



... let us be the light at the beginning of your journey

The Science of Beliefs, Emotions, Healing and Disease by Gregg Braden

Interview of Gregg Braden by
Nathan Crane

Nathan

Gregg Braden is a five-time New York Times bestselling author and is internationally renowned as a pioneer in bridging science and spirituality, and human potential.

Gregg

First, I want to tell you how excited I am to be here. I want to say it's an important series that you're doing because the idea of the word cancer is such a frightening word, and new discoveries are overturning 150 years of the way we've been taught to think about ourselves and our relationship to our bodies, and that means that those new ideas are also changing the way we have been conditioned to think about disease, including cancer. My background is I'm a scientist, I'm a degreed geologist with a very strong background in the life sciences and molecular biology. I was originally a marine geologist. So Marine, geology, invertebrate palaeontology, and it all works really well to help understand who we are and our relationship to ourselves and to the earth, and one of the first places where I saw these relationships really begin to blossom.

When I was a geologist, I was studying the magnetic fields of the Earth (back in the 1980s) and I recognised that the magnetic fields of the Earth are actually very dynamic. They are changing very quickly and we're experiencing that change even right now. So, I would ask my colleagues, what does this mean for us? And they all had the same answer. They get this puzzled look on their face and say don't ask me I'm a geologist, go ask a biologist. So, I would ask my biology friends, what does it mean when the magnetic fields of the Earth change, what does it mean to living systems? What does it mean to a human body? And they said, I don't know. I began to realise; this is a beautiful example of how we are conditioned to think in terms of little boxes. We have segmented the sciences into little boxes that we are



Gregg Braden

comfortable in exploring, so we call them chemistry, biology, geology, physics, mathematics. But nature doesn't know about those boxes. Nature crosses those boundaries all the time. And to the degree that we can cross those boundaries and begin to understand our relationships to the physical systems of the Earth I think we begin to understand and answer the deepest questions of our existence, including what illness and disease and sickness is all about.

This was part of my path that led me to understand us and our relationship to our bodies, and the new discoveries that I'm talking about. Some of these discoveries are very well known in scientific circles where they publish in relatively obscure journals. So, the scientist in the Journal of spectrometry for example, or in the Journal of Biophysics, they're very, very aware of our neuro cardiology. They're very aware of these discoveries, but mainstream, you're simply not hearing this stuff and it's not being taught in the classrooms and the textbooks of our universities and medical schools. It's

not being shared in mainstream documentaries and the glossy magazines that you see on airport news stands. So what I'm going to share is based largely upon peer reviewed science. And where I deviate from that, I'm going to be very clear about that...

...When a discovery is made, the lag time between the discovery and when it is actually accepted, in some cases can be almost a decade. There are other cases, such as in the case of human evolution, new discoveries have overturned 150 years since 1859, when Darwin introduced the theory of evolution. New discoveries are telling us evolution is a fact of life.

As a geologist, I've seen that in the fossil record, however, that theory breaks down when it comes to humans. Using DNA analysis, working backwards through forensic DNA where we can take the fossilised DNA from the form of life that we used to believe were our ancestors, we now can build the genome to look at what it is that made those beings tick. And what we now know is that beings we thought were our ancestors are not. We may have shared the earth with them, but we did not descend from them, including Neanderthal, for example. It's a perfect example.

What the science suggests is that humans mysteriously appeared on earth about 200,000 years ago. Scientists are fully on board with that. They agree with the timing. We appeared intact as we are today, fully functional, with the same cranial capacity, same brain capacity, the same extended neural network and the ability to self-regulate our biology. That's where we're going to go with this today. We have had that ability since the time we appeared on Earth, rather than developing it slowly and gradually over a long period of time. And that changes the way we've

(continued on page 4)

CANCER INFORMATION & SUPPORT SOCIETY NEWSLETTER

Vol. 42 No. 2 March/April 2022

Editor: Don Benjamin

CISS Home Page:
www.ciss.org.au

Office hours:

Monday to Friday { 10.00am - 1.00pm &
2.00pm - 4.30pm

The Secretary
Cancer Information &
Support Society
6/56 Chandos St
St Leonards NSW 2065
Phone/Fax: (02) 9906 2189
email: support@ciss.org.au

IN THIS ISSUE

- P. 1 The Science of Beliefs, Emotions, Healing and Disease, by Gregg Braden interviewed by Nathan Crane
P. 2 For Sale: Free Psych-K for members; Supplements for members; DVDs for sale.
P. 3 Overseas & Local New; Letter to the Editor from Naomi Groothoff
P.11 Panic merchants be gone...Covid is just another virus, by Ramesh Thakur
P.12 The vaccine data that is still being withheld; CISS Branches and Cancer Support groups

(continued from page 11)

causing the stigmatisation of the unvaxxed.

More than a war on the virus, lockdowns proved to be a war on the poor to protect the laptop class. The loudest calls for lockdowns have come from those with secure incomes in lockdown-proof jobs.

Yet sceptical voices from the beginning pointed to the existing data, experiences and plans developed over a century that emphasised the futility and collateral harms of prolonged society-wide lockdowns, on the one hand. On the other, noting the pronounced age-segregated severe effects of Covid-19, they recommended targeted policy interventions to protect the most vulnerable while keeping the rest of society functioning. And third, they dismissed the search for the holy grail of Zero Covid and insisted that the destination, as with all such disease outbreaks,

would be endemic Covid.

Like Churchill's *bon mot* about the Americans, having tried everything else, will governments now do the right thing? Denmark and Sweden have already ended all restrictions, England has abandoned mandatory vaccination for health and social care workers and about another 10 European countries look set to follow.

Florida surgeon-general Dr Joseph Ladapo's prescription for managing Covid is: "Keep shutdowns short, keep the economy going, keep schools in session, keep jobs intact, and focus single-mindedly on building the capacity we need to survive this into our health care system." The experts who have held sway for two years are mostly research scientists in thrall to abstract models, or public health experts with a bias towards controlling all of society.

The minority of lockdown sceptics among medics, on the other hand, are concentrated among those engaged in clinical practice on the Covid frontline.

We neither require mandatory testing nor encourage universal vaccination for the annual flu, vaccines for which are even less efficacious than for Covid. Dr Arnold Manto from Michigan University's School of Public Health recommends managing endemic Covid like flu: make vaccines (bi)annually based on best-guess estimates of dominant variants, target the elderly and vulnerable populations for free recommended vaccination, make it available at cost to anyone wanting it, and learn to live with Covid as we've learnt to live with flu.

Ramesh Thakur is emeritus professor at the Australian National University's Crawford School of Public Policy and a former UN assistant secretary-general 1998–2007.

(continued from page 12)

In other words vaccination had resulted in 4 extra deaths, i.e. a 21% increase, from heart attack among 22,000 people.

This would normally have resulted in the trial being stopped and the vaccine discontinued.

Instead the 1 death from Covid compared with 2 among the unvaccinated was the only statistic publicised. This was described as a 50% reduction of deaths from Covid showing that the vaccine was 100% effective.

The trial was stopped before another death from Covid could occur in the vaccinated group – which would have

shown that the vaccine clearly did more harm than good.

It has taken over 2 years for published research to show that there have been more deaths from the vaccine than from Covid itself in all age groups, a fact that would have been revealed if the vaccine trial had not been discontinued early.

If this had been more widely known and publicised at the time the trial was discontinued, the vaccine would never have been approved.

This is a similar scenario to what occurred prior to the approval of the HIV/AIDS drug AZT, (a failed anti-

cancer drug) in 1987. On that occasion there was a steady increase in deaths from AIDS in both treated and control groups. However those in the treated group were sicker as a result of the drug, so they received blood transfusions to keep them alive; whereas those in the control group did not. This was in breach of the rule that requires that both groups must be given identical treatment other than AZT. So the treated group lived longer despite the fact that the drug was shortening their lives.

