

Report :-

At our October Meeting, the occasional speaker was our Resource/Research Librarian John Mayes. Besides administering our Library Resources, John is usually known for enthusiastically spruiking the benefits of changing to an Anti-Cancer Diet and the benefits of drinking large quantities of Green Tea. At our Oct. Meeting, John spoke about: - **'Using one's Mind to help heal one's Body.'**

This is a Report prepared by the speaker on what he said so it will continue in the first person.

I started the talk by explaining how I felt and my perceptions on first joining the Adelaide PSA Group at the February Meeting of 2001. I saw myself as 'not really fitting', as being a bit 'like a fish out of water' as my experience and perception of my diagnosis of Prostate Cancer and my Medical Treatment, were completely 'out of wack', completely atypical when compared with that of other men attending the Group. I had received information about the Group just after my Radical Prostatectomy performed in Feb. 2000, however I had resolved to only attend when I believed that I had something to contribute to the Group. This was why I waited to Feb. 2001 before joining. I then found to my surprise, that I ended up taking on the role I still perform for the Group, as none of the existing members were prepared to relieve the then inaugural Librarian, who was having problems coping, due to an agonising arthritic condition. I did not attend seeking support or information although I inevitably found both, but I also was surprised to find that I was quite inspired by some men, to my mind in a sense 'heroes', who despite some considerable difficulties in terms of health, were 'putting in' in terms of time and effort, in administration, leadership, counselling etc. up-front, behind the scenes etc. in a myriad of ways in the Adelaide Group and others, all dedicated to helping men with Prostate Cancer. Moreover it continues to this day with sacrifices and compromises being made, in terms of time able to be spent on other activities they consider important or enjoy. Of course the women folk of such men also often work behind the scenes attending to suppers, name tags etc. - a whole host of things when at times they probably would rather have other priorities.

I found that large numbers of men in the Group unlike myself, had problems with incontinence to varying degrees and with varying degrees of impotence. A high focus on trying to overcome impotence, while understandable, disturbed me as I considered the unresolved stresses engendered by this focus, were not likely to help the Prostate Cancer patients immune response. I also was concerned that rightly or wrongly, it indicated a very limited view of what constituted maleness or what promised satisfaction in life. I myself had made a very conscious decision before my Radical Prostatectomy, that I was not going to define my maleness, my identity, my personal worth, in terms of a 'rampant penis', neither wholly nor in part.

Perhaps that strongest discriminator between the speaker and the Group, was my strongly held view [still held], that my Prostate Cancer diagnosis and treatment while obviously not something that one would choose if one had a choice, was nevertheless an extremely positive and rewarding experience. This view meant that I was seen by many others in the Group as some kind of weird nutter, a view understood by the speaker but obviously not endorsed. I had this to some curious view, because of my experience of my diagnosis and Radical Prostatectomy. This allowed me to discover new things about myself, about the power of forgiveness and the power of the mind. It opened up new possibilities for me and left me a changed man in my approach to life.

The explanation as to why I was such a 'fish out of water' went to the nub of the topic for the night. 'Using one's Mind to help Heal one's Body.' I pointed out that inevitably in illustrating what can be done, there would be a good deal of self-disclosure. I still can recall with crystal clarity key aspects of what happened during and after my diagnosis and treatment, even though it was now almost eight years ago. In preparing my talk I discovered that this is not unusual as Miles Little et al. in the book 'Surviving Survival - Life after Cancer'. Makes the point that in his interviews with cancer patients, the minutia of events even in terms of time and date seem to be burned into their memories for all time.

I might add that at my last consultation with my Urologist [Oct 2007], he was very clear that the favourable situation in which I find myself was due to my attitude, to how I used the power of the mind, as well as very considerable and detailed dietary and life style changes. Pathology staging post Radical Prostatectomy, had me as T.3 with a positive margin, a spread outside the Prostate to a seminal vesicle and a Gleason Grading of 8. This is nearly eight years ago and I have not had any orthodox medical intervention since then. There has been 'Mexican stand off' with my prostate cancer sitting at a PSA of 0.2 for the last 14 months. Because of this I do believe that arguably I have some 'runs on the board' in terms of utilising mind/body techniques, and can use myself as an exemplar, rather than being reduced to just discussing cases from the Literature.

