



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

Mind-Body Medicine Techniques

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for
Service before Self

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My Epitaph

Falling backwards onto the floor from the kitchen sink sustaining a T5 crack-fracture; Head-butted by my pet camel two months beforehand incurring a separate T6 crack-fracture; Escaping a deadly second attack.

Unable to wiggle my fingers and toes and unexpectedly fast entering distributive shock, my final conscious reflection was of a peculiar epitaph reading:

"Brian recovered from Terminal Cancer, Gained Credits in Intensive and Experimental Chemotherapy and Palliative Radiotherapy and Pain Control, Escaped Brain Damage and Death by a Camel

Ended up a quadriplegic and finally -- Died of exasperation.

Now for the More Serious Side as together We Pray

Lest we forget...

On September 11th, The Wisdom Hall's Headquarters in the NY World Trade Centre was destroyed mercilessly. Lamentably, several staff members died tragically and others traumatically maimed for life...

Salutary Epilogue

My Continued Life in Service before Self

Terrorist Deception Detection

After last visiting you in Mobile and Daphne Alabama 1979, my research on the Terrorist Deception Detection Picture Polygraph commenced in 1986 was abruptly interrupted the following year when struck down with biopsy-proven esophageal cancer.

Rapidly identifying suspect terrorists or criminals, placing them into custody and reaching closure at the time of trial are urgent for law enforcement; citizens, business, government agencies and the legal community. Terrorists “are” cold-blooded murderers who do not reason or experience our shared sense of morality. Criminals are not “a rose by any other name” while murdering innocent people regardless of race, color or religion. Terrorist cell metastases appears continuously on security screens regardless of whether the EU or UN recognizes terrorists like Hezbollah et al by name, in their hesitant diplomatic parlance. Without mincing words, the picture polygraph technique for standard issue polygraphs is a non-verbal parlance-free weapon, sharpened as precision tool for truth detection targeting.

Abstract

The Forensic Terrorist Detection System called PAP employs standard issue polygraphs for a non-verbal picture technique originated as a biofeedback careers interest instrument (Costello 1987). This biofeedback test was published with 3 statistical validations as the Australian Life Mission Test (ALMT). For its intended career guidance purpose, ALMT used 112 career picture slides taking 40 minutes testing. Forensic adaptation needs only 8 minutes for 48 pictures in 8 sets of 6 pictures with 8 seconds per exposure including hook up. Basal norms are recorded by running through neutral pictures for comparison with later hot target exposures. Recognition deception is revealed when the series is altered and repeated. For elaboration, see ALMT (Cassel and Costello, 1981 ff.).

The system also, can be integrated readily into airport screening protocols. However the method does not rely on any questioning or foreign language translation, whether Arabic, Russian, French, Chinese or English. Its fresh rose-like sterling value is sustained in intelligence gathering through hot targets of suspected terrorists or suicide bombers including Al Qaeda, Hezbollah, Taliban et al. Suspect terrorists even at airports or in other criminal investigations; looters, rapists, murderers or armed hold-up robbers are exposed to photographs of suspect collaborators or weapons from brutal crime scenes.

Neutral photographs are interspersed with hot-target snaps of suspect collaborators, crime scene localities or weapons. Involuntary reflex EMG, GSR/EDA, temperature and heart rate change responses are recorded for instant statistical comparison between sets of neutral and hot pictures.

Cognitive dissonance (Festinger, 1957) is revealed between hot target and neutral picture recognition, recorded and computed with simple statistical comparisons. Through instantly shared data it's a small world after all and “growing ever smaller” (Eisenhower, 1961). The FTDS can be monitored remotely from international central intelligence sharing centers.

Summary

The Picture Assessment Profile PAP was named after Pinocchio, the character created by Carlo Collodi in 1880, immortalized by Walt Disney as America's father of animation. Technique refinement for standard issue polygraphs will elicit involuntary non-verbal physiological responses.

As in the 1940 Disney movie and storybook versions from Japan, Italy and Russia preceding it, Pinocchio was a wooden puppet whose nose grew longer whenever telling lies. In the non-verbal method, psychophysiological markers are measured in a manner unimaginable by Collodi, Pinocchio movie or any of the other storytellers who tried to deliver a precious moral message about telling the truth.

The method is a refined complement to good forensic intelligence and grass roots police work at the local, national and international level. Suspects are exposed to a series of pictures as in a police identification line-up to distinguish deceptively big noses going almost out of joint. When compared with current polygraph interviewing methods, the innovation offers an improved if not superior technique to identify deliberate deception.

My co-authors Dr Karen Gold and JoAnn Axton and I consider the method to be an imperative addition to the armamentarium in the war on terror and increasing crime rates. Cruel atrocities against humanity similar to those brutally perpetrated by Adolph Hitler et al have over-loaded doomsday foreboding and grotesque entrenched fear never before shadowed over so many innocent freedom loving people.

Diary of Death Defying Events:

1. **Jun 1998** I started to vomit frank blood and was rushed to Hospital. CT scan revealed the large mass in my chest, later as a biopsy-proven malignant tumor (adeno-carcinoma). Surgery was not an option because of the size and nature of the tumor. On referral to a Radiotherapy Oncologist, I was told the tumor was too big to make radiation-targeting grids for radiotherapy.
2. **Jul 1998** Palliative chemotherapy: 5FU (short for 5ft under) through a pic-line. This was given 24hrs daily for five months by an external intravenous transfusion pump. During 5 months chemotherapy treatment, I also endured the "red devil" (Doxorubicin) for three hours at each three weekly intensive chemotherapy session. Continuous CT's revealed detailed pictures of the mass expanding and sometimes contracting.
3. **Aug 1998** Presented new techniques in statistically validated computerized biofeedback but collapsed during presentation at the Melbourne 58th Annual Convention of the International Council of Psychologists
4. **Mar 1999** My oncologist explained sensitively, "*There is only a 2.5% chance of recovery and you have 12-18 months to live*". *The tumor still remains too expansive for radiotherapy or a radical oesophagectomy. I was told if surviving surgery, which then was not possible, "At the outer limits, you have 2-5 years to live"*.
5. **Jun 1999** CT reported tumor's aggressive re-growth and enlargement.
6. **Aug 1999** During chemotherapy the tumor re-grew twice aggressively and did not respond to later experimental chemotherapy so I was told to make a will and to organize funeral arrangements.
7. **Sep 1999** Presented one of my new techniques on "Visual Perception Afterimage Stress Reduction and Pain Control" for victims of crime at the Australian Institute of Criminology and VRAS annual convention.
8. **Sep 1999** Without any further chemotherapy treatment, the tumor contracted enough to make radiotherapy grids. Unexpectedly, the preliminary CT radiotherapy target bombardment grids altered within a week. *Radiotherapy grids must be exact for tumor bombardment. It requires precise margins within 05 millimeters.*
9. **Sep 1999** On the first attempted treatment the machine's computer automatically shut down, as the tumour had become smaller than the grid. A new radiotherapy CT was administered to commence a five weeks standard course of 6MV daily palliative radiotherapy.
10. **Sep 1999** Radiotherapy was "palliative" and it was not expected that I would live much longer after that.
11. **Oct 1999** Visited New York for presentations at the Waldorf Astoria American College of Forensic Examiners annual convention *but it was an excruciatingly painful 30-hr plane trip from Melbourne.*
12. **Oct 1999** At the New York meetings I was elected Chairman of the American Board of Psychological Specialties, representing 8000 forensic psychologists for 20 specialist divisions.
13. **Nov 1999** *At this convention Forensic psychiatrists, oncologists and psychologists openly remarked that I was either a "statistically medical freak or a walking miracle".*
14. **Nov 1999** On retuning from NY with Jan my next CT showed significant reduction in tumor size. There was no evidence of dilation.
15. **Dec 1999** **Drafted** initial constitution for the International Council of Integrative Medicine as Interim Chair.

16. **Feb 2000** Swallowing finally resumed without so much pain and weight was finally maintained.
17. **Feb 2000** X-Ray Crack fracture of T6 (Camel Head-butting). Walked unassisted from Emergency ward.
18. **Mar 2000** No medical treatment sought because I had become allergic to all medication.
19. **Jul 2000** X-Ray Crack fracture of T5 (Fall from kitchen sink).
20. **Aug 2000** Continuous pain was presumed from the head-butting so I asked my GP asking why the original fracture was still painful. He referred me back to the oncologist.
21. **Aug 2000** Oncologist referred for an immediate bone density scan presuming osteoporosis after the five months intensive chemotherapy and palliative radiation treatment.
22. **Sep 2000** Bone Density Dexa Scan normal but ranged for males 17-25 years. I am 60. No osteoporosis.
23. **Sep 2000** CT revealed no evidence of active disease or metastasis involvement.
24. **Nov 2000** Letter 2.11.00 from the Wisdom National Hall of Fame Beverly Hills by Dr Leon Gutterman, Wisdom Founder & President, *"Your gracious handwritten "Thank You" card has just arrived. You will be happy to know that you will have become the first and only Vocational Clinical Psychologist and Neuropsychologist in Australia, in the year 2000, to be awarded the Wisdom Award of Honor and to be named to the Wisdom Hall of Fame"*.
25. **Sep 2001** CT No evidence of tumor.
26. **May 2002** CT No evidence of tumor.
27. **Aug 2002** Presented "Electrolytic Diffusion" at the Orlando Florida ACFE and AAIM annual conventions.
28. **Sep 2002** *Overseas oncologists, psychiatrists and psychologists reiterated that the 2.5% recovery rate from esophageal cancer did not exist.*
29. **Oct 2002** *Numerous medical databases confirmed this fact of life, sadly in no uncertain statistical terms.*
30. **Dec 2002** CT No evidence of tumor – for the third time.
31. **Jan 2003** Electromyography confirmed the disappearance of sensory neuropathy with only slight remaining tingling in the fingers and toes.
32. **Feb 2003** Completion of computerized polygraph refinements 1986 for terrorist deception detection.
33. **Feb 2003** Sensory neuropathy was eliminated. *Medical radiation oncologist then also mentioned that my*
34. **May 2003** CT No evidence of tumor or change, confirmed for the fourth time since Sep 2000.
35. **Jul 2003** Canberra Press Club Presentation Pre-Release for the 61st Annual ICP Convention of the International Council of Psychologists in Toronto.
36. **Aug 2003** To be elected as Ambassador to 84 countries for the International Council of Psychologists.
37. **Aug-Sep 2003** Presentations at the Universities of Edinburgh, Department of Parapsychology.

MEDICAL DOCUMENTATION

Victorian Imaging – CT Scans: Dr J. D. Poynter 2.7.98; Dr R Dempster 14.7.98; Dr J.D. Poynter 14.8.98; Dr R. Dempster 18.9.98; Dr C.J. Holland 4.12.98; Dr S. Kermomond 27.1.99; Dr J. Syucky 25.3.99; Dr Rob Southwell 2.6.99; 4.8.99 Dr D. McOmish 17.11.99; *Dr J D Poynter 27.9.00; **Dr J.D. Poynter 19.09.2001 No tumor revealed or metastatic involvement demonstrated; Dr Manish Jain 25.9.00 Bone density in normal range) Dr C.J. Holland 08.5.02 No evidence of tumor or metastatic disease; Dr L. Dugdale 31.12.02 No abnormality or evidence of adenocarcinoma tumor or lymphadenopathy; Dr J.D. Poynter 27.05.03 No evidence of tumor recurrence or metastatic involvement.**

Hospital Admissions & Reports: 28.6.98 Admitted to Frankston Hospital at 4 am – vomiting frank blood. Kept under observation and discharged later that day to attend GP Dr Jack Knobel at Morning ton who referred me to Dr Ian Wheatley for a Gastroscopy.

Hospitalisation: Frankston Hospital 16.11.98 Four days bed-rest because temperature was 39C on arrival for the final chemotherapy treatment. Curiously, no infection was reported from ensuing pathology examination or from pic-line histology sample contamination. Dandenong Hospital Emergency 5.2.00 - Pet Camel's head-butting.

General Practitioner Appointments:

On seeing him fortnightly and monthly for encouragement throughout treatment, Dr Jack Knobel suggested quinine

Specialist Appointments:

Dr Ian Wheatley Beleura Private Hospital 30.6.98; Dr Bruce Davis Thoracic Surgeon Cabrini Hospital 27.7.98; Dr Ngan 11.9.98; Dr Vinod Ganju Oncologist Garden Consulting Rooms Mornington 13.7.98, 20.7.98, 22.7.98, 31.7.98, 7.8.98, 14.8.98, 21.8.98, 4.9.98, 18.9.98, 12.10.98, 23.10.98, 4.12.98, 11.12.98, 29.1.99, 26.3.99, 3.6.99, 4.7.99, 23.8.99, 29.11.99. until February 2003; Dr Daryl Lim Joon Radiotherapy Oncologist (Peter MacCallum Clinic) Cancer Institute, Monash University Medical Center Moorabbin 16.8.99, 23.8.99, 30.8.99 daily radiotherapy treatment with two weeks prior Chemotherapy and one week with inclusive radiotherapy at the start of treatment and the last week until 1.10.99, 11.10.00 (We flew to NYC on 25.10.99) Dr Lim Joon reviewed on 14.2.00 and 14.8.00; Dr Peter Cole (Referral for radical oesophagectomy which was rejected) 19.10.98, and 21.10.98; Hana Sali: Live Blood Analysis 31.01.00; Dr Russell Rollinson Neurologist Hand & Foot Syndrome (self-referred for EMG neuropathy monitoring) 24.2.99, 3.3.99, 17.5.00, 1.11.00, 1.5.02 and 6.01.03.

X-Rays: Dr C. Hachem Dandenong X-Ray 5.2.00 (Thoracic 6 Fracture due to camel head-butting) Dr L Dugdale (Victorian Imaging Group) 4.7.2000 (Thoracic Vertebra T5 fracture shown to have occurred since the previous X-Ray) due to losing my footing on a step-ladder, falling backwards from the kitchen sink and landing on a concrete floor. The T6 crack fracture however as shown to be stabilizing.

Frankston Hospital Chemotherapy Unit: Five months daily 24-hour Chemotherapy started on 23.7.98 and ended on 16.11.98 with admission to Frankston Hospital with temperature 39C and suspected infection. During this time, every three weeks 3 hourly treatments of Cisplatin, Carboplatin and Doxorubicin were administered. Continuous 24-hr transfusions of 5FU administered through attached Pic Line inserted in the left arm vein to a position located 2 cm from the heart. The "Baxter Pump" was replaced weekly and was a permanent fixture for five months.

Blood Tests FBP's: Melbourne Pathology -- Weekly blood tests from 1998 throughout Chemotherapy and for later CT's until MAY 2003.

Complete Blood Pictures: Dorevitch Pathology - Pathology tests administered following each Gastroscopy.

Medical Reports: Dr Russell Rollinson Neurologist (Self-referred), 24.2.99., 3.3.99, 17.5.00, 1.11.00, 1.5.02, 6.01.03. Dr Vinod Ganju Chemotherapy Oncologist 7.2.99 – and sundry until February 2003: *The last three consecutive reports confirmed no trace of metastases or previous tumor evidence.* Dr Darryl Lim Joon, Oncology Monash MC Radiologist 4.2.02.

Concluding Medical Pathology Report: Dr J.D. Poynter, May 24, 2003

Expected Recovery 2.5% -- Statistical Fluke or Medically Documented Miracle

Preparing for

Service before Self

Mind-Body Medicine methods were originated:

Twenty Mind-Body techniques evolved slowly through painful and sometimes humorous experiences with cybernetic theories. These were applied to strengthening and rejuvenating the immune system through Self-help methods. Treatment techniques are presently being converted to software, soon to be available.