These facts did not come out until 2 years later by which time the damage had been done.

Supplements for CISS Members

Low Dose Naltrexone all strengths 1.5mg to 4.5mg
100 compounded capsules (Doctor's prescription needed)
Look up "Low Dose Naltrexone" Homepage
Stabilised electrolytes of oxygen 50ml—\$15 (Chlorine Dioxide)
Visionary Health Compounding Chemist (02) 4969 5081

Free Psych-K for CISS members

CISS members can receive Psych-K to identify and change negative belief systems free of charge. Ring the Office if you want to try it.

DVDs for Sale from the CISS Office

CISS Seminar "Cancer & Hope - Survivors share their Lessons"
available for \$29.50 plus postage for members + postage

OVERSEAS & LOCAL NEWS

Overseas News

Unfortunately most of the overseas news continues to be dominated by issue related to COVID-19, the US elections and more recently the Russian invasion of Ukraine.

Important issues related to new development in cancer have been put on the back-burner.

In December 2021 Worldwide Cancer Research had an article titled "12 cancer research breakthroughs of 2021". None of the items was a breakthrough and none had any evidence presented showing any benefit from the "breakthrough". It was essentially seeking donations for further research.

In January 2022 Oxford University announced that a new blood test is able to detect the presence of cancer and whether metastasis is also present.

The researchers assessed whether the test could distinguish patients with a range of solid tumours from those without cancer. Their results show that cancer was correctly detected in 19 out of every 20 patients with cancer using this test. In those with cancer, metastatic disease was identified with an overall accuracy of 94%. They state that these results make this the first technology to be able to determine the metastatic status of a cancer from a simple blood test, without prior knowledge of the primary cancer type.

They also state that cancers detected earlier are more likely to be treated successfully. They do not explain what "successfully" means.

Until researchers start to recognise that earlier detection without treatments that extend life, they will continue to ignore the simple fact that the earlier the detection, the greater the Overdiagnosis and overtreatment—thus producing more harm than good.

Another announcement came from WHO/Europe that a new guide launched on 2 February 2022 ahead of World Cancer Day 2022, will help policy-makers to increase the benefits of existing cancer screening programmes in their country and decide on whether to go ahead with new programmes. It says this guide addresses some com-



Don Benjamin, Editor

mon misperceptions, such as if we have the technology to screen for cancer, then we should.

It sounds promising until you read that screening programs need to be cost-effective in reducing mortality from cancer. They then say "currently WHO recommends screening programmes for only 3 types of cancer – breast, cervical and colorectal.

In none of these is deaths from all causes reduced by screening. It would appear that the WHO is at least 20 years behind the research that concluded that "none of the randomised controlled trials evaluating screening for breast, bowel and lung cancer had shown any overall increased survival or reduced mortality after considering deaths from all causes and that early intervention resulted in increased deaths... produced mainly by an increase in harmful post-screening interventions among those offered screening. As Black et al (9) pointed out "disease-specific mortality may miss important harms (or benefits) of cancer screening because of misclassification in the cause of death. Therefore, this end point should only be interpreted in conjunction with all-cause mortality. In particular, a reduction in disease-specific mortality should not be cited as strong evidence of efficacy when the all-cause mortality is the same or higher in the screened group.

Gregg Braden interview

I apologise for devoting a very large proportion of the this newsletter to one topic: an interview of Greg Braden by Nathan Crane. However I believe it is one of the best summaries available of what cancer is and how it might be treated.

LETTER TO THE EDITOR

Dear Don

I refer to your comment on page 6 of the CISS November - December 2021 issue and I quote "our counsellor...only provides options, including conventional ones, and explains there are pros and cons of each treatment. **This is referred to as providing 'informed consent', something rarely provided by conventional 'approved' counsellors who rarely mention any options except the conventional ones, and then normally only the advantages**"; (bold type not in the newsletter); having a Diploma in Counselling, I take umbrage at your judgement of counsellors without you providing evidence/references to back up your claim; which counsellors have you spoken to? In which settings? Did they state they were unable to give options to clients? Did they provide examples? Or did you use other research?

I would suggest the hallmark of a good counsellor was one who didn't provide options unless asked for same or in a rare occurrence where a Counsellor felt this was warranted; I believed my role was to assist a client understand the issues he or she was presented with, which assisted them in making choices and decisions

Working as a **Naturopath**, I asked patients who were consulting with me who had a Cancer diagnosis, to sign a form to say that I was not treating their cancer but assisting to boost their immune system; having had cancer, I could add what I had found useful or not useful; but would often add, others had gained benefit from therapies or supplements that I hadn't; and vice versa

However, a Naturopath's role is vastly different to that of a counsellor; I understand that you are implying that conventional "approved" Counsellors may wish to give options to their clients, including alternative options, but feel stymied; here again you have not provided any evidence or references to back up your claim

This in no way is meant to undermine the wonderful work the CISS counsellor is doing; her service to her clients is extraordinary
(continued on page 10)

DISCLAIMER

All opinions expressed in the Newsletter are those of the authors and editor and not necessarily those of CISS. Readers are urged to evaluate for themselves any advice implied in articles. We provide references where possible to make this easier. CISS publishes for educational purposes only and takes no responsibility for the veracity of any claims presented. Where necessary we try to provide a variety of opinions in controversial areas.

The Cancer Information & Support Society is an educational, non-profit organisation. The information in this newsletter is made available as a community service. It is not meant to be construed as, or in place of, medical advice or treatment by your physician. CISS does not diagnose, treat or prescribe for any human disease or physical condition. It does not prescribe or dispense medicine of any kind. CISS is not commercially affiliated with any product, therapy, company, publication or person and it assumes no responsibility for the use of be information described herein.

(continued from page 1)
 been led to think about ourselves, and I think it's an important part of what we're talking about here.

Nathan

You bring up self-regulation or biology. I kind of want to dive right into that because when I interviewed Bruce Lipton who was also a part of this project, he talks about a few different things; one of them is that there's no such thing as a cancer gene, right? It's only the environment in which the genes get activated and turned on or turned off. And so, it's really looking at the environment, not the genes themselves. And that really comes down to learning how to self-regulate our biology. Whereas before we thought it was autonomic and we couldn't control it, now the science is saying you can control it; you can control your immune system; you can fight off endotoxins, for example, simply with the power of your mind; and these things are being scientifically validated and proven. And I think that's fascinating because that empowers you to say, "I may have cancer, I may have this disease, but there's something I can do about it".

Gregg

So, what this brings up Nathan and yes, everything he just said is right, when I was in school back in the 1950s 1960s, early 1970s, I was taught that we have very little control over our bodies. I was taught that as many people still believe today that the cancer is the result of something being broken in our bodies. And based on what we are now beginning to understand, I'm going to offer a very different way of thinking about this. I'm going to get to the bottom line here really quickly. And then we can flesh out what that means. Because this is about a condition; and then we'll call the condition rather than a disease, a condition known as cancer. And one of the questions that has always come up is why don't we have a cure? Where is the cure for cancer and my sense is we will probably never have a cure for all cancers because cancer is a very personalised condition, and the condition is the result of only one of two possibilities. Either we have too much of something we do not need or not enough of something that we require in our bodies; and that triggers our bodies into a process where we begin to express that through the genes.

So, I think most of our viewers are familiar with the term neuroplasticity; it's pretty common these days, and that term is telling us that brain cells, for example the brain cells that we were born with, are not a fixed component.

It's not a static array of brain cells that we have. When we come into the world we have the brain cells arranged in a way that connect and fire in a way that gets us started, and provides us the basics of what we need in life on the one hand, and on the other hand, what we're now discovering about the brain, which neuroscientists have been aware of now for quite a while, is that those connections change in response to us, in response to our perceptions.

