

Cancer and the Possibility to Turn It - Part II

by

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In this paper, the male pronoun will apply to either gender. The plural pronoun will apply to both authors. The nominal pronoun will apply to the first author.

The field of Neuro-Semantic Programming has determined a tremendous impetus in the explorations in Applied Epistemology and Applied Ontology. Now, in the new millennium it is possible to dare to enquire whether it is possible to invert a cancer and if there is formal model by which to do it. There is a body of implicate knowledge that the authors assume that a reader already has to read this paper. If the reader does not know, but is able to access a state of curiosity and interest, this article will index the reference sources or he can refer for further information in and neuro-semanticprogramming.net.

It is not the intention of this paper to discount medical methodologies in the treatment of cancer. Quite to the contrary, this paper is proposing an adjunct to help a problem that can be crying for **any help** that is possible and available, but is not bogus or fallacious.

*We dedicate this paper to those
for whom death is an inevitability or so it seems.*

Medicine views a cancer as the derivative of a set of cells that have become aberrant in their genes. As a result these cells do not obey the normal constraints about their replication and they do follow the rules that determine their place. They can locate elsewhere and in being able to do they demonstrate an invasive property.

In this paper, we view a cancer differently. We see it as a **very ill-formed semantic ontology**¹. When we use this turn of phrase, “very ill-formed semantic ontology” we mean that the processes of the cancer is illogical and irrational. Its illogicality determines an insane intent to harm the person and its irrational fixation is to end the sentient life of the person. If one understands a cancer in this way, it means that there are two things that need to be done:

- . to reverse the cancer’s insanity to harm the person

. to rescind the cancer's lethal fixation to kill the person.

If this can be done, then the cancer will reverse.

To do both these things, one has to invert the epistemological course² that generates the ontology of the cancer. The logical possibility to do this is founded in the presupposition that the power of the Light of God is in us³. In proposing this, we open ourselves to ridicule.

Thus, every one knows that when a person is really in trouble and he prays to God for help, there is invariably no reply. The silence that returns is utterly thundering. Where then is God in our moment of greatest need?⁴ This seems to be the way of things. One is compelled to conclude that the idea to reverse a cancer by the power of the Light of God is both absurd and an asinine waste of time.

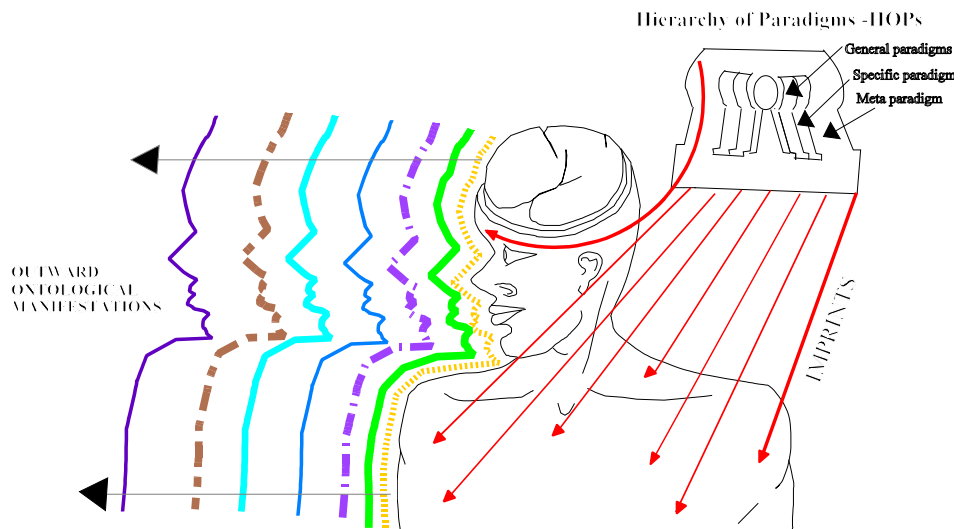
And yet, is it all that fatuous and bird brained?

