules, as well as that of the different physical elements. Furthermore, with the various combinations and permutations of the different elements to form different material substances, and is one sort of the “chain reactions”. Hence, these numerous “interactive chain reactions” of these “causes and effects” will form and compose all kinds of living creatures and environments in the whole world, as well as all kinds of phenomena of the universe.



The very start and beginning of all these “causes” comes from the “mind”. In complementing with the different “conditions”, they can form all kinds of things in Nature, including those with “forms” (that is, matters with material forms) or “without forms” (that is, those things and non-matters without any material substances). The “mind” does not need to go through the body of “forms” or “without forms” to produce “tractional forces”. In other words, the power that is coming from a single “mind” is effective and strong enough to directly produce some functions.

The “mind” does not require to be attached to a body, so as to push the body, and then through the hands and feet of the body to produce one’s behaviors and functions. The special thing about the “mind” itself is that it can directly produce effects!..... (To Be Continued)

EPILOGUE

The Buddhist teachings are meticulous and profound, while its methods of practice are practical and achievable. Nevertheless, the teachings are as abstruse and comprehensive as an ocean such that it is not an easy task for one to even just trying to grasp its contents in a concise and accurate manner. Therefore, our Association aims to help reveal the abstruse meanings of the Buddhist teachings in such a way that it can be easily understood by the general public through the distribution of CDs, VCDs and DVDs, either free of charge or with a cost.

Though we have limited resources and capabilities, we still humbly wish, with a sincerity of heart, to publish this bimonthly journal of the "Lake of Lotus", in order that the essence of the Buddhist teachings can be spread and popularized. We earnestly hope that the readers will help with your meritorious deeds by supporting this publication of the "Lake of Lotus", through subscriptions and donations, as well as in our various projects in the preaching of Buddhism, so as to sow the seed of meritorious cause in benefiting all our motherly sentient beings.

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(1)		_____ In Chinese _____ In English	_____ x \$ _____	
(2)		_____ In Chinese _____ In English	_____ x \$ _____	
(3)		_____ In Chinese _____ In English	_____ x \$ _____	
Name		Phone	Total Amount	
Address				

* This form can be photocopied for use.