This is not so much about what happens in the world, but how we feel about what's happening in the world. So, this is why our perceptions become so very powerful, as is what we believe about those perceptions. And we call this neuroplasticity. So, for example, when we begin to learn a new language, we begin to build neurons in a very precise way that allow us to facilitate the learning of that language. The thing is, it doesn't happen all at once. What the studies show it takes typically about 72 hours - about three days - for the neurons to actually build out and find one another and connect through what we call neurites. The neuron is actually the bulbous part that you see in the centre of the cell, the neurites are the branches, the tendons that you see better extending out and it's the neurites that are seeking one another, and they respond to our perception. So when we shift our perceptions we're literally shifting the way that our neurons are seeking other neurons to connect with. We call that neuroplasticity.

For this reason, that same principle applies beyond the neurons. We now have what we call genetic plasticity. And some people know this as *epigenetics*. This is the ability of the DNA that we have to adapt. When I was in school, I was taught that it's a fixed component. You get what you get, and you deal with what you've got. Now we know that we have a component, a genetic component that we receive, we inherit from our parents at conception. That gives us the DNA. You can kind of think of it as the factory pre-set at the Life Factory. So that gets us going in life. But here's the thing: as we experience life and we have the deepest of the hurts and the greatest of the joy and we experience loss and we experience ecstasy and success and failure, all the things that we call life, what is happening is through those experiences, we are interpreting and perceiving. Here's the key, we are giving significance based upon our culture, our belief system with our families, our religious background, our educational system, our friends, what

they have taught us, those are the filters, and it's through those filters that we interpret and perceive all our life experiences, our marriages, our divorces, our jobs and the loss of the jobs and all the things in between. And every one of those perceptions is actually shifting the chemistry in our body. It's generating chemistry called neuro peptides in the body, and it is also generating new relationships between genes that are called epigenetic relationships. So, what that means is we are upregulating or downregulating. We are enhancing genetic relationships that is genetic plasticity, just the way we think of what applies to neuroplasticity. And when we have the genetic plasticity, that gives us the bio plasticity.

What this means is when a doctor says to you that you have a condition, that is called the *diagnosis* and I believe in most cases, if it's a reputable physician, and you cannot beat modern technology for diagnosis, if you're taking a scan, MRI, CT, biopsy or something like that, and they tell you what is happening in the moment and I think it's probably accurate most of the time for what's in the moment, the diagnosis. The *prognosis* is where we get into trouble. Because the belief is that, once our body is expressing something out of the ordinary, we must intervene mechanically or through chemistry, so you've got chemotherapy or you've got radiation or surgery where we cut out parts of the body, because the thinking is that the body is broken and expressing something incorrectly. And that is one way of thinking. I'm not going to judge right wrong, good or bad because many people are alive today following that path.

But there is another way of thinking, and the fact that we have the bio-plasticity tells us that what we have as a diagnosis in the moment is not necessarily a prognosis; it does not have to follow what we believed in the past. Because now we know through epigenetics, the science that is now very well accepted, that it is possible through a number of factors to change the way those genes are expressing. So rather than thinking of the genes as being broken, what the discoveries are showing is that rarely are our bodies broken. And I know that is a very different way of thinking for many people and for some people may be radical. Our bodies are so well designed, rarely are they broken, they are often expressing and mirroring something that we simply are not aware of. It could be on a subconscious level. It could be a chronic fear, it could be a chronic hate. It can be unresolved trauma, and I'm going to get to that in just a moment, unresolved trauma.

So, I'm not judging the traumas, right, wrong, good or bad, but if we have a trauma in our lives at birth, or three years old, we are in a dysfunctional family where our parents are dysfunctional in their own relationship, and we are exposed to the fight that can come on in the violence or in the abuse, maybe we are the subject of that. Three, four or five years old, you don't know what to do with that. And our bodies are so smart. They will create the chemistry that matches the emotion for our experience called neuro peptides. And the goal is those neuro peptides want to express, they want to metabolise, they want to move through our bodies and be excreted either as the urine through the kidneys, or through the breath, or through the skin as perspiration. That's the goal. But if we have had a trauma that we did not understand when we were three years old, and how can you? then we do not have the ability to reconcile and process the experience.

So what our body does is store those chemicals. Our body will store those neuro peptides in tissue and organs that we associate with the trauma and our body thinks it's doing us a favour. Body says, okay, you're three years old, you don't know what to do with this. I'm going to store this chemical emotion over here, maybe in the lungs, or maybe in the stomach, and I'm going to store this until you have the tools to come back and deal with it. Then you can come back and release this and allow this experience to metabolise and flow through the body. But we are rarely taught that this is the way the system works.

So, when maybe four or five, six decades later, there's a part of our body that begins to behave in a way that's anomalous to what is usually considered normal functioning, if we don't understand what our body is saying to us, we think it's broken. We think there's something wrong when the reality is that our body is functioning so well, it's serving us so well, that it is giving us the opportunity for a deeper healing. So, this is where the bio-plasticity comes in. I'm not saying this is 100%. Take Bruce Lipton: I remember - I've been to enough of his talks - he says less than 5% of our DNA is defective. That means less than 5% is broken as a result of an environmental toxin. Something in the water, cell phone towers, ultraviolet lights, radiation from a nuclear plant - less than 5%. So that means, in the majority of all of us, our bodies are functioning perfectly, they're not broken. It's just that we are only beginning to understand the language of what they're sharing.

Now if that language happens to be labelled with a word that begins with a C, that is a really scary thing, and there is such emotion, it's a psychic imprint that comes from the fear of what that word means. That diagnosis is only in the moment, and in our fear sometimes it's difficult to see beyond that moment. So, I appreciate what you're doing. I'm not a medical doctor; I'm sharing what the science, what the research is showing us and how it may give us some very different ways of looking at the kinds of things we're talking about.

And I will also share before we finish, that there are very well documented case histories of where people shifting their perception before they have undergone a radical treatment of maybe a mastectomy or a double mastectomy, or losing their prostate gland, where they had come to this understanding and they have done the work - and there is work to do - and when they do the internal work, they go back to their physicians and the doctors are amazed. They say, well, this is a miracle ...because the condition no longer exists. But because medical science is not equipped with the kinds of things we're talking about, these are very new understandings and I want to talk about where they're coming from.

Because in medical sciences, this is so new, they will often call it either a *mis-diagnosis* or they'll call it simply a miracle because they have no way to explain the relationship between human emotion, perception, bio-plasticity, genetic plasticity, and what we call a dysfunction of an order or a tissue, is cancer. This is where the science is leading; some of the science; and some of the science is so locked into being a mechanistic model that says the human body is a machine, and it works as long as it works. And when it breaks, you take out the old part and you put in the new part and then the machine is off and running again. That's a very different philosophy. So, we're talking about two very, very different philosophies here..

Nathan

... I'd love you to share one or two examples as well, so people get more practical understanding of what you're talking about here, especially with bio-plasticity and epigenetics and genetic plasticity.

... Let's say in somebody's early childhood, and specifically about trauma, someone may have a trauma with a father figure or an older brother or an older man or something like that, where either they're treated poorly or

raped or some horrific thing happens over and over again, or treated by that person in a very poor way. Subconsciously, what's happening is they're starting to create these emotional connections with that particular person. And often, and correct me if I'm wrong, what can happen as you grow up, is that that person may no longer be in your life. But anytime you see somebody of that age or of that race or that reminds you of them, that trauma subconsciously is getting triggered. And that's what's starting to release these hormones and chemicals in your body that can often later turn into disease.

Gregg

I touched on that intentionally. Now we can go into a little bit more detail. The New Thought community, the New Age community has loosely made these associations intuitively. It was only recently, right around the year 2013 that these relationships were documented scientifically. I had the honour of knowing a Harvard trained medical doctor who introduced this concept. We shared the same publisher, and her name was Candace Pert, Dr Candace Pert released a book in 2013 called *Molecules of Emotion*. She's the Harvard trained medical doctor MD and she was the first person that made the link between trauma and the chemicals in the body that are called neuro peptides.