An Applied Epistemologist⁵ will ask, "How is it that when a prayer is true, genuine and sincere that the Light of God will not answer?" We explored and researched the answer to this question. A child wants desperately to go out. It pleads to do so. Most surely its request is true, genuine and sincere. However, the child has been naughty. His parents deem him unworthy of their assent. So, what does he get? He is told, "No! You may not go out. Now go to bed!"

For our sins and imperfections by thoughts, words and deeds our lot with the Deity is to say the least a very poor and miserable one. We are in no position to presume that just because our prayer is true, genuine and sincere that the Deity is obliged to respond positively. We are convinced that if the Deity will respond but it will depend on whether we are worthy or not. Whether it will respond has nothing to do with whether our prayer is true, genuine and sincere.

Our sins and imperfections by thoughts, words and deeds are but metaphors of our outer personalities that we put on for the benefit of this world for our personal gains. They are the devices of our outer social selves that we role play in our lives to get our wants and desires, needs and greeds and the cover for our worries, anxieties and fears.

There is nothing random in these outer personalities that we strut forth in our outer social guises. They are the products of the life's blueprints that we have by which we understand ourselves, others and the world that we live in. These blueprints are our semantic paradigms. They are imprinted into our body language and typeset into our minds. This insight was first explored in the work *Don't Ask WHY?!⁶*. From it came the conclusion that we are but metaphors of our Hierarchy of Paradigms (HOPs). In the jargon of the computer age, it is the software that runs our gray matter of our brain and physiology of our body. We represent what we have just said in the manner of the diagram below:



In Neuro-Semantic Programming (NSP)⁷, the aim in treating a cancer is to reverse its very ill-formed semantic epistemology which is determining a cancerous ontology. To say this is to assert that the patient must have known to cancer himself. However, the knowing is not in conscious awareness since it was entirely analogical. From this flows these three questions:

- . How did he know to do what he decided to do, albeit unconsciously
- . What did he do it for?
- . What is he continuing it for?

We are quite sure that the mysteries of human epistemology will continue to fascinate and tantalize researchers in the field of Philosophy, Political Science, Science, Artificial Intelligence, Medicine, Psychiatry, Psychology, Hypnotherapy, Psychotherapy, General Semantics, Neuro-Linguistic Programming, Sociology, Economics, Business, Artificial Intelligence and above all Neuro-Semantic Programming.

The ultimate question concerns the teleology of our lived ontologies. This sets the stage for the most compelling curiosity for continuing research. Such is the drive for its elucidation that people have sought to find answers in Religion, Science, Cosmology, New Age Theories, Astrology, Clairvoyance, Black Magic and so forth. In our view, any examination of this matter will best be based on first principles. In this way, we may escape the possibility of fallacy and error.

So, let us assert this first principle: *God is unknowable*.

This principle is not our invention. It is from Philosophy and Theology. If we accept this statement as true, then, logically if a person takes some “fact” and proceeds to spin a connection with the

Divine, there is a high possibility of INACCURACY.

The second principle that we want to assert is to be found in the Book of Alternative Services.

The prayer says:

Glory be to the Power of God working in us that can grant to us infinitely more than we can ask or think.

This prayer presupposes that the Light of God and by implication, its power is in us.

The charm of NSP is its requirement for ACCURACY and PRECISION and above all for SENSORY BASED TESTS to validate all claims, assertions, evaluations, opinions and conclusions. The value of a sensory based test has to do with the “truth of experience” as indexed by the following quote:

If you don’t go to your reality, your whole life will be nothing but pretense and fantasy. Living in make believe, you will not be able to take the last step of evolution. So if you want to go further, be genuine. Go beyond words and come to the truth of experience.

Gurudev Shree Chitrabhanu: *Twelve Facets of Reality*, The Jain Path to Freedom, New York, Dodd, Mead & Co., 1980, page 14.

The work *The Knife Without Pain* maps out a model that any clinician can apply to replicate pain free surgery using Hypnosis. This model has survived its scan of sensory based tests. Yet what was happening was not because of Hypnosis. It happened because of the power of the Light of God in all of us. The logical corollary of this was whether this power might be extended to turn a cancer.

