

Mind Over Disease: A Personal Experience
World Congress on Advanced Integrative Rejuvenology
OCT 20th , 2006 Gulf Shores, Alabama USA

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Approved CMEU Questionnaire

American Association of Integrative Medicine Annual Conference
Orlando, Florida 27 SEP 2002 Presentation 2.45-3.45pm

Electrolytic Diffusion - Non Invasive Cancer Treatment

For Foot & Hand Syndrome Neuropathy Damage
Rejuvenated immune system strengthening and recovery

Electrolytic diffusion is one of 20 novel integrative medicine techniques originated by the author, not always so humbly but with God's grace and help, in self-treatment as his own patient but as a research scientist. On achieving complete recovery validated by CT's and CBP's, replication of these methods is underway at the Graduate School of Integrative Medicine University Hospital and Frankston Hospital for clinical patient trials.

Emphatically, electrolytic diffusion is NOT recommended as an alternative to oncology. However, the technique may be administered during or after mainstream chemotherapy without side effects because external voltage is not applied. Procedures do not in any way resemble naturotherapy herbal mixture immersions or aromatherapy. Conversely, a sacrificial terminal is used for a specific pharmaceutical electrolyte formulation. Hypotheses evolved from cybernetic axioms for psychology, physics, and biochemistry for Mind-Body Medicine. The presentation offers medical documentation from MAY 1998 onwards; Clinical ms from 15 March 1999; Article revisions 21 SEP 2000, 21 JUL 2001 and 27 APR 2002; Finally CBC, CT & Neurology for MAY 2002 and an AUG 28 2002 CBC in preparation for AAIM SEP 27, 2002.

Learning Objectives for Dr Costello's Presentation at Orlando Florida and New York

1. Comprehensive understanding and reinforcement of necessary professional ethical adherence in contrast to informal or ephemeral notions of alternative medicine adventure concept excursions departing from:
 - (a) Appropriate scientific research design,
 - (b) Accurate manuscript record keeping and
 - (c) Authentic medical documentation,
 - (d) Professional avoidance of ethical conflicts of interest
 - (e) Sharing information with the general public professionally with sensitivity, objectivity and sometimes remaining capable of retaining a good sense of humour.

2. To appreciate quackery, misrepresentation and unsubstantiated claims of “alternative” treatments or therapies with indignant contempt when considering tragically cruel stressors encountered by people and their families suffering potentially terminal diseases such as cancer.
3. To foster the adoption of stringent precautionary measures and ethical protocol to avoid potentially misleading information for:
 - (a) The general public,
 - (b) Mainstream health professionals and,
 - (c) Complimentary health providers

Through offering peer review by properly reporting experimental trials; anecdotal studies; scientific references; popular publications and potentially sensationalistic media releases.

4. Provide participants with an introduction to and discussing one of twenty integrative medicine techniques originated by the author as his own doctor and patient. These were achieved while suffering excruciating pain and tribulation, humbly with God's grace and help, after his terminal prognosis in June 1998.
5. Introduction to appropriate scientific research for the Electrolytic Diffusion technique presently being undertaken with chemotherapy patients at the Ibis Lodge, Swinburne University Hospital Graduate School of Integrative Medicine and Frankston Hospital.
6. To address and hopefully alleviate symptoms of Foot & Hand Syndrome, as a serious side effect of chemotherapy, generally identified and recognised by the specialty of medical oncology.

Test Questions for Participants Continuing Education Units

1. Foot and Hand Syndrome is recognised by oncologists as an unfortunate chemotherapy side effect but most neuropathy symptoms are alleviated through prescribed low dosage quinine.
 - (a) Yes because this breaks the blood-brain barrier as similar for malaria.
 - (b) Because similarly, magnesium and slow release K effectively relieve painful muscular cramps.
 - (c) No.
 - (d) A substitute for quinine or quinate is equally effective in drinking Tonic Water.
 - (e) Maybe.
2. Do post injury lesions resulting in calcification suggest that treating osteoarthritis or osteoporosis is a second plausible hypothesis for electrolytic diffusion?
 - (a) Yes, this is a reasonable hypothesis.
 - (b) No, the hypothesis is un-supported with pilot research studies.
 - (c) Maybe this could be justified tentatively on currently observed findings.
 - (d) Experimental double-blind population sampling for calcium leeching and absorption for N=10,000 would be necessary for statistical validation.
 - (e) Increased anecdotal data would be required for a minimum of N=33 patients.

3. Modern and ancient cultures espoused natural spas with anecdotal testimonials, promoting rejuvenated health benefits. This follows the classic Greek “fit-body-fit-mind concept” used in Mind/Body Medicine. Which statement is correct?
- (a) Natural health spas were located in geological pedafier regions like Bath in the UK, Chernogolovska Russia and Daylesford Australia.
 - (b) Kellogg’s early sanatoriums used Vitamin C mega-doses with sodium carbonate NaCo_3 enemas for gastrointestinal irrigation.
 - (c) Some US and AUS National football teams visit the igneous chernozem Black Hills of Dakota for iron and aluminium hydroxide electrolysis therapy.
 - (d) Myotherapy with Aromatherapy eliminates Foot and Hand Syndrome.
 - (e) Public spas near Hepburn Springs Daylesford use metal plates in whole body immersion mineral water electrolysis baths.
4. In the classic text, “Scientific and Quasi Experimental Design for N=1” by Stanley and Campbell, quasi experimental research studies may be refuted by
- (a) The Solomon Four Group Design or ANOVA statistical evaluation.
 - (b) Insufficient sampling of anecdotal findings below N=33.
 - (c) Faulty logic in sweeping medical generalisations.
 - (d) Contrastingly, an antithesis is not disputed for N=1 if isolated results are reported with highly remarkable data of comparative statistical significance.
 - (e) Academic support through published statistical analysis from 1972 onwards by the Psychology faculty Department for Precocious & Gifted Youth at Johns Hopkins.
5. Following intensive chemotherapy it was thought the patient suffered consequent osteoporosis because later, he had two separate consecutive accidents. These incurred two vertebral crack-fractures, one to T6 and another three months later to T5. Which of the following statements is NOT correct?
- (a) Subsequent bone density-scan X-Rays refuted osteoporosis.
 - (b) The prognosis was reasonable based on two accidents without any earlier fracture history; viz: One at T5 from head-butting by his pet camel and the other at T6; falling backwards onto a cement floor while balancing on the kitchen sink.
 - (c) After X-Rays, emergency ward staff was alarmed by the patient who walked un-aided to self-discharge himself because IC admission was ordered. The patient then enjoyed mild “Christmas Camel Confusion”, reinforced by his oncologist’s and GP’s apparent bewilderment or florid delusional ideation.
 - (d) Dr Costello caused two minor rear-end car accidents due to retarded left ankle psychomotor reflex, confirmed by deep penetration EMG nerve conduction.
 - (e) There was a car accident history of numerous fractures for thirty-eight years.
6. Monitoring experiments were repeated to test effervescence for the presence of hydrogen in nine consecutive treatments. Which statement is precisely correct?
- (a) Experimental trials revealed prominent samples of iron and platinum oxide deposits, caked on the terminal.
 - (b) In post intervention analysis, the “used up” electrolyte produced slight but not uncomfortable tingling sensations and lacrimal tear-duct dryness.
 - (c) Electrolytic convection was facilitated with molecular vibration.
 - (d) Ion dissociation through electrochemical discharge is determined by the electrolytic series direction from platinum through carbon to gold.
 - (e) Through cybernetic theory, the body was reasoned as a pseudo human battery.

7. Ongoing computerised biofeedback attainment testing and monitoring was performed throughout the entire intervention period. Modalities for surface frontalis EMG, Pulse and EDA, including peripheral body temperature revealed:
- (a) Biofeedback training was conditioned without needing equipment later.
 - (b) Prescribed 24-hr slow-release morphine could not be discarded solely on the basis of computerised biofeedback pain control.
 - (c) Sodium carbonate was absorbed into the blood stream, proportionate to increased EMG and lowered peripheral body temp for the blood brain barrier.
 - (d) Five weeks palliative radiotherapy of 6M volts daily interrupted frontalis EMG and usual heart rate, compared with US and Australian biofeedback population norms (Cassel and Costello 1987, 1996, Chung, Costello and Pullar 1993).
 - (e) Decreased numbness and tingling sensations increased with peripheral body temperature because pulse could be lowered through conditioned biofeedback from 80 at rest to 45 within thirty seconds.
8. Electrolytic diffusion successfully resulted in objectively tested pain relief experiments resulting in reduced numbness and discomfort. Which statement appears to be most suitably correct?
- (a) Over the protracted intervention period each consecutive electrolytic diffusion treatment was measured accurately.
 - (b) Multifactorial treatment variables were also factored in with advanced pain control techniques including Visual Afterimage thought-stopping.
 - (c) Regenerated growth of chemotherapy damaged fingernails, toenails and hair loss on two separate occasions was achieved to gain this result.
 - (d) Because Brucker GADDS microscopy diffusion patterns had poor signal to noise ratio with a number of distinct peaks evident at $d=2.28$ angstrom and $d=1.9$ angstrom were not inconsistent with peaks expected for metallic platinum.
 - (e) The Luria Nebraska Neuropsychological battery visuo-motor subtests revealed heightened scores for accelerated psycho-motor responses; twice that of expected standardized norms for comparison.
9. Unexpected positive side-effects were reported for the physical and psycho-immune system in re-strengthening and rejuvenation through 20 integrative medicine techniques mentioned in Dr Costello's presentation. Which answer is correct?
- (a) Increased psychological endurance was accompanied by previously un-experienced physical strength. Excessive need and enjoyment in vigorous physical work and sport, previously not experienced. Ability to reduce blood pressure and pulse rate at will. Significantly reduced tolerance to alcohol or medication with curious allergies to mustard and chillies are still experienced.
 - (b) Elevated spirometry. Increased visual cue libidinal responses and kinaesthetic stimuli. Heightened sense of ethics and cross-cultural mores. Increased facility in language translation and remote memory. Deleted prescribed 24hr slow-release morphine after one week upon diagnosis in 1998.
 - (c) Mixed cerebral cross-lateral dominance with accelerated visual motor dexterity. Improvement in balance, physical sports and dancing. Involuntary adrenergic psychophysical responses sometimes resulting in distributive shock.
 - (d) All of these answers, potentially or curiously indicative of an integrative medicine break-through, pragmatic miracle or quirky statistical fluke.
 - (e) Improved auditory vigilance, increased night vision and sense of humour. Heightened energy with increased intellectual output and remote memory.
- Scientific applications in altered states of consciousness for demystifying non-scientific notions of precognition and intuition through sentinel cognition.

10. In March 1999 CT's and CBC's were circularised to some ACFE colleagues and friends with expressions of gratitude for their thoughtfulness and prayers. Which of the following statements is the most incorrect?
- (a) Faith healing without work or a special purpose is dead, if wishing to stay alive.
 - (b) Against his doctor's orders in September 1999, straight after palliative radiotherapy, Dr Costello and his wife travelled from Melbourne to NYC for ACFE board meetings and received the Outstanding Service Award at the Waldorf Astoria as Chairman, American Board of Psychological Specialties.
 - (c) Aristotle espoused that whatever Man imagines or just dreams up, is impossible.
 - (d) Longevity can be prolonged sometimes through Mind-Body techniques when understanding Acres of Diamonds or Fields of Platinum.
 - (e) Critical adrenergic reaction resulting in distributive shock, presumed irreversible, may be controlled by pre-taught emergency self-help procedures.

Correct Answers

1 (c) 2 (c) 3 (e) 4 (d) 5 (e) 6 (e) 7 (a) 8 (a) 9 (d) 10 (c)

Foot Note

Neuropathy damage is a serious and lamentable chemotherapy side-effect generally recognized by oncologists and identified as "Foot and Hand Syndrome". Encompassing physical and psychological auto-immune strengthening for recovery, this presentation addresses alleviating debilitating restrictions of acute pain; numbness; retarded motor reflexes; muscular cramps; relentless tingling sensations; general motor and visuo-motor coordination. After June 1998, five months intensive chemotherapy and experimental chemo' failed. CT's revealed the author's massive undifferentiated esophageal adenocarcinoma. This tumor deformed the heart and dislodged his trachea.

The biopsy-proven tumor spanned a distance of 13cm measuring 8.5cm and 6.4cm side to side and aggressively re-grew twice during weekly chemotherapy. By March 1999, his oncologist explained, "Statistically there is only a (2.5%) chance of recovering from this esophageal adenocarcinoma". Accompanied by his loving wife, Dr Costello was then told, "You have 12-18 months at the outer limits for remaining life expectancy. The tumor remains too expansive for radiotherapy gridding for the remote possibility of a radical aesophagectomy; at best if successful offering maybe 2-5 years to live".

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