Now I want to be just really clear, it's not only bad experiences that create these chemicals; we're always creating these chemicals, when we have the greatest joy in our life, we're creating chemistry in our body and neuro peptides that reflect their chemical equivalent of the joy or the ecstasy. However, we rarely see people complain that they are in chronic joy. We just don't see people going to a therapist and saying, Oh my God, I've got so much joy in my life, can you help me dial it back a little bit. The joy typically isn't the problem, it's the trauma and I'll be really clear, it's not the trauma itself, it's the **unresolved** nature of the trauma.

When we have an experience and we don't know how to make sense of it, we don't know how to reconcile that trauma - as in your example - I'll come right to the point. I'm a survivor of childhood trauma. I come from a very dysfunctional, alcoholic family. My father was the abuser and my younger brother four years younger, myself and my mom, there were three of us; we got the bad end about physical as well as emotional abuse. And these are the kinds of experiences I had when I was young. I didn't know how to deal with

the trauma that I was seeing in my life. And my body, in its wisdom, took the fear. Fear was a big part of being in an alcoholic family, and uncertainty. I could say one thing one night at the dinner table and everything was fine; and I could say the same thing the next night, and the unpredictability. You're always in a state of fight or flight because you don't know if you're about to get into trouble for what you're doing and that creates those neuropeptides as well.

So, I've dealt with these issues through my life. I had to come to understandings, my own understandings to find out what was happening to sustain my health so I can travel and do what I do in the world right now. So, a lot of this is first-hand experience. When I met Candace Pert in 2013 she put the medical terminology and the scientific names to the neuro peptides. And what she said is that what we call healing is the release of these neuro peptides from the organ and the tissue where they have remained from the moment of the trauma so that they can metabolise and be released into the bloodstream and into the urine and then through the breath and be metabolised out of our body. When that happens that's what we call healing. And when that's not happening and when those neuro peptides, as you said, are reinforced again and again - and here's where it gets really interesting - when they're reinforced, we will direct subconsciously - I'm not saying that we consciously are aware of this. And I'm not saying this is true 100% of the time - we will typically direct those chemicals into a part of the body that we associate in some way with the trauma.

So if this is a woman who has been abused and her feminineness has been taken from her by those who have power over her, or if a woman is prevented from nurturing through the trauma that she has in her life, what organs of the female body are typically associated with nurturing? And when you ask that question, typically the answer is the breast, sometimes the ovaries, sometimes the uterus. If you're giving birth and nurturing and you look at the cancers that are on the uptick, not just in America, but globally, with women and the way the condition that women are dealing with right now. They're emerging from centuries of oppression directly relating to their womanhood, and I'm not surprised that we see this uptick particularly with breast cancers, uterine cancers and ovarian cancers. There were studies that were done. As you know men and women, think differently. And that dif-

ference is based upon a number of factors:

1. being a man or a woman;
2. our family and the perceptions of the world that we receive from our family, from our friends, our neighbours, our society, our culture, our religion, our textbooks and in our direct experience - all of those influenced the way we think.

So women will typically associate trauma based upon loss, fear, betrayal, someone lies to them, someone violates their confidence, someone violates their body, they will typically associate that kind of trauma in a number of places that begin with the heart - almost 100% of women will anchor that hurt in the heart first, and I'm not surprised that heart disease in women is rising even faster than it is in males; and scientists, medical doctors don't know why. I can't help but believe what we're talking about right now, plays a huge role and is a factor in why heart disease is increasing in the western world in the modern world for women. Then into the breast into the uterus, the ovaries, the lungs and colorectal. And colorectal I'm not surprised because that's associated with the release; the colon, the rectum is where all these use as the last resting place. And if we cannot release, if our body won't allow us to let go of the hurt, to let go the anger or the fear or the hate or the jealousy or the rage, the chemical equivalent of that is going to be in a part of the body that retains that doesn't let go. So, I'm not surprised that it would be this way for women.

For men - this is really interesting to me. We're a little bit different: we will also tend to reflect our hurt or betrayal, our anger, or hate or jealousy or rage; and all these are unresolved. Same as with women. These are unresolved emotions. So please don't hear me say that there's anything fundamentally wrong with anger, hate, jealousy, rage. We feel it but the key is, what do we do after we feel it? If its unresolved, men we will store it in our hearts as well. But listen to this man. We are so generous with our anger and our hurt and our jealousy and our rage. We will not confine it to the heart. We will distribute it through the entire cardiovascular system. And this is where we see in men a greater incidence of what we call hypertension, high blood pressure, arterial sclerosis, the hardening of the arteries, which is the build-up of plaque inside of the arteries. Men will also store it in the lungs, typically. I'm not saying 100% for everyone. Subconsciously men will associate their manhood with an organ - I'm not talking

about an appendage - and I make a distinction here between an appendage and an organ - we will associate it with the origin of the prostate and the prostate gland is a gland that creates the fluid that carries the seed that allows the sperm and the egg to unite. So, this is a very powerful masculine symbol subconsciously and in the prostate. Also, we link them to our ability to provide for our families to protect ourselves protect our homes. So, with those associations, I'm not surprised that men who have unresolved trauma often find their prostate gland enlarging and we often hear it's almost universal for men over their 40.

I want to say something about that because I spent a lot of my adult life with indigenous cultures, high in the Andes mountains of South America with the Tibetans, the monks and nuns. All over the world I've been with indigenous cultures where people reach advanced ages - I'm talking 120 plus - and they reach those ages without having the kinds of cancers that we associate with, with longevity. So, the men don't have enlarged prostates or women don't have breast cancer; and nobody has Alzheimer's. So, what that tells me and tells us the researchers, is it's not about the age; it's not that we automatically get these conditions with age. It's how we live as we are attaining our longevity. And if we live long enough, with the unresolved traumas stored in the body, those neuro peptides begin to express in the tissues in a way that says to us "Hey, don't forget about me, I'm here - I need some healing". That's what they're saying. So if we know that, that is a path that we may want to explore, in addition to other paths. It's about movement. It's about nutrition. It is about nutrient, and it is about nutrients in the internal world, as well as nutrients in the external world. And those internal nutrients are all about human emotion and the way we feel about ourselves.

So we've covered a lot of ground and what we're saying is that life creates experiences. And through our experiences, we have perceptions. We give meaning to those experiences through our filters of what we have been taught and the meaning the significance we give to those experiences creates the chemistry in our bodies that mirrors those experiences. If the chemistry needs to be resolved, and we don't have the tools it will often be stored in a part of the body that we link with experience so that we can come back at another time and resolve that chemistry and when we do, we call that the

healing. Does that make sense Nathan?

Nathan

That makes perfect sense, and, and I want to invite you to share some of those tools, some of the tools you discovered and some for healing the subconscious and healing unresolved trauma and that sort of thing, I think that is one of thing to focus on as human beings in our growth and our development, and emotionally, mentally, physically and spiritually...

Gregg

...We are essentially self-referencing beings. And what that means is that we rely heavily upon the external world for the way that we feel internally about ourselves for our well-being. So, when the world around us is in order, when everything's running along, and it's chugging nicely and smoothly; the stock market seems like it's doing well; the world's politics seem like they're reasonably smooth, we feel secure in our environment; we've got a job; everything's good that we go, ah, life feels pretty good. When that external world goes into chaos, which is largely what we're expecting and experiencing in the world right now, when unsustainable ways of thinking and living begin to break down. If we don't know who we are, we don't have a rock-solid foundation for who we are in here, then the uncertainty of that external world will throw us into chaos.

And that is showing up in the world. Not just America, not just in Europe, not just in the West, it's all over the world. And this is showing up as stress, and stress is the foundation for the uptick in disease - emotional as well as physical disease that we're seeing all over the world; and the foundation for a lot of the cancers because if we are in unresolved stress, 24/7 fight or flight with no ability to resolve that, that means we're kicking up the stress chemicals, the adrenaline, the cortisol, which is good for a brief period of time, but our bodies are not designed to live bathed in those chemicals day in and day out.

So, we don't have a way to resolve that stress and give our bodies some relief. That's where we begin to see these conditions show up in our lives, like Bruce Lipton probably talked about to some degree. Just a very high level. Our bodies typically follow one path or another. If we feel safe in our lives and safe in the world, then our bodies can let go of the stress response to the fight or flight and allow us to kick in the regenerative processes, the growth and the regeneration and the healing in our bodies. However, nature's way of protecting us is that, if we feel that we're

threatened, then we want all of our body's energy, all the systems to focus on getting us away from the threat. So, our body will shut down all of those others, shut down the immune response; shut down the healing response because it's designed temporarily for a brief period of time. Your body says let's divert that energy into getting away from whatever this threat is, intending for it to be very brief. And then you run away from wherever that threat is, and your body goes back to the balance and the homeostasis that it was in before the threat.

Where we're running into problems in today's society, is we've got a nonstop threat; no resolution. So, we're in non-stop stress, non-stop fight or flight shutting down the healing response, shutting down the regenerative response, the growth response, and this is where the condition that we call CANCER seems to be apparent.

So, when we talk about stress, I just want to mention stress comes in a lot of ways and sometimes it comes in ways that we would never even recognise the stress. Stress is very obvious. If you're driving and you live in San Francisco, where I used to live, and you're driving on the 680 freeway in rush hour that can be very stressful experience for the Pacific Highway in Southern California. We know about the stress, stressful relationships and the bad marriage or with a difficult job, we know about that.

When we live in an environment for example, where we drink water, it's not good water, our body has to work internally to balance out the chemistry of that water to balance out the pH, the alkalinity, or the acidity of the water. That's a form of stress to the body. If we're ingesting a lot of toxins, or radiation. A lot of fish right now have radiation because we have so much radiation in the oceans, and it is cumulative. The minerals, the elements carrying that radiation - caesium and mercury are parts of that - then that is a cumulative stress in the body that your body's working to balance out. If you're eating a lot of fried foods and they're bad oils, your body is working to balance that out. But you wouldn't consciously call that stress.

But I'm saying it's because our body interprets that as stress, so there are a lot of different kinds of stress. So, this is the key to find a way in the presence of a world in chaos, to self-regulate, rather than hinging our well-being upon the external world and waiting for that world to give us a reason to feel safe, to feel a sense of well-being, to relieve that stress.

Where our mastery comes from, from the highest levels of mastery - and this is where ancient traditions and modern science overlap in a beautiful way - is we now have the science that tells us we are born with, and have had since the time we appeared on Earth 200,000 years ago, the ability to self-regulate our biology, bio plasticity. We don't have to depend on the external world to make us feel good or to relieve that stress. We have the ability to choose and we're the only form of that we are aware of that can consciously sit in a moment in time and say "This moment I choose to create greater resilience to the chaos in the world around me. I choose to enhance my immune response. I choose to awaken my longevity enzymes. I choose to access deep states of intuition for better communication with my family with my loved ones". No other form of life can do this consciously on demand the way that humans can. And this is what makes us so unique. And the ability to do this results from whatever happened 200,000 years ago when we were given a complement of DNA, when we were given a genome that had been tweaked. And it was tweaked. The best geneticists of our time are telling us that there was an intervention in our genome. Human chromosome two is a perfect example. I've written about it in my books.

We talked about the program's live events where we have portions of our genome that have been either enabled or disabled. If there was overlap, the redundancy has been removed, stabilised, to give us the neocortex, to give us the neurons to give us the ability to access this nervous system, this extended neural network in a way so that we have this self-regulation.

Now, I'm not saying that we need to know that, and I don't want to sound technical, but I want you to know that it's no accident. And it didn't develop slowly, gradually over a long period of time. We're wired for self-regulation. We're wired for bio elasticity and as we embrace that extraordinary potential within our lives, we are less susceptible to the stress of a changing world. My world is changing, and I know yours is and I think it's going to be happening for a while. So, as we embrace our potential to navigate our own biology, and we become less susceptible to the influence of that external world, and that makes us more objective. When we make our choices, our decisions, we don't do them from fear. It makes us better people, we are better partners, better spouses, more effective at making decisions. And it all boils down to this ability to self-

regulate when it comes to the cancers that we're talking about. That self-regulation is a key element in de-stressing the body so that that we have fewer conversations about the cancer.

Nathan

Yeah, it brings up three really important things from my experience, one is I have a friend and colleague who passed away a few years ago who was a leader in the health industry, who was probably, physically speaking in terms of diet and nutrition exercise, away from all chemicals drinking the purest water, organic raw vegan diet, every nutrient on the planet, like down to a tee, probably the healthiest in that regard of anybody I've ever met. And yet every time I ever saw him anywhere, I could feel his stress. So, I didn't know him; I mean, I didn't spend a lot of time with him in his personal day to day life, but every time we met, I definitely sense that he was under a lot of pressure, a lot of stress and running a big company and speaking all over the world I could imagine. And then he passed away from cancer. And it was one of those big kind of awakenings - as well as I think, as sad and unfortunate as it was for him and his family on the other end of that spectrum...

...What you're talking about is I think is, and what we're focusing on, we do talk about diet, nutrition, exercise, drinking water, only because I feel they are incredibly important. But I also believe 80% or more of it, even up to 95% because Bruce Lipton has said, this is really what we should be focusing our time and energy on.

Gregg

One of the hardest things... if someone's dealing with cancer....if you have that diagnosis, it's hard to trust your body. You lose this element of trust, you feel betrayed by your body, and, and then in your mind, you can do all the right things, but you do them from a place of fear. If I don't do this, am I going to get sick or if I don't do this, I'm not going to survive, rather than doing them out of the love and the respect that that we have for the body that gives us life in this world, and that's why I began with the conversation that we did. And this is a subtle and powerful difference. If you do what your friend was doing, and I've had the same thing, I had a friend that was a distance runner, ate all the right foods, all the right supplements, religiously meditated for exactly 30 minutes exactly four o'clock in the morning every single day. I mean, it was so structured, but the routine was a source of stress itself. He was up in the morning saying Oh God, I gotta eat; I mean, I could sleep more but I've got to get up and

do this, this meditation so that I can have my meditation before I take my run, before I take my shower, so the whole process was an exercise in segments of stress to meet an ideal of what he believed was a healthy lifestyle.

So, if we can make the little switch in our mind, the most powerful things that can come from this series, of recognising that rarely are our bodies broken and if we can move away from the thinking that I did all the right things, and my body has betrayed me. If we can make the shift from that, to realising, recognising that our body is expressing precisely what it is designed to express, and we are learning a new language, and we're learning to interpret what our body is saying to us, the conditions that we call cancer. I've seen them turn around just like that. I experienced it personally myself in the year 2000. I wrote about this in chapter one of the book *Human by Design*. I'd gone through a physical, I had a tumour or a growth - I will call the tumour growth. It showed up on a scan inside my bladder. And immediately the first thing urologist said was "It's got to come out". And I said, okay, but give me two weeks.

And in those two weeks, I had the opportunity to apply in my own life what I was saying to people all over the world in their lives: I stopped everything, I dedicated everything. I took no phone calls, I cancelled events for those two weeks to be with myself and apply everything that I had learned. I want to say something about this, Nathan, this was really important. Because even though I believe I had done all the right things, there's still that little element of doubt that we have in our minds, because the medical profession has such a powerful influence on our belief system. You know, you've always heard the story. A kid could be as sick as a dog and they get in the car for their parents to take them to the doctor, and on the way to the doctor, knowing that they're going to go to the doctor and be better they will get better before they get to the doctor and the doctor says why are you here? We've all heard it; that's called the placebo. This is how powerful we are.

So, knowing that I had gone through all the meditative techniques and all the processes. I still went into the medical clinic at the Mayo Clinic in Jacksonville, Florida and I was prepped as if I were going to have surgery. And the doctor came to me and said why are you here? He said there's nothing in your bladder. There's no scar tissue. There's no red-

ness, there's no evidence that anything ever was in your bladder. And it was an exercise in frustration for him unfortunately because there was nothing in his report that had prepared him for what he had seen two weeks between when I'd been there before and when I went in at that moment. And honestly, at that point, I probably did not use the best language. I was anaesthetised, so I was a little groggy, and I was talking to him about medicine in hospitals in Asia and about the power of human emotion and there was a disconnect there. But I can say I personally had this experience myself. And I can't tell you the day that the condition reversed but I can say between the time I was told I needed something and when I went to have it done that condition no longer existed.

Nathan

What were some of those changes that you made during that point?

Gregg

For me, the biggest shift was in a belief system. And again, I mentioned early on I come from a very dysfunctional alcoholic family. A lot of fear and I was drawing into my life relationships that kept reinforcing that primary experience through alcoholic partners. And I'm not saying that people necessarily drank but you could be raised by alcoholic parents and never have a drop of alcohol, and you learn to solve your problems through the eyes of your parents. You learn to think in terms of the right and the wrong and the judgement and the bigotry through the eyes of your parents. So that is an alcoholic personality without ever drinking a drop of alcohol. And I went through a time in my life where I was reeling in relationships that mirrored what I had experienced, so that together we could heal those. And there's a lot of hurt, a lot of pain, a lot of fear that comes with that... but the choice is whether or not we allow ourselves to be defined by our past. Do we allow the past, the dysfunctionality of our past, to become an excuse to define why we live this dysfunctionally for the rest of our lives? Or do we draw a line and say: "That is the past that brought me here. And it worked well enough to get me here. And now I choose a new unconscious way of moving forward".

And for me consciously addressing the hurt in my life and the fear in my life was key. So I'd like to share some of the techniques that helped me in my life and they're very simple. Please don't underestimate the power of the things I'm going to say to you because our body is a very subtle system. And it will respond to subtle changes that we make consciously within as well as

the external changes in our lives... It's not specifically any one thing but there's a primary tool that I would love to share, and I know many of our viewers our listeners are familiar with the Institute of HeartMath. If you are not, it is spelled capital H eart, capital M ath but it's all one word HeartMath. The Institute of HeartMath is a pioneering research organisation based in Northern California.

And they are pioneering innovative ways of looking at the human heart, exploring the human heart in unconventional ways, as more than a pump to blood through our bodies. The heart is a pump that does this very efficiently. We'll begin to understand that maybe that's the least of what our heart does; you can build a machine to pump the blood, but our heart is now being recognised as being more than just a pump: First, it has been reclassified as an organ that generates hormones. We have hormones that are actually generated in the heart. And in 1991 the discovery was made and in 1994 it was published: of the existence of about 40,000 specialised cells concentrated in the heart in a way that creates literally a neural network in the heart. These are brain like cells, but they're not in the brain. They're in the heart. They're called sensory neurites, and it is through these brain-like cells, that a lot of our self-regulation becomes possible.

So, I want you to think about this; we've all had trauma as part of our lives. It's not so much about the trauma, although it's horrible that we have that. But it's how we interpret that trauma; what we do with it. When we're young. We don't know what to do with it; we can store it. You're of an age now that if you have that trauma, you can actually release the trauma before it ever becomes stored in the body. And that's a very powerful thing to do. It's also a powerful thing to be able to share with your children. So, when we have our traumas, we all know that we register them in our mind; that's what we call the memory and many people who have been through different kinds of therapy and counselling, agree it helps; it can help.

But sometimes we say you know there's something more; it may be because you've only addressed what happened in your mind. If you've got neurons in the heart, they think, they feel, they remember, independently of the brain. So that means we must also address the memories and the sensory neurites and the heart for completion. And it's possible to do this without ever talking or rehashing the experience. You don't have to relive it as we create a system of homeostasis in our body, a balance in our bodies; that balance will automatically release those neuro peptides - the tension that we call the anger, the hurt, the jealousy, the rage.

The magnet that holds those chemicals in our body no longer exists. It's possible to do that through a process that HeartMath pioneered, allowing us to harmonise the heart and the brain, two organs that harmonise them into a single potent system in the body...

We have the ability to harmonise the heart and the brain and when we do that, we harmonise the heart *in* the brain. What we do is we allow the focus to move from the polarity organ of the brain where we have ego; and the rightness or the wrongness or the goodness or the badness of our experience will always be in judgement. When we look at our past or look at our trauma through the brain, the brain will always be in judgement.

The heart is not a polarity organ, there is no left and right brain in the heart... So when we harmonise the heart and the brain together, we carry ourselves out of the polarity of the judgement and into non-polarity. When we consider, when we experience whatever it is that has happened in the past, those neuropeptides are allowed to move freely. That makes perfect sense because we're no longer stuck in the rightness or the wrongness of the hurt. We become more objective so that we can heal ourselves in the body.

So there is a very, very simple way to access this. I'm just going to share three very brief steps. The first step is to find a place that's comfortable. Please don't do this while you're driving or operating heavy machinery. Always be in a safe place to do this... Just think about it, do it later when you get home. Don't even try it while you're driving at a stoplight or anything like that, please. So, you find a comfortable place, helps to typically sit in an upright position so that your body is aligned. Close your eyes. Allow your awareness to move from your outer world to your inner world. It's a very powerful signal to your body when you close your eyes. Your body begins to make that shift of awareness from the outer world to the inner world. And I'm inviting you to move your awareness, allow your awareness to move from your thinking mind into your feeling heart. One of the techniques the indigenous people offer to help us to do this is they invite us to gently touch our heart centre in a way that's comfortable. If you're in public or in private, find a way that's comfortable for you. Some people use a full hand. Some

people use a full mudra [a hand or finger gesture used in several eastern religions, Ed]. I prefer just a fingertip, and you can just do this right now if you simply touch your heart, and then even move your fingers away. Note how your awareness is still there at the place where you felt that touch.

So here's the key. Your awareness will always go to the place where you feel that sensation. So if you want to move your words to your heart, touch your heart centre and your awareness will go to that place. That's First Step. Shift your awareness from your mind to your heart.

The Second Step is to begin to slow your breathing just a little bit slower than you would typically breathe. And when you slow your breathing, you're sending a second very powerful signal throughout your body throughout your nervous system. And here's what you're saying in a non-verbal language. When you slow your breathing, you're telling your body "I am safe. I am safe". Because it's only in the place of safety typically that you would take the slower, deeper breath into the body. If you're feeling threatened, you're going to make rapid shallow breaths because you're trying to get away from whatever the threat is. Second step, slow your breath a little bit slower than usual, maybe five to six seconds on the inhale. And then pause. You release that and then again.

The Third Step is where we establish this link between the heart and the brain that's called coherence which can actually be measured. It's a very low frequency point, 1 Hertz, as we're focusing or holding our awareness in our heart centre to the best of your ability. If you can feel a feeling - and this is a uniquely human capacity to feel a feeling - because you choose to feel rather than relying upon the world around you to give you the reason to feel, so think about that. We usually are waiting for something to make us feel happy or another person will make us feel happier or music to make us feel good. That's all cool. You have the ability as a human to self-regulate; you choose the emotions.

What signs that HeartMath has found is if you can feel either gratitude for anything or anyone, or appreciation, or care, or compassion. You can feel one or some combination of those four human experiences. That feeling anchored feel as if it's coming from your heart, as you're breathing slower with your focus in your heart. This

sets up that relationship between the heart and the brain. This allows you to move out of the "stuckness" from the unresolved emotions and it helps us to free those emotions. And if you begin to have memories of what has happened to you in the past, it gives you the ability to see them more objectively as an observer and if you feel the emotion around that, the tears that release is the chemical expression of those neuro peptides actually moving through the body. And I recommend drinking a lot of water after you do this to help flush out those neuro peptides.

So, it's not a one-shot deal. This is like peeling layers of an onion; when you do this once you have whatever experience. I invite you to do it again. This is the equivalent of saying all systems go in the body and brings you into a very powerful balance. It's a staging area. And from the staging, there are many, many applications that may stem from this. We're talking about addressing cancer and what I'm sharing with you right now. It's a very powerful way to de-stress your body at least once a day. You do it every night before you go to bed. I recommended three minutes, a minimum of three minutes or do it first thing in the morning before you leave for work. Give yourself a little de-stress break throughout the day. If you want to do something like this. I do it a couple times a day. I have for over almost 25 years now. So, it's a very, very powerful technique.

Now you're hearing this from me with a very limited amount of time. I'm going to invite you to go right to the source; go to the website "Institute of HeartMath" at www.heartmath.org and it has all kinds of free content, the science, the research behind the heart, behind the neurons. If you want to be part of a community that doesn't cost you absolutely anything. You have access to webinars. You'll see me on those webinars with some of the other HeartMath scientists and researchers. So, heart-brain harmony, heart-brain coherence is your very powerful tool, a very simple tool, very ancient tool to move you into the space that you knew as a child. This is a very familiar space; children are in this all the time until they're conditioned out of it. And it is a primal reset. A reset to relieve the stress either every day before you go to work or when you come home at night.

Or this is what you would do. After you find yourself in a stressful situation if you're in a fight, if you're in an argument. If you've had a bad day at work; if the traffic on the freeway was really tough, come home, de-stress and

make a mental note; see how your body feels as you go through the day....

Someone might say, that sounds like a lot of work. And it is it is a lot of work and I'm going to invite our viewers to think about this. I was 10 years old when my father left our family. And that was a very difficult time when he was there.

It was difficult when he left and my mom gave me a book. At 10 years old, she gave me a book and she said I think this book may help you in your life. And the title of the book was called *The Prophet* by a man named Kahlil Gibran. This was early in the 20th century, that he wrote this book, and every chapter is a philosophical chapter. It's only a couple pages long but you'll think about it forever. And a number of them have stayed with me and one that is the cornerstone of my life to this very moment is the chapter on work. Does it take work to do these things? Absolutely. Kahlil Gibran says work is our love made visible. Work is love made visible. So, when your ego says this sounds like a lot of work. Here's the question to ask to your heart. Am I worth the work? Is my life worth the work that it takes to make these changes? and listen to what your heart says. And I would be very surprised if you got anything other than a Yes.

I'm going to invite you to consider that your body is so brilliant and so intelligent. And rather than thinking your body is having failed you and being broken, if you consider that your body loves you so much that your body is holding a message that leads you to a path and the potential for your greatest healing. That's a shift. That's a very different way of thinking. And it will lead you to a path where you no longer are afraid of your body, and you no longer mistrust your body. Rather you honour and you trust your body to such a degree because your body is holding true to what it is, giving you the time to recognise and learn something new about yourself.

And if you have the courage and the wisdom to even consider some of these things, it is the door that will lead you to your deepest healing. And once you come through that healing, you will feel so empowered in your life. And be so much even deeper in love with life than you are right now. It will free you to know yourself in ways that you've never known; so I'm going to invite you to consider these things from that perspective.

Nathan

Absolutely. And there's a number of people we've interviewed for our film who say cancer was the greatest gift I ever got. And to think that when you're first diagnosed with cancer its very, very difficult for anybody to imagine how this could be a gift. But as you said the deeper people go through this journey, they often learn so much about themselves and through the healing process, can awaken to say, you know what, this was a gift. It turned my life around, it opened me up and awakened me to possibilities that taught me how to take care of myself and love myself and appreciate my body and really take care of my mind, my relationships, my work and everything that I do.

Gregg

So, what we're saying is that with that diagnosis if we can say, my body is telling me something, what is my body telling me? And that's the question that will lead into everything we're saying. It's a very different way of thinking than saying my body is broken and I need to fix it. My body is telling me something that will lead me on the journey to understand the non-verbal language of the cells.

Nathan

I want to share your website with everyone. It's GreggBradden.com

The above interview can be viewed in full at:

<https://healthandhealingclub.com/zen/gregg-braden-the-science-of-beliefs-emotions-and-disease4v-af364b>

This takes you to the Health & Healing Club. You enter your email address and click on Get Free Access.

(continued from page 3)

and very much appreciated by all who have had the good fortune to have received counselling from her.

This in no way negates previous CISS newsletters where valuable information and research has been given regarding effective alternative treatments and therapies to combat cancer

I would appreciate clarification in your next newsletter including evidence and references regarding conventional "approved" counsellors made by you; as it stands, I feel that you have done what you accuse others of doing i.e. making judgements without providing the evidence and references to support your claims.

Yours sincerely

Dr Naomi Groothoff RN, ND, Dip Couns

Panic merchants be gone...Covid is just another virus by Ramesh Thakur

Right from the start, the Chicken Littles have held sway – but now it's time for us to get real.

From the very start of the pandemic, a small but critical minority of us has argued that irrespective of the paths taken to get there, the end state will be living with Covid-19 as an endemic virus. The key question was never: how do we eradicate this virus? Rather: what is the level of risk that we are prepared to accept and live with?

Unfortunately, like cascading dominoes, governments all over the world engaged in herd behaviour to lock down their countries based on apocalyptic modelling projections.

Models are neither science nor data but a set of assumptions that generate their own tautological conclusions. The Spectator UK has a brutal set of charts, showing the wildly inaccurate projections of most models by various British teams that vastly over-estimated the harms with regard to cases, Hospitalisations, ICU occupancy and deaths.

The actual data was massively better than the best-case scenarios of the original Doherty Institute modelling of March 2020.

The serial parties in No.10 suggest the people at the very top of the British government knew the risks were low but terrified the populace into blind compliance with draconian curtailments of liberties just because they could.

At best, non-pharmaceutical interventions so beloved by governments keen to indulge their inner bossiness have had only a modest effect on the life cycle of each outbreak. Successive waves powered by new variants seem to rise and fail according to similar patterns independent of the timing and duration of restrictions. Last month, a major meta-analysis of 24 international studies from Johns Hopkins University by US and Scandinavian researchers found that "ill-founded" lock-downs reduced Covid-19 mortality only by between 0.2 and 2.9 per cent, but at considerable economic cost and health and social harms. Therefore "lockdowns should be rejected out of hand as a pandemic policy instrument".

Another study on February 1 by a nine-strong team of American, British and Canadian researchers con-



Dr Ramesh Thakur

cluded that vaccine mandates, passports and segregated lock-downs can cause more harm than good. "While Covid-19 vaccines have had a profound impact on decreasing global morbidity and mortality burdens", "population-wide mandatory vaccine policies" impinge "on human rights, promote stigma and social polarisation, and adversely affect health and wellbeing", and could have detrimental impacts on future public health measures including immunisation programs.

Australia's annual death toll from all causes is about 160,000.

From March 1, 2020, to January 31, 2022, the average total deaths would be around 307,000. The total number of Covid-related deaths in that period, whether "with" or "of Covid, is 3,835 or 12 per cent of all deaths. As always, Australia's big killers remain cancers, heart diseases, Alzheimer's and dementia, and strokes. Improved diet and more exercise would have given us better health returns as a country. Instead, locking people in their homes for prolonged periods, restricting exercise, curtailing social interactions, increasing weight gain, stress, loneliness and alcohol dependency, forcing families apart, stopping the bonding and healing rituals of birthdays, weddings and funerals, denying quality time with children, grandchildren, parents and grandparents, creating a backlog of health demands, and depriving children of friends and education, all as the pathway to better public health, indicates just how unhinged some "experts" are.

Less acutely in Australia than elsewhere, the public health system was saved but, sadly, tens of thousands of patients died and many more suffered

neglect and delays. No country can improve long-term public health and human wellbeing by making itself poorer. In the 23 months to February 1, Australia's recorded number of suicides was 73 per cent more than Covid deaths.

The "hygiene hypothesis" suggests that long-term normalisation of extreme hygiene practices like "masking, deep cleaning, distancing and isolation can be harmful to health, especially for children, precisely because it reduces exposure to microbes", says Dr Eran Bendavid from the Stanford School of Medicine. By impeding the development of natural immunity, vaccines may make the vaccinated more vulnerable to virus variants.

Despite 76 per cent and rising full vaccination since November 1, more Australians have died with Covid in the past three months than in the 20 months before. In the US, this is more politically charged as Covid deaths under Joe Biden exceed those under Donald Trump. Trump's presidency was without vaccines but his Operation Warp Speed gave America three vaccines available for the entirety of Biden's presidency. Yet case rates are currently highest in the most vaccinated states.

Closer to home, Consider Kiribati. As of January 18, its total number of Covid cases since the pandemic started was just two. By February 15, the numbers had exploded to 2,665 (and eight deaths). The virus came in on a flight from Fiji on January 15. All 54 passengers were fully vaccinated, had tested negative three times prior to departure, been quarantined for a fortnight before departure and again after arrival and were masked during the flight. Despite the stringent precautions, 36 tested positive on arrival and the virus then spread quickly through the tiny Pacific island despite lock down since January 22.

Vaccines continue to show strong protective benefits for the elderly and vulnerable groups. But governments overhyped claims about vaccines ending the contagion by checking infection, exaggerated universal vaccination as the key to freedom from restrictions thereby blaming the failures of the product on those who didn't take them and

(continued on page 2)

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a meeting on the third Monday of the month at 7 pm, and on the third Saturday of the month from May to August at 2 pm. Meetings are held at Green Point Community Centre, 96 Koolang Road, Green Point. Informative speakers, extensive library, support and shared experiences. All are welcome. For further information contact Sue Johnston on 0410 696 458 or email cisscentralcoast@bigpond.com.

CANCER SUPPORT GROUPS

NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meets at Balgowlah RSL, Ethel St, Seaforth on 2nd Tuesday of the Month at 7pm. \$5 donation. Guest speakers. Contact Robin 9938 6128 or Kate 8902 0196

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

Support groups and complementary therapies. Groups include the Gawler "Living Well" 12 week program at Katoomba and Springwood, and a Breast Cancer group. Regular support groups held twice a month. A not-for-profit charity supported by our op shops. Phone 4782 4866, www.cancerhelp.net.au.

CANDLES CANCER SUPPORT GROUP

Meets Fortnightly [Thursdays] 10-noon Kanwal Community Hall, Pearce Rd Kanwal [Central Coast] Provides information, support, empathy and understanding. Phone/email contact available if unable to attend meetings. Open to all types of cancers patients, male and female. Survivors and carers all welcome. Contact: 4393-5017 for details.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 1, 280 Pitt St. Enjoy meditation, sharing and support. Ring Sue Saxelby 0408 442 030 or just turn up.

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turrumurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolik.

What's Available from the CISS Office?

DVD: CISS 2007 Seminar: Cancer & Hope \$29.50

Enema Kits: \$16.50

Prices are subject to change. Items can be posted to you. There is a \$8.50 postage/packing fee for standard articles, \$10-\$14 for country and interstate, \$15.00 Express Post.

KEMPSEY CANCER SUPPORT GROUP

This group for cancer patients and their carers meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Community Health Building. Contact Penny Snowden 6562-6066.

NAMBUCCA VALLEY SUPPORT GROUP
Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am - 1 pm. Phone 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, 44 Dudley Road, Charlestown, NSW 2290. Phone 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education Centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green, 6864-5123 or Mary McPhee, 6862-3814.

QUEST FOR LIFE FOUNDATION

Residential and day programs and webinars (on-line seminars) for people living with cancer, grief, loss or trauma. Contact (02) 4883 6599 or visit www.questforlife.com.au.

ST GEORGE CANCER SUPPORT GROUP

Meets every Monday morning at 10.30am at St George Community Hall, Premier St, Kogarah. For info contact Margaret on 9580 5061. See website <https://sites.google.com/site/stgcsg/>

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiara Road, Miranda. For further information contact Deborah Harrison, 9523 5200.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 10-12 noon at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for patients and carers of any cancer type. Also special support groups for different cancer types and for carers. Contact Nerolie on 9487 9061.

VICTORIA

CANCER NATURAL THERAPY FOUNDAT'N

Support group meets on Tuesday nights at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. Meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights. The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling available. Contact Sandra Givca Maqueda (03) 9740 9921; mobile 0411 100 947.

GAWLER FOUNDATION

The Gawler Foundation has leased the property to the Brahma Kumaris group for two years. During this time the BKs will maintain the property and run their own meditation retreats there. The Gawler Foundation will still have access to the property to run some of their programs, and for 2021 intend to run 4 x 5 day Cancer Fundamental retreats over the next 12 months. But without any paid admin staff, this will depend on the initiative of the therapists. Anyone interested in these programs or in individual cancer coaching could contact Maia and Paul Bedson at paulandmaia1@gmail.com

QUEENSLAND

CANSURVIVE on the Sunshine Coast meets from 10am-12 noon, 2nd Tuesday of each month at Eve Wilkinson's home, 99 Maleny-Kenilworth Rd, Maleny. Ph. (07) 5429 6598. Contact Cansurvive: PO Box 941 Maleny Qld 4552, Ph.: 5499 9918. Books, tapes, counselling available.

Cairns CANSURVIVE support meetings offer support, information and self-help activities for people affected by cancer or any other debilitating illness. Emphasis on self-help & development to enable individuals to better cope with fears and uncertainties. Meets 1st Saturday of each month at Cominos House, Greenslopes Street, Cairns from 2 - 4 pm. Cost \$10 per year + a coin donation on the meeting day. Afternoon tea provided. Books/videos available for loan for members. Contact Beulah 4051 5544 or Helga 4047 4812 (bh).

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GRP

Meets on the North Side of Brisbane. For details phone Alan on 3263 8390 or Michelle on 3269 9687.

The Vaccine Data that is still being withheld

Don Benjamin

Before the COVID vaccine was approved for use, the usual requirements to be satisfied for a vaccine to be approved were dispensed with. These include:

1. The vaccine must be tested on a large population of healthy people by comparing deaths and harms of those vaccinated with an equal number of unvaccinated people;
2. The trial must run for 5 years to ensure that any long-term harm from the vaccine is identified.

3. The number of deaths caused by the vaccine must be very small in order to ensure that the vaccine saves a significant number of lives.

In contrast,

- the Pfizer vaccine trial that involved 22,000 people in each of the vaccine and control groups was stopped after 6 months in breach of rule 2;
- the number of deaths in the

Vaccine group was higher than in any of the previous vaccine trials in breach of 3.

What were the facts?

When the Pfizer trial was stopped prematurely after only 6 months there had been 21 deaths in the vaccinated group compared to 17 in the control group of whom

- ◇ 1 had died of Covid in the vaccinated group compared to 2 in the control group;
- ◇ 5 had died of heart attack in the vaccinated group compared to 1 in the control group. (continued on page 2)