There is a logical connection between surgical hypnoanaesthesia and turning a cancer. For surgical hypnoanaesthesia to take place, an incredible inversion has to occur. Normally when an assailant comes at a person with a knife, he will either run or if he cannot he will take steps to protect himself from the injury that is marked for him. What he will not do is declare:

“No! I will not run away. I shall lie down quietly. I will allow you to use the knife on me and cut me. I want to assure you that I will not protest. I will not scream or cry for help.”

To behave like this requires power. To dismiss the pain of the knife takes power. This is what happens when surgery is performed under Hypnosis.

We know that other methodologies have been proposed to invert a cancer. One famous one uses visualization. At the core of this method, it is to visualize a phage cell attacking a cancer cell and consuming it.

However, we have to wonder if it might not be better to visualize God coming to touch a person and healing his cancer. Such an act would have more logical sense as it could match and dovetail into the imprinted religious beliefs of the cancer patient. In their faith healing acts Oral Roberts, Benny Hinn *et alia* know this. So do clinicians. This might be a more logical and realistic thing to do.

In our research, the time came when we consulted with our redoubtable friend, colleague and co-author, Rowland Roye Fraser⁸. It was about our initial ambivalent results in our work with cancer patients. For a start he reminded us that there were others in the field whose researches were probably well ahead of us. Then he advised us that the Esdaile state⁹ was pivotal in the turning a cancer. When we heard this, we recalled the advice of our friend Dr. Fulton¹⁰ of St. Catharines, Ontario. From 1978, he had, on and off, strongly commended to us to use the Esdaile state in our work. However, we did not utilize it in our work because:

1. we were able to secure the desired outcomes of our patients without employing it
2. the Esdaile state is very difficult to get and there are no formal models to get it quickly. To do so was known to test most severely an operator's patience and it also rigorously challenges his ingenuity
3. the Esdaile state was known as the state of "hypnotic coma" and we had strong reservations about guiding patients to a comatose state.

From my discussions with Roye, I was to realize that the idea that the Esdaile state was a neurological coma was inaccurate. He advised me that it referred to the body. In the Esdaile state, the body was ASLEEP, but very deeply. Once I had this information, I then knew:

- a. how to get an Esdaile state quickly and expeditiously since it was obvious to me what the condition was for it. The Esdaile state is the condition when the HOPs are inoperative in a person. It is as shown in the diagram:
- b. the sensory based test for the Esdaile state was that one can place the subject's limbs in any position, even in bizarre ones. This was inevitable to the condition of a body that is asleep. Neuro-motor tone would be zero.

We now needed a person to test out these emerging ideas. Our first subject was a non-cancer patient. Her distinction was that over two decades she had acquired a very fine expertise in Transcendental Meditation. On the day, when our work with her had got for her the Esdaile state, she came out of the trance and shared with us an incredible feedback. Later she was to send it to us in the written form. In part, this is what she wrote:

While under hypnosis, I was able to bridge the gap, to bring my outer-self in harmony with my INNER SELF. I was able to mesh into one entity my whole being. This enabled me to function with the power within me. I feel through the help of hypnosis that I am one with myself. Feeling and knowing your TRUE SELF is truly being able to transcend one's limits.

Brenda Hunt

What Brenda Hunt has written here is amazing and extra-ordinary. The implicatures of what she wrote extend in the most profound of ways into the domains of Theology and Teleology.

It was out of her sensory based experience of the work that she cites the critical matter of the

convergence and union “to bring my outer-self in harmony with my INNER SELF.” By this, she “was able to mesh into one entity my whole being.” This “one entity my whole being” is the oneness of the self that people speak of in these expression, “I want to be one with myself.” “I want to be as one with myself,” “I want my oneness,” “I want to be whole and complete,” “I want to be whole and complete as one.”

It was as one entity my whole being that she was able to “function with the power within me.” This turn of phrase witnesses the power that was already within her and which we had now come to know to exist in all of us. It is as “one entity my whole being” that one may and can access this power, the power to dismiss the pain of a surgeon’s knife and to turn a cancer.