The point was made that I did not rush around to find books to work out how to act when I was diagnosed with Prostate Cancer or to prepare for my Radical Prostatectomy Operation. My response seemed to be as much instinctual as anything else. Just prior to my diagnosis I had seen a televised interview with the Dalai Lama who said that “while you can’t always eliminate or ignore external stressors, how you react to them is within your control” I very much ‘took this on board’. How you perceive external stress is what matters, one can choose not to be stressed. Similarly I had for a long time been aware of the way unresolved or internalised or repressed stress, could sustain a high level of endogenously generated compounds that could over time, severely depress the function of the immune system so that newly initiated cancer cells or already existing ones could not be readily dealt with and eliminated or suppressed by the body. It was only after my operation that I started to acquire books as a means of seeking to make sense of what had gone on. Concepts gleaned from the Literature would be used to label some of what I have done.

I had none of the obvious symptoms of CaP prior to asking for a precautionary PSA test to be taken on 13/12/99. A DRE showed an anomaly on the left side of the prostate and when a PSA result of 4.1ng/dl came back, I was promptly referred to a specialist urologist for a biopsy. Biopsy result indicating a diagnosis of Prostate Cancer was given to me on Xmas Eve 1999. 6 cores, 2 cancerous, Gleason Score 5.

Diagnosis on Xmas Eve, a great Xmas present! A great opportunity to have great wallow in ‘why me’? self-pity, depression etc. I very consciously said to myself “self-pity is not an option, it is unproductive” This was really an Affirmation ‘I’m in control’!

I immediately looked upon the date of my PSA test as my lucky day. It was as though it was the day I had purchased a winning Lottery Ticket. This was Reframing also there was Affirmation, ‘I’m lucky!’ For the me it was indeed lucky as without the diagnosis of CaP my chances as I saw them of surviving long term, would have been non-existent. I made up my mind to enjoy Xmas and the New Year. I did, apart from being aware that Bone Scan results could indicate spread to my skeleton.

Just as I chose to enjoy Xmas, so I made up my mind that stressing over a possible bone scan result was pointless, I couldn’t affect the result and I would deal with it when I knew the results. This was an application of the Dalai Lama’s insight, don’t stress over matters that one cannot affect I obtained the Bone Scan results on New Year’s Eve, they were negative and I was referred on to a Urological Surgeon.

I took stock of my circumstances and antecedents as a basis for building hope, determination and gleaming encouragement from the past. I pointed out that this Taking Stock is something everyone can do. It is surprising what examples of fortitude, resilience etc. one can find. I pointed out that everyone in the room were the products of parents who were survivors. Survivors who spent their early formative years at a time when there were no antibiotics, no advanced surgical procedures for most conditions, a very limited spectrum of drugs and medicines that had been proved to work. Premature death from sickness for which there was no remedy, was a constant fact of life. Herbert Benson from the Harvard Medical School points out how many ‘cures’ during this period, depended on the ‘placebo’ effect. The point was made, if your parents could survive under much worse conditions than today, why shouldn’t you under better conditions?

In my case there were some remarkable patterns of longevity on both sides of my family and examples of fortitude, resilience, and adaptability. I took encouragement and hope from that.

There is a lot of ‘hype’ about the importance of Positive Thinking. I certainly did not take that approach in the conventional sense. There is not much experimental or survey data to back up the efficacy of Positive Thinking in combating cancer. Gabor Mate in his book ‘When the Body Says No’, - Understanding the Stress Disease Connection’, points out that as soon as we qualify the word thinking with the word positive in popular parlance, we exclude those parts of reality that strike us as negative. This is really the coping mechanism of the hurt child. I went on to paraphrase Mate. “We need to consider all reality in order to heal. We need the confidence to face the full truth. In order to heal, it is essential to gather the strength to think negatively. This is not a doleful pessimistic view that masquerades as realism. It is a willingness to consider what is not working, what is not in balance, what have I ignored. What is my body saying No to ? How far do I need to move out of my accustomed ‘comfort zone’? Without these questions, the stress responsible for our lack of balance remains hidden.

I pointed out that when I was diagnosed I became incredibly angry for two to three days.

Why? For quite a long period of time, I had been subject to considerable stress that had emanated from situations beyond my control in terms of circumstances and people. I had not coped very well with this in my view, but had tended to try and suppress my emotions, annoyance and anger. I realised that I had arguably triggered the creation of compounds over time that severely depressed my immune system., thus inhibiting the immune system from doing its job of eliminating newly initiated cancer cells or allowing cancer cells that had up to then, been held ‘at bay’, to

proliferate. I was well aware of the point made by the Dalai Lama which I accepted. I had not coped with stress well and had allowed it to become 'toxic'. "The fact that I had CaP was partly my responsibility because I had allowed stress to weaken my immune response to cancer". If my failings were partly responsible, then it was my responsibility to help deal with it. I was going to 'fight'. I was going to 'survive' ! A decision was made to never even for a nanosecond, to see myself as a Victim. Victims tend to be passive and that was certainly not going to be the situation as far as I was concerned. Within a few days, I changed into a different person. I want to stress that seeing one's own actions or inadequate coping strategies as partly being responsible for one's condition, is not the same as blaming one's self in a purely negative way. It just means that the recognition of responsibility can be extended to taking some steps to help remedy the situation.