Novel methods were facilitated by 28 years clinical psychology and my specialty knowledge from cognitive behavioral management, psychophysiology and neuropsychology. Self-treatment was not used as an alternative to mainstream medicine but involved insights with some applications into nutrition, remedial physical and mental exercise, biofeedback, metaphysics, biochemistry, music therapy, philosophy and just pure logic.

Mind-Body methods were essential to my recovery to alleviate and eventually eliminate debilitating acute pain, numbness, retarded motor reflexes, muscular cramps, relentless tingling sensations, general motor and visual motor dysfunction, dehydration and distributive shock.

This work was difficult but also challenging and often enjoyable when treating myself as a patient.

1. Computerized psychological assessment for daily introspection and self-evaluation.
2. Continuous socialization: Mall shopping to confront self-consciousness in public.
3. Daily swimming using flotation and buoyancy exercises. These are graduated and gentle with newly devised Western Tai-Chi like movements. (N.B. Avoided strenuous laps swimming training).
4. Modified water skills from 1975 Royal Life Saving Society manuals to develop new method.
5. Advanced computerized biofeedback and visualization of Brainwaves, Heart Rate and Temperature.
6. Visual perception afterimage and pain control and to slow the brainwaves down.
7. Induction of REM level dreaming and altered states of consciousness with subliminal techniques.
8. Liquid Nutrition: Replacing solid food with concentrated Ensure to reduce painful swallowing.
9. Nutritional supplements such as a daily multivitamin tablet and tonic water (quinine) for cramps.
10. Worry pre-occupation thought-stoppers. This involves humorous movies, jokes and cartoons.
11. Individualized psychodrama imagery and love making.
12. A newly devised form of Western Tai Chi-like gentle slow balance exercises.
13. Gardening and Pet therapy. (I loved playing alone outside with my animals, mainly at night to avoid neighbors and feeling the heavy self-conscious of typically chemo patient sickly appearance).
14. Advanced Music and Dance Therapy i.e. dancing alone to the Bee Gees song, "Staying Alive".
15. British stiff-upper lip. Not wearing your heart on your sleeve to avoid empathetic projection from well-meaning onlookers.
16. Displacing and demystifying occult spiritualism or past-life experience notions with scientific reasoning.
17. Hard work with a business as usual attitude and Reader's Digest like, "Laughter as the best medicine."
18. Healing thoughts from friends and church communities of any denomination.
19. Prayer and meditation daily or sometimes just short 30 second hourly faith and hope aspirations.
20. Deliberately flexible sleeping and eating patterns to accommodate work and rehabilitation activities.

Unexpected Positive Side-effects for 20 Mind-Body Techniques

- Increased ergometric strength ratio and heightened psychological endurance accompanied by increased appetite, elevated physical energy, agility and spirometry lung expansion.
- Increased haemoglobin and breathing capacity.
- Controlled relaxation: Heart rate 80 to 40 in 30 seconds with Blood Pressure controlled at will.
- Mixed cerebral dominance. Sharpened kinaesthetic responses and fine-tuned rapid ambidexterity. Luria Nebraska psychomotor and accelerated motor speed and accuracy: double that of normal.
- Enhanced visual acuity perception and Wepman auditory closure.
- Improved senses of hearing, vision, flavour and tactile response, night vision with spatial relations, figure-ground perception.
- Minimal fatigue. Remarkably reduced the need for sleep and greatly increased REM.



Dr Costello Receiving Award in 2001

- Elevated concentration and attention span. Improved my memory.
- Increased vocabulary and written expression.
- Increased thematic and recurrent lucid-state-dreaming. Material retrieval from EEG ranges 11-17 Hz.
- Private practice as a clinical psychologist was continued throughout courses of chemotherapy and palliative radiotherapy treatment with very unusual emotional and physical endurance.
- Increased sense of humour and improved singing, whistling and especially zestful dancing.
- Hand & Foot syndrome, neuropathic damage was repaired eventually. Previous numbness and pain was relieved. (Excruciating muscular cramps finally abated but only after three years.)
- Heightened awareness of computerized biofeedback, ethics related to Forensic examination, Elliot Wave Theory, Commerce, Professionalism, Race feelings and prejudice, Cross-cultural mores.
- Increased focus and extended reading. From Shakespeare and the Classics and the back of the Corn Flakes box to Folklore, Cooking and Gardening.

Intensive and Experimental Chemotherapy and Palliative Radiotherapy

Negative Side Effects

Cramping, nausea and acute swallowing pain (dysphagia), backache, baldness, sleep disturbance, intemperate moods, and bleeding toes with painful neuropathy. Remaining symptoms are; allergic reactions to most medication, chili and mustard, tingling sensations on the back due to radiotherapy cell memory; Inability to adopt time-limits while preoccupied with strenuous physical exertion, research work/swimming; Involuntary arousal response to visual cues with tangential thinking and embarrassment. Sadly, there is no medical treatment for Hand & Foot Syndrome but I'm working on it: neuropathy damage resulting from intensive chemotherapy. Neuropathy symptoms are a lamentable result of chemotherapy recognized by oncologists and identified as "Hand & Foot Syndrome.

Adventures:

Camel Butting Accident: Pet Therapy Gone Wrong.

While battling cancer and finding the mind/body techniques I also had the odd adventure...

I was admitted to the emergency ward with a T6 fracture. This was due to violent head-butting attack by my pet camel at my home the Ibis Lodge farm. The doctors prescribed six weeks standard intensive care after the X-Rays.

After praying, (which in Mind-Body Medicine terms, affectionately I call "Faith Healing", somehow I walked to the front desk, unassisted. The Emergency ward staff and doctors seemed astonished as I asked them

to kindly fetch a wheel chair so I didn't have to walk so far to our car. Previously but respectfully I had insisted on returning home against their advice and decision to admit me to IT for six weeks.

Tibetan Religious Festival Experience.

After the camel butting experience Jan, my wife, drove me the next day to the Prahran Tibetan Buddhist Festival. I was feeling unusually grumpy, fatigued and sore that day but it was to keep me out and about.



Dalai Lama Monks Delegation visiting with Dr Costello at his Mornington Consulting Rooms

One of my former patients coincidentally attended the festival sharing similar disillusionment with it all. On unexpectedly seeing me in excruciating pain and looking like death warmed up, she gave me a gentle, caring Reiki back massage.

Excursions to find Ancient Potted Philosophy

*“Master, how can we best withstand pain and adversity?
The answer was given this simply,
“By seeing others suffering a worse plight than our own”*

Another powerful contemplation is found in Russell H. Conwell's, “Acres of Diamonds”.

Life revision and self-evaluation can start spontaneously when you have a life threatening disease. This was more intense while combating pain and worry in the loneliness of the still of night. Comparing religions and demystifying paranormal phenomena: precognition and past life experiences. These questions took precise focus through REM twilight learning and altered EEG state biofeedback lucid dreaming induction.

My brain would go into overdrive. I did novel research excursions that were facilitated by new techniques discovered for pain control: thought-stopping, visual afterimage perception and fractals. So enjoyable were these visuals, I also included them while swimming or gardening. In 1999 this method was presented at the Australian Institute of Criminology annual convention for the treatment of victims of crime. The methods are refreshingly different from traditional relaxation techniques. Although successful with patients for thirty years, time consuming visual imagery and progressive relaxation techniques are difficult for those suffering continuous pain and worry. I needed something much faster because there was little time left to recover.

Swimming against the current

My wife didn't catch me swimming outside in the dam, covertly in the early hours of the morning when she was asleep. Constantly the doctors warned that every possible infection had to be avoided. Suppression of the immune system is one of the side effects of chemo. Even the simplest germs are life threatening diseases for the chemo patient. Our little dog Peppy was no longer allowed to sleep in our bedroom. We couldn't stand that after a fortnight so before long Peppy was back in the bedroom.

Nightly and always when Jan was asleep, I would spend hours in “horse whispering”, enjoying their company and playing with my animals at the Ibis farm. This helped occupy me during the episodes of pain I would frequently experience because I had refused to take the 24-hr slow release morphine a week after diagnosis.

Spring or Sprung?

Chemotherapy dressings are self-adhesive and highly specialized compared with normal bandages. Mine were usually grubby and soggy when compared with other patients. I had managed to waterproof my chemo bandages so that I could practice my floatation and buoyancy techniques. I'd wrap Glad-wrap over the hospital bandage and then camouflage the whole look by covering it with flesh-colored bandages. This camouflage worked well for sometime. My oncologist and nurses were amused but mystified. Quick as a flash in response to their probing questions, creating a story diverted attention. If all else failed I would use the baffling technique of answering a question by asking one... "Because of the painful cramps and coldness at night it was almost impossible to get out of the shower."... Well, this answer worked for a short while and was partially true. It was just not the whole reason for the mystery of the wet bandages.

In the end, swimming daily in the dam went undetected by even my wife. I managed to convince my nurses to provide me with spare chemo bandages because mine kept wearing out so fast. Unfortunately I was soon unable to justify why I needed so many extra adhesive dressings. The shower story was wearing thin. Luckily I found a little chemist at the Mall with a whole stock of chemo bandages the same as the Hospitals. To my horror, when they ran out of them their stocks were replaced with a different colored brand. Sheepishly, I turned up to a chemo session wearing startling solid-blue ones, obviously different to the ones always used by the Chemo Unit nurses. I remember feeling like a kid caught in the act. At the YMCA pool only one swimmer detected me. Finally the Chemo Nurses sprung me but didn't refuse a man's last wishes.

Applied Psychology -- Trade Secrets Revealed

I became good at playing the subservient patient role, fronting up for my treatment all smiles to disguise my guilt and became familiar with the medical staff's hobbies and interests. This was a distinct advantage, as it was easy to divert them with conversation about the things we enjoyed, like Saturday footy matches. At this point I would then explain that I just couldn't keep away from the things I enjoyed most in physical activity or mucking around with our farm animals or working in the garden. Not surprisingly, these diversion tactics worked well for many months.

Incentives No Longer Affordable

Although working throughout treatment, the Bank was closing in with their interstate mortgage division phoning at 9.30PM on Saturday nights resulting in my poor wife's tears. In punctuated sobs during terrible pain and experimental chemotherapy I asked for their pity. Cash flow diminished rapidly because lawyers did not pay my outstanding medico legal report accounts until using debt collection agencies. Others impatiently pressed for reports knowing I was ill, threatening reimbursement.

The medical team considered my gratitude as excessive but was sincerely grateful when indulged with presents, usually flowers from our garden or my most beautiful roses and camellias or when our hens were laying, baskets of eggs bedded on straw.

These incentives with chocolates and sweets aided and abetted my deception on forbidden swimming. Most staff including receptionists thought of me as a loving guy who was simply a bit odd because that's often the way chemo patients usually go.

Perhaps staff hadn't seen such generosity before and given too much, occasionally became embarrassed. No one knew our money ran out for any more presents. Others liked these gifts immensely and asked politely if our hens were still on the lay if not turning up with fresh eggs. Free-range hen's eggs are scrumptious, as everybody knows, so these made quite a hit.

The Chemotherapy Forensic Nurse Police My nurses were heaven-sent. Part of me was glad they had caught me out. Ethically they were off the hook and probably relieved to know what I was up to. The nurses giped me as a Forensic Examiner.

They said their Chemo Nurse Police would engage pool surveillance near my home and all neighboring suburbs. I felt guilty for successfully fooling everyone for so long and it took a while to believe they were only kidding. Swimming was not quite the same because of conditioned and entrenched guilt-feelings.