This one entity my whole being that Brenda Hunt speaks of cannot be the superficial “I” or the outer “I.”

From where does this superficial “I” come from? It is created, built up by the karmas, customs, creed. It is a social “I.” Because of different geographical, physiological, and emotional programming, it creates barriers among people. Your unreal “I” is not the same as someone else’s because what is important for your nation, race, or society is not important for his. So our mental structures and emotional needs are relative. And what is relative cannot become permanent.

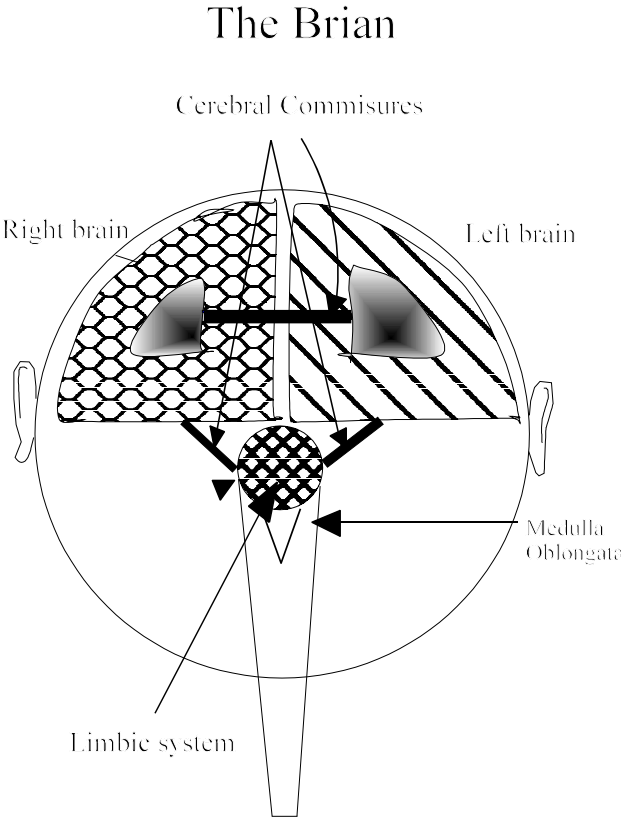
Gurudev Shree Chitrabhanu: *Twelve Facets of Reality* The Jain Path to Freedom New York, Dodd, Mead & Co. 1980 page 14.

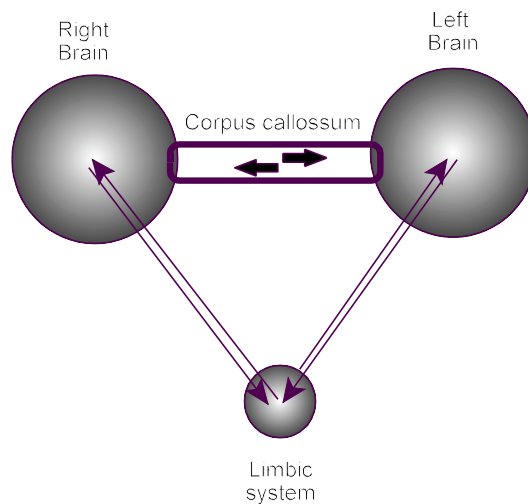
This superficial “I” is also spoken of as the unreal “I,” the form “I,” the outer “I,” the ever changing “I.” It is not the real “I,” the higher “I,” the transcendent “I,” the changeless “I.” These latter are also known as the Life Force in us, our Inner Essence, the Soul, the Light of God.

It was here that Robert Dilts¹¹ raised the issue of the “I.” He did so in the context about solving problems. In general, he saw that problems could be in the Environment. However there could be problems in the actions or behaviours that people have, i.e. in their **Doing**, e.g. smoking. Then there could be problems in the rules of life that people adhere to, i.e. in the **Criteria** they were using. Thus, if the rule is that people have to be on time, a person can go berserk if he is kept waiting. Then there could be problems in the **Beliefs** that people subