

Mind Over Disease – A Personal Experience

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Self-Help Distributive Shock Prevention For Ground Combat or Accident Victims

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Needless deaths occur from body mechanisms over-riding victims who fail to recognize the early signs of shock. Consistently in the face of critical injuries, Dr Costello's thought processes were blocked and his body's mechanical and chemical responses were triggered automatically, to sustain life. It is at this point of no-return that intervention time is critical or fatality is imminent.

Lamentably, even in cases of a road accident or war combat victims, time-critical-intervention cannot be guaranteed. Ambulance teams might not arrive. Bystanders do not always know basic first aid. Others are reluctant to become involved. The critical point of no-return has come and gone! Too frequently in emergencies people die from shock and not their critical injuries.

Imperatively, these Emergency Self-Help Steps for survival should be drill learned by everyone. Conversely, fatalities are from shock because there is no interruption to stop this automatic systemic process. We can learn beforehand how to prevent death as a simple well learned drill. Life threatening stumbling blocks can be changed into a stepping stones from the Here After.

Nine Emergency Self-Help Steps

- 1. Emergency reality check asking what is happening to my body?
Look for signs and symptoms. There may be no pain because
adrenalin takes over to stimulate endorphin responses.**

**Am I hot or cold? What's my head doing? Am I feeling faint? Am I aware of my surroundings and do I know what's happening? Is my heart pounding? Do I have ringing in my ears? Can I speak?
Am I feeling nauseated?**

- 2. Sit down. Don't fall down. Breath deeply and slowly...**

3. **Raise your legs to increase circulation (This is critical).**
4. **Drink your Electrolyte emergency belt-pack quickly (For fluid replacement).**
5. **Keep calm and roll onto your left side.**
6. **Slowly sit up.**
7. **If not ok, lie down and raise your legs again. (More time needed for electrolyte replacement).**
8. **Check for physical injuries.**
9. **Decide how to move to safety.**

Background

The principal author learned this technique through bitter and painful experience on thirty occasions following critical accidents including dehydration side-effects from chemotherapy.

After diagnosis in 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. Following intensive chemotherapy and experimental chemotherapy which unfortunately failed, by March 1999 Dr Costello's oncologist explained,

"Statistically there is only a (2.5%) chance of recovering from your esophageal adenocarcinoma".

Accompanied by his loving wife Jan, 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 grids for the remote possibility of a radical aesophagectomy; at best if successful offering maybe 2-5 years to live".

24hr slow-release morphine was rejected at the onset of treatment including the later potential aesophagectomy. Twenty self-help integrative techniques in Mind/Body Medicine evolved during complete recovery and this was one of them.

A couple of nights before leaving for the US in October 2002, it occurred to me that Ground Combat soldiers could use this simple method in self-treatment emergencies.

The two pages were handed to Brigadier General Patricia Nilo (Homeland Biological Warfare Defense MO) during her Key Note presentation at Orlando American College of Forensic Examiners Convention in October 2002. On reading the two pages during the plenary she came out to thank the author for their conciseness. In 2003, Julie Zagorski RN B.App.Sc kindly offered references for the following notes.

"Painfully during chronic acute dysphagia, I learned this technique when recovering from dehydration and thermoregulation dysfunction as reactions to intensive chemotherapy and radiotherapy".

- Through self-identification of shock risk and acknowledgement of the early signs and symptoms, through rapid self-assessment and self-treatment - lives will be saved.
- Despite medical advances shock remains a major cause of death in road accidents, hospital environments and on the battlefield (Crowley, 1996).
- Classifications are hypovolemic (decreased intravascular volume), cardiogenic (impaired pumping mechanisms) and distributive (abnormal vascular performance, (Crowley, 1996; Smeltzer & Bare, 1996). Hypo perfusion is decreased blood-flow through vital organs. This remains the primary contributor in the disease process and results in multi-system failure causing death (Rice, 1991b).
- Shock occurs when haemodynamic variables are altered: Cardiac output CO, Stroke volume SV, Heart rate (HR), Mean arterial pressure MAP and Systemic vascular resistance SVR (Darovic & Rokosky, 1991; Miller & Keane, 1989; Rice, 1991b). Homeostatic function requires successive responses, coupled with compensatory mechanisms to interact spontaneously if impaired mean arterial pressure (MAP) falls and shock results (Darovic & Rokosky, 1991).

Self-Help Prevention of Distributive Shock identifies the classification and the systemic changes associated with each type. Furthermore, basic advice in the 9 Step Drill training is simple and straight forward.

From psychology, the technique avoids external locus of control *enter ref and notes (Rotter, Julian) Medical and nursing interventions are described and explained necessarily with psychosocial aspects. The primary classification of imperative emphasis for this article is Distributive Shock.

Shock pathophysiology involves cells, vascular responses and the regulation of blood pressure (Smeltzer & Bare, 1996). The vascular system dilates and contracts in response to cellular release of chemical signals for oxygen demands (Smeltzer & Bare, 1996). Intracellular, oxygen and nutrients are converted in adenosine triphosphate (ATP), and stored for metabolic demands (Porth, 1994).

Aerobic metabolism (Oxygen) is much more effective and energy efficient for cells, however anaerobic metabolism (non-oxygen) produces toxic lactic acid an end product of cellular metabolism (Smeltzer & Bare, 1996).

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