The second reason for my anger was that basically cancer is one's own cells not obeying the rules, not acting in harmony with the whole, ignoring the signals from other cells - don't divide, self destruct etc. Instead cancer cells ignore signals from other cells and operate so as to endanger the whole body. That angered me, it was like betrayal. Team Mayes was not going to be sabotaged! I said that I was not going to tolerate this, I found the diagnosis intolerable. I pointed out that my use of words might seem incongruous to others. Others might think that only a 'nutter' would say this, that was fine, it was their prerogative. On the other hand, my approach works! My challenge to the sceptical is - have the sceptics got any success that they can share with everyone? Saying that one is not going to tolerate the CaP implies that one can do something about it. Words can be weapons in one's 'fight'. The title of one of the listed books, said it all :- "Your Body believes every Word you Say."

I often refer to my CaP as 'the little bastards', 'my little bastards'. They were my responsibility. I was dealing with them. I would use all the skills of allopathic medicine, of clinical intervention if absolutely necessary, but certainly I am not going to rely exclusively on that.

I pointed out that there is a problem with anger, a dilemma summed up beautifully by "I never get angry" a Woody Allen character says in one of his movies, "I grow a tumour instead."

Repressing anger is harmful. Extreme acting it out - 'losing one's temper' is also destructive of relationships and raises one's level of anxiety and hence stress. Both responses are really fear of the genuine experience of anger. A Toronto Physician and Psychotherapist was quoted by me.

"Healthy anger is an empowerment and relaxation. - real experience of anger is physiological experience without acting out or repression. - There is a surge of power going through the system, along with a mobilisation to attack. There is simultaneously a complete disappearance of anxiety. Anger is nature's way of letting someone stand forward and say "I matter". Real anger respects boundaries, it does not invade anyone else's boundaries." I commented that my anger was of this sort. One of my former colleagues who also had CaP kept asking how I was sleeping, and had difficulty in believing that I had not the slightest difficulty sleeping. My 'real' anger mobilised me for an attack and completely eliminated all anxiety. Of course I slept well!

Psychoneuroimmunology and Molecular Biology Researcher Candace Pert puts it well :- "Sometimes the biggest impetus to healing can come from jump-starting the immune system with a burst of long-suppressed anger".

What I call **Clearing the Deck** was the next aspect of my strategy.

I pointed out that if one is going to successfully manage one's reaction to stressors beyond one's control, then one needs to clear out the Toxic memories that remain.

I resolved to not blame anyone, to forgive those who 'hurt' me intentionally or unintentionally. I resolved to get rid of any resentments, worries and concerns about matters that I could not affect or eliminate. I decided that I would not expect others to change in any way, however I intended to become a different person by not suppressing emotions etc. . I also resolved to examine my conscience and move on from any harm or hurt I might have done to others either intentionally or unintentionally. Certainly regret is important but I was not going to carry guilt like a 'mill-stone' around my neck. I made the comment that everyone has to realise that no one is a saint and that everyone needs to address what we have done in the past as part of the healing process. The speaker found 'Clearing the Deck' to be a liberating process. Residual memories that are 'toxic' are every bit as harmful to you as your CaP cells that are running amok and not observing 'the rules'. You don't need any extraneous harmful impediments, in your battle to help heal yourself.

The next aspect addressed by me was **Self Love.** Bernie Siegel in his book, 'Love , Medicine and Miracles'. Makes the point that whether we eat right, get enough sleep, smoke, wear seat belts, exercise etc. are all choices that in essence are statements about how much we care about living. Attendance to these basics is often deflected by attitudes hidden from everyday awareness. Siegel points out that Self Love has come to mean only vanity and narcissism. The pride of being and determination to care for our own needs have gone out of the meaning. Nevertheless an unreserved positive self adoration remains the essence of health, the most important asset the patient must gain to become

exceptional. Self esteem and self love are not sinful. They make living a joy instead of a chore. Unless you have this positive self regard and esteem, it will be impossible to effectively utilise your Mind to help Heal your Body. **“One cannot use your Mind in a healing way if your Mind does not have sufficient regard for your existence to feel it worth saving.”**

There is a great deal of evidence that indicates that men and women who do not feel lonely and who believe that they are loved, recover from illnesses much more quickly than others and with a much smaller relapse rate. The sense of being loved can affect the body. Similarly if you don't esteem yourself or love yourself in the 'good sense' as previously mentioned, what do you have to offer in love to others ? Love given and received is a great restorative, it does wonders for the immune systems of people involved. I urged men to not stint on the cuddles ,it would help both them and their wife or partner.

In my 'talk' I indicated that I trained very hard after my diagnosis, as though I was preparing for an exhausting athletic contest. This was a preparation for any Medical Treatment that would be decided on. As I feared incontinence, I researched what I could do and practiced Pelvic Floor [Kegel] exercises frequently. I also acquired as much information about CaP as I could find. During this period I really was scared of the possible treatments and their consequences. I told all my friends how I was “shitting myself”. Remember the earlier comment about being able to think about negative things. The more I was able to verbalise my fear, the less significant it seemed so that by the time of my consultation with the Urological Surgeon, fear had vanished.

I had a Radical Prostatectomy procedure in February 2000. Three weeks prior to my operation I had a consultation with a Urological Surgeon to consider options for treatment. I had been predisposed towards Brachytherapy however a very intense discussion with the Urologist caused me to change my mind. I made what I call an executive decision and signed all the necessary papers at that consultation. I had decided to 'bet on myself'. It is claimed that patients tend to ask fewer than four questions at a consultation. I 'turned up' with 46 typed, well researched questions and expecting answers. What became clear was that I would lose all the nerves on the left side that were necessary for an erection. This meant that the poor odds against becoming impotent even when all the nerves were spared, were increased considerably. Fortunately, as I have already alluded to the matter in the earlier part of my talk, I had become reconciled to the possibility of becoming impotent. “In fact it seemed a fantastically good deal for me, possible impotency in exchange for a new lease on life.”

Again one can see the process of **Reframing** at work, taking a dire situation and looking at in a different way so as to find the 'silver lining'. Doing this completely changes one's perception of the matter.

The next mind/body technique that I spoke about was **Visualisation & Imagery.**

About two weeks before my operation I happened to pick-up one of those high density resin 'Super Balls' that were popular amongst children 15 years ago. It was a ball often played with by my children when young and if thrown against a wall would ricochet back with great speed. I decided that I was going to symbolically ricochet into recovery just like that 'Super Ball'. I commented that I had a very vivid image in my mind of the speed and the unpredictability of the ricochet. That was going to be me! There was no maybe, or I would like to about it, that was what was going to happen. I returned to that vivid action packed image of speed and bounce frequently in the preparation for my operation. By the time of the operation that mental preparation had given way to a firm expectation / belief, that my recovery would be extremely quick. This expectation / belief could be typified as another mind/body technique namely the **Placebo** effect.

Usually the **Placebo** effect is generally thought of as applying when someone takes a real or supposed drug, believing in its positive effect. It can however apply to anything where a very firm expectation has developed. Expectations can and do affect the body.

The speaker pointed out that Visualisation takes advantage of what might be seen as a 'weakness' in the body, it cannot distinguish between a vivid mental experience and an actual physical experience. In one sense, this is not surprising as perception of an actual physical experience is also a mental experience. A consequence of this view is also the notion that in some senses, we chose our own reality. If you are aware of the mental preparation sometimes used by elite sports people, the constant visualisation of a winning performance, the mental rehearsal of a winning performance, is not really that much different to my visualisation of myself ricocheting through my operation into recovery.

I also indicated that I made a decision, Not to experience pain. I considered pain was as much a mental perception/concept, as an objective reality. For my operation and its aftermath, I chose not to experience pain. I didn't experience any pain. I believe it important that listeners do not think I am impervious to pain or have a remarkably high pain threshold. Certainly I would not be game to go into an operation without an anaesthetic. I certainly bellow

with pain if I jam my finger in a door unexpectedly or step on an upturned drawing pin with bare feet. On the other hand if the mental preparation is appropriate, I believe that one can control to some extent, one's perception of pain when it might be expected. I had successfully used this technique for about 15 years when faced with Dental Procedures prior to my operation, so it was not exactly a venture into new territory. I used the technique when facing up to my Radical Prostatectomy and I have successfully repeated the performance with a hernia operation two years ago. How it is done is a bit of a mystery to me as it certainly will be to you. Probably a bit of self induced hypnosis combined with a profound expectation may be part of the answer.

What was the result of the mind/body 'games'. ? I consider that a listing of times and events might give a good basis for comparison with other's experiences. Key-hole surgery using the da Vinci Machine, is said to get some men out of hospital quicker and with a reduction of pain. On the other hand Retro Pubic Radical Prostatectomy in the Literature, seems to be consistently classed as leading to severe to agonising pain, at least temporarily.

My Radical Prostatectomy was carried out on the morning of Thursday 23rd Feb. 2000. I tell people that if I could have sung and danced my way into the Operating Theatre, I would have. I approached my operation with "Joyous anticipation"- this was an opportunity for a new lease on life. I lost consciousness in the preparation room adjacent to the Theatre suite, in the middle of making a joke about a cartoon of an Ape stuck to the ceiling. I gained consciousness in the High Dependency Unit after the operation at about noon. I was immediately aware of everything going on. My Kidneys hadn't started after the operation however intravenous fluids were being administered. I overheard a nurse speaking about me, "He's like a sponge". Concern started mounting regarding my dropping haemoglobin count which was tested every hour. As my kidneys still had not started and there was no fluid being lost through the wound drains, it seemed to me that as I obviously had lost blood during the operation, [It turned out to be an estimated 1.8 litres.], the continuous intravenous fluids were diluting my blood serum and contributing to the continual drop in haemoglobin count. I was pretty annoyed by now, as I seemed to be being treated according to a standard protocol, rather than on the basis of what actually was happening to me the patient. By mid evening the Doctor in charge of the HDU decided that my haemoglobin was dangerously low so I needed a transfusion of two units of blood. A rather terse confrontation resulted between me and the Doctor. She wanted to transfuse me, I said I did not want it because my Urologist wanted to leave me anaemic to help prevent blood clots, all it needed was to slow down fluid intake until my kidney's started operating. She got angry and said "my responsibility, my call". As there was no A+ blood available, a courier was sent off to Flinders Medical Centre and returned with only one unit of blood. As a nurse hefted the single unit of blood in her hand saying "good stuff" I thought good, you could only get one unit, "that's stuffed you". I essentially received a blood transfusion against my wishes. I was what is called a 'difficult patient'. I might add that I did not deliberately set out to be 'difficult' however the Literature seems to make clear, that 'difficult' patients survive or live longer than passive accepting patients. I've related the day of my operation in detail so that readers can appreciate that being critically aware of deficiencies in care and picking a fight with a Doctor over that care, is quite unusual to say the least. I was bouncing / ricocheting already. Nurses kept asking me on a scale of 10 how did I rate my pain. I tried initially a zero however that led to consternation and disbelief. I eventually settled for a 1 or 2 when asked as that kept the nurses quiet and seemed to confirm them in their belief that pain relief administered was about right. I really should have made a stand and demanded that the epidural anaesthetic that I had at the time, be removed as I did not need it.

A friend who had had a Retro Pubic Radical Prostatectomy as I had, suffered considerable abdominal pain and was unable to sit up without an overhead bar to assist him in hauling himself upright. I had not the slightest difficulty in sitting up unaided and without pain. By the Saturday a place had been found in a Ward for me. That afternoon my Urologist came round with a group of student Doctors. I gave a pompous speech about "my CaP being an interesting challenge and an opportunity for personal growth". I wasn't kidding however I mentally cringe now when I recall the pomposity. My kidneys were in full operation by Saturday. One nurse remarked to me that in her 12 hour shift, I had produced over 7 litres of urine. It must have been unusual to be remarked on. By 5 a.m. Sunday I really had 'itchy feet', I wanted to be out of there. And indeed would have been if it had been the decision of the Urological Registrar. I had to wait to early afternoon for my Urologist to visit. I showered early and went for a 40 minute stroll around the Hospital grounds after detaching a large urine collection bag from my bed. When I left, I shook hands with the other three men in my room, explaining that I was going home as hospitals were for sick people and I wasn't sick. I went home on Sunday, 72 hours after regaining consciousness on the Thursday. I had not had much to eat in Hospital yet was 5 kilograms heavier than when I left home on the Thursday morning. I still had a lot of fluid to get rid of.

What of convalescence? What convalescence? Apart from the nuisance value of a catheter and urine collection bag strapped to my leg, I led a normal life. I could touch my toes and twist with no pain. Lift heavy objects with no pain. I felt very strong and had no fatigue at all. I was well aware of the advice not to drive. Remnants of anaesthetic could still dull reaction time and abdominal pain could prevent a rapid and firm application of the brake. I tested myself.

Flipping coins, catching balls in difficult situations, things that one cannot do if one's reaction time is impaired. I also hopped around a lot first one foot then the other, leaping up and kicking high on the wall with alternative feet to test if I could detect any pain or weakness. Nothing to report. Once I was sure that I was not a danger to myself, and more importantly to others, I determined that I could drive safely. I did. On the Monday I cleaned and vacuumed the pool, on Tuesday I walked the equivalent of 10 km on a motorised tread mill in 2 hours. I continued to do this every day getting up to 6.5 km /hour. The big impediment was the catheter and urine bag. On the Thursday I did the shopping, lifting a 15kg bag of bread mix. During the next two weeks until my Catheter was removed, I attended the Cinema, went to Restaurants and nosed around book shops. I felt great, as though I could leap tall buildings at a single bound. A friend, who visited at that time, confided to me much later that he thought I was on drugs. I had demonstrated how I could hop and touch the floor etc. things that he could not do even without a 16 cm incision in his abdomen. In one sense he was right, I was probably as high as a kite but not on self administered or ingested drugs. I was most likely high on self generated endorphins. The catheter was removed at two weeks - no dramas! I was continent from the moment the catheter was removed. A pay-off for all those Pelvic Floor exercises.

The above detailed account is intended to bring home to readers , the power of the mind over the body. Everyone has the potential to access that enormous power. I want to emphasise, it is not a substitute in my opinion, for Orthodox Allopathic Medicine, but is an important adjunct that you can access so that you can work in partnership with your Doctor. Your mind can work in synergy to enhance the healing that Conventional Medicine can offer.

I received a phone call from my Surgeon. He had the post -operative Pathology Report. There was no identifiable spread to the excised Lymph Nodes but there was a positive margin adjacent to my bowel leaving possibly CaP cells along the wall of my bowel. The tumour had grown through the prostatic capsule well out into the surrounding fat on the left hand side. It had also invaded the left Seminal Vesicle and to cap off the trifecta, my Gleeson Score was now assessed as being 8. From my research, I knew that a Gleeson Score of 8 meant an aggressive dangerous CaP. My Surgeon did not say this to me. It was a jump from T.2 M0 Gleeson 5 to T.3 ac N0 M0 Gleeson 8. What my Surgeon did say was "I'm very sad for you but you'll have a few good years." Subtext being 'It will kill you mate and probably fairly quickly'. Please don't for a nanosecond, believe that I think that Surgeon's should not tell the truth to their patients. I believe that it is a moral obligation and if you recall what I have written about being able to appreciate the negative aspects of one's situation as a pre-requisite to utilising one's own healing resources, it becomes a vital part of what should be a healing partnership between you and your Doctor. On the other hand it does illustrate what is perhaps an impossible dilemma for your Surgeon, almost a no-win situation. If he or she does not tell the truth, it is no better than you the patient repressing or acting in denial of reality, - something that destroys any possibility of using the power of your mind to help heal your body. On the other hand if the truth is told, then it has the potential to act as a very negative Placebo effect - as a **Nocebo**. In my case I was certainly a bit disconcerted however I was in full battle mode. My Urologists expectation did not have the slightest impact upon me except to act as 'red rag to a bull', it was seen a challenge to prove him wrong. Obviously if I was not already taking responsibility to take my fight up to the little bastards, through mind/body techniques and other means, then it would have been difficult to avoid in some measure the **Nocebo** effect. The power of expectation in influencing the body is now well accepted'. In terms of negative impact, perhaps the best known example is the Tribal Aboriginal ceremony of Pointing the Bone'.

I 'Reframed', I knew that most Surgeons at the time 2000, when faced with what was seen as a hopeless case in terms of cure, didn't remove the Prostate because of the likelihood of adverse consequences in terms of incontinence and impotence. Such a trade-off that would diminish in a situation of very limited life expectancy, the quality of life, was seen as not worthwhile. My original Gleeson 5 and PSA of 4.1 had been a distracter as according to the various nomograms and Partin Tables, my operation was quite appropriate. If my Surgeon had known that he was dealing with a positive margin, the invasion of a seminal vesicle and a Gleeson Score of 8, it is arguable that he might not have operated. I was very lucky - again like winning the lottery. A bulky tumour [my Surgeon's description], containing arguably a couple billion or more CaP cells were removed leaving far fewer CaP cells that had metastasised to be dealt with by me. How lucky can you get?

From the time of my Diagnosis, I had worked on the basis that I had to deal with possibly a metastatic situation so I was already addressing the matter.

Herbert Benson M.D. in his books writes of **Remembered Wellness - the Placebo Effect**.

He points out the compelling evidence that demonstrate that beliefs manifest themselves through out our bodies. He points out that ideally the Placebo effect is strongest when There is belief or expectancy on behalf of the patient. Secondly there is belief or expectancy on behalf of the caregiver. Thirdly belief or expectancy generated by the relationship between patient and caregiver.

Obviously if all three apply it is highly desirable but it is not a necessary condition for accessing the Placebo effect. In my case obviously the first condition applies. As for conditions two and three, it is worth noting that my wife says she never doubted that I would survive and the growing surprise, puzzlement and obvious delight of my Doctor over the successive months and years, undoubtedly also reinforced the Placebo effect.

As Benson comments, “Our brains are wired for beliefs and expectations. When activated, the body can respond as if the belief were reality producing thirst, health or illness.”

Benson also writes about the **Relaxation Response / Meditation.**

I talked of choosing a ‘mantra’, that you were comfortable with. It could be an invocation of peace like the Hebrew Shalom, or the Christian reassurance of “The Lord is my Shepherd”, or the Buddhist Om etc. even just a count of 1,2,3,4, all of these if repeated is a quiet place where the meditator is comfortable, relaxed with perhaps eyes closed, can provide entry to a meditative state which in some senses, is a light trance. The ‘mantra’ should be repeated either verbally or silently so as to block out all other thoughts. Even people experienced in meditation do at times find that other thoughts intrude. The Buddhists describe it as ‘monkey mind’. If you have this difficulty, don’t stress over it just shrug or say ‘oh well’ and return to your ‘mantra’. Readers should realise that effective meditation does not come easily. Don’t be easily discouraged. You have to work at it, to practice, preferably at a set time every day. If you are serious about meditating, it needs to become as much part of your day as waking and sleeping.

What is the pay off ? Meditation is perhaps a perfect preparation or accompaniment to the other mind/body techniques discussed. Adept meditators have had recorded drops in the rate of metabolism of up to 17%. A Buddhist Monk after many years of practice, has had a medically recorded drop in metabolism/ respiration of 64%. One’s blood pressure drops. Slow alpha rhythms predominate in your brain. Your immune function is increased greatly. Many of the indicators of aging lessen. Tests on ‘western meditators’ have been able to show that biological age starts to drop behind their age in years.

Gabor Mate M.D. in his book - ‘When the Body says No - Understanding the Stress Disease Connection.’ Lists what he calls the **Seven As of Healing.**

It is appropriate to sum up with these. :-

Acceptance Willingness to recognise & accept how things are. - Not Resignation !

Implies a compassionate relationship with oneself. Learn how to say NO!

It is necessary to establish clear boundaries between you and the world.

Awareness Look for emotional clues, be aware of language you use and thoughts expressed. Hans Selye :- Danger signs - fatigue, sweating,, frequent urination, headaches, backaches, diarrhoea, over alertness, anxiety, etc.

Anger Real anger that empowers rather than anger repressed or anger uncontrollably expressed. As earlier discussed.

Autonomy Illness not only has a history but also tells a history.

Since the immune system confusion that leads to disease reflects a failure to distinguish self from non-self, healing has to involve establishing or reclaiming the boundaries of an autonomous self. How? Start taking Responsibility. The locus of control has to be inside ourselves. Do not allow your fight against your cancer to be fought by proxy or out-sourced exclusively to your Doctors.

Attachment Connection is vital for healing. Lonely ones - greatest risk for illness.

Good support/ better prognosis. Active membership of the Adelaide PSA Group for example, can provide the support and encouragement necessary to tackle your ‘own demons’ and use mind/body techniques and dietary techniques to fight.

Assertion letting go of the very need to act - you don’t need to somehow justify one’s existence. - Chill Out! You do not need to validate one’s existence by activity or the opinions of others. You are special and unique in yourself and never forget that.

Affirmation Value our own creative self. Recognise our connection with all that is.

One is not alone, - one belongs. To believe otherwise forms part of the pathological biology of belief. “Seek & ye shall find”. The seeking itself is the finding, since one can fervently seek only what one knows to exist. Every day morning and night I say to myself - “Truly I am blessed”, “I’m exceptionally lucky”, the “Best is yet to be”.