The Disappearing Brave During treatment I didn't realise why so many patients at the unit with me went on overseas holidays and simply didn't return for more treatment. After five months of weekly treatments at the Chemo Unit none of the familiar faces materialized anymore. Instead new apprehensive patients would fill the treatment couches. On attending the second Chemo Unit Patient Christmas party, only a couple were recognised. Nostalgically I feel so sad for all those people who didn't make it. I also feel for their families who lovingly waited by those big chemo chairs with their loved-ones. They kept up their brave faces and hoped or pretended all would be well.

Discovering Sunglasses Finally I discovered sunglasses to reduce heightened photosensitivity. Much more importantly I found them useful as they hid my eyes. Empathy from others was sometimes overwhelming to the point where I would breakdown. This is why I asked my wife, Jan, not to wait with me during treatment. It was too saddening as an on-looker and empathic passenger. Besides, chemo nurses were usually bright and fond of a joke despite all odds. These beautiful women were my angels, graced with compassion.

Shingles – A Final Scenario As a later consequence of the death defying camel head-butting incident, I suffered excruciating shingles. With this I endured radiating intercostal pain following a curious symmetrical ellipse pattern from my chest to the T6 vertebra. The standard blood test for Shingles however, came as a curious unexpected bonus. This wonderful blood test also revealed that there was no evidence cancer spread or metastases.

Academic Tickets of Credibility

State Registered Elementary, Secondary, Special .Education and Health Education teacher 1964-2006
Member of the Australian College of Education 1971
Fellow of the College of Preceptors FCP (Lond), now the College of Teachers 1974
State Registered Psychologist, Cert. Reg. No 1435, 1975
Emeritus Director and Australian Area Chairman of the International Council of Psychologists 1979
Chairman: Forensic Neuropsychology, American Board of Psychological Specialties 1996
Fellow and Diplomate in Psychological Disabilities Evaluation & Rehabilitation 1996
Fellow and Diplomate of the American International College of Forensic Examiners 1996
Chief International ACFE Liaison officer for Australia 1997
Diplomate of the American Academy of Certified Consultants and Experts 1997
Visiting Professor of Sports Medicine, United States Sports Academy 1997
Visiting Professor of Education & Psychology, University of South Alabama 1997
Chairman: American Board of Psychological Specialties 1999
Fellow and Diplomate of the American Association of Integrative Medicine, College of Pain Control 2000
Chairman: International Council of Integrative Medicine 2000
Ambassador, International Council of Psychologists 2003
Chairman: International Council of Integrative Medicine 2000

Membership to the Wisdom National Hall of Fame, Beverly Hills
Invited by President and Founder Dr Leon Gutterman in his letter of Nov 2, 2000
Later Pictured at the United States Sports Academy
Because tragically staff were cold bloodedly murdered on 9/11 and likewise
Hall of Fame records were destroyed

Conclusion and Summary

- *In June 1998 I was diagnosed with terminal oesophageal cancer. The huge inoperable tumour measured 13.0cm x 8.5cm x 6.4cm.*
- *Being so expansive, the tumour dislodged my trachea and deformed the heart.*
- *My doctor explained that I had only a 2.5% chance of surviving, even with the treatment being offered to me resulted in finally having radical esophagectomy.*
- *During chemotherapy courses the tumor re-grew twice, aggressively. To my indescribable relief, on 27 SEP 2000, CT's showed no evidence of the tumour or active disease.*
- *For good measure another CT was celebrated on 27 MAY 2003 to conclude no measure of doubt before official conference presentations.*
- *Four consecutive CT's confirmed that I remained clear of the disease. Verification was considered un-necessary after the third significant CT results on 31 DEC 02.*
- *Only with faith and hope, have I survived against all odds and surpassed four life expectancy use-by-dates to resume R&D in computerized biofeedback.*
- *Out of dire necessity in the time left for recovery, from 1998-2000 I formulated and practised 20 Mind-Body Self-treatment techniques.*
- *Most un-expected positive side-effects resulted in auto-immune system physical and psychological rejuvenation to achieve remarkable medically documented Rejuvenology youthfulness.*