There are two other aspects that I suggest should be an essential and daily part of your own individual ‘fight back’.

Laughter Try and read something funny or view a funny DVD or Video every day. Send yourself up if necessary. Be prepared to try and be funny - John Cleese like 'silly walks' etc., find your sense of fun! What does this do for you?

- It increases the number of natural killer cells, which seek out and destroy cancer cells.
- It lowers the level of stress hormones in the blood.
- It temporarily lowers blood pressure.
- It reduces pain.
- It reduces muscle tension that in turn eases psychological tension.
- It exercises the heart muscles - especially important for senior citizens or patients who have a difficult time walking or are confined to bed.
- It triggers a breathing pattern that can have respiratory benefits by lowering the amount of residual air in the lungs and replacing it with oxygen-rich air.
- It helps you maintain a positive attitude that helps your body fight disease.

The above listing comes from Nadine Jelsing's book 'Prostate Cancer - portraits of Empowerment' P.137

Finally plan for a future that is not just short term but long term and operate on the basis that you will achieve those objectives or plans.

I certainly have done this myself.

In the talk given on the 15th October 07, I also alluded to a number of medical cases from the Literature that illustrated the power of the mind. As I have out of necessity had to go through the embarrassment of having to talk about my own situation a lot, in order to provide an easily accessible exemplar, I think it is appropriate in conclusion to briefly discuss a case that I quoted quite early in my talk. The example beautifully illustrates the power of the mind but also illustrates the 'pit-falls' involved in accessing that power.

Bernie Siegel M.D. in his book 'Love, Medicine & Miracles' on Page 33 writes of a 1957 case in the U.S. A patient Mr. Wright [not his real name], had a far advanced lymphosarcoma. All known treatments had become ineffective. Tumours the size of oranges littered his neck, armpits, groin chest and abdomen. His spleen and liver were enormously enlarged. The thoracic lymph duct was swollen closed, and one to two quarts of milky liquid had to be drained from his chest each day. He had to have oxygen to breathe, and his only medicine was a sedative to help him on his way.

Despite his state, Mr. Wright still had hope. He'd heard of a new drug Krebiozen that was to be evaluated at the clinic where he lay. Although he didn't qualify for the trial as his life expectancy was too limited, he pestered until his supervising Physician relented and gave him one injection on the Friday thinking he would be dead by Monday. It was not so. On Monday Mr. Wright was walking around chatting to everyone. "The tumour masses had melted like snowball on a hot stove, and in only a few days they were half their original size ! " as the supervising Physician remarked "This was of course, far more rapid regression than the most radio-sensitive tumours could display under heavy x-rays given every day. We already knew his tumours were no longer sensitive to irradiation. Also he had no other treatment outside the single useless 'shot'. "All the other recipients of the injections were stable or worse. Wright continued to get the injections three times weekly as planned and within 10 days he was able to be discharged from his 'death-bed'. Soon he was flying his own plane at 12,000 feet with no discomfort. Within two months conflicting reports began to appear in the news about Krebiozen. Wright began to lose faith in his last hope and after two months relapsed to his original state.

His Physician saw an opportunity to explore what was really going on- to find out, as he put it, how quacks achieve some of their well documented cures. The Physician told Wright that the early shipments of Krebiozen had deteriorated in the bottles but that there was a new super strength shipment arriving shortly. [I would hesitate to comment on the medical ethics of this!] As the Physician put it, "With much fanfare, .I administered the first injection of the doubly potent, fresh preparation - consisting of fresh water and nothing more." The results of this experiment was even more dramatic recovery from a near terminal state than before. The injections continued and Wright was discharged. He remained symptom free over two months until he saw an official AMA announcement that Krebiozen was useless. Wright, his faith gone was readmitted to hospital and within two days had died.

The great tragedy of this case is that Wright obviously could use the power of his mind to affect a miraculous cure but he was unable to make the leap of self knowledge in realising that he was responsible for his 'cures' not something extraneous to himself Krebiozen. This also illustrates the very great difficulty people have in freeing themselves from the notion that their healing is entirely dependent upon the ministrations of orthodox medicine. Most of us have a lifetime of conditioning to this view so it is understandable that is very difficult to cut oneself adrift from that dependence.

I am well aware that my talk has had a polarising effect. Some clearly have gained some understanding and I hope some inspiration from it, others have consigned it to the waste bin of 'balderdash'. That is OK, that is their prerogative. As I earlier mentioned, I've freed myself from depending on the opinions of others for personal self validation.

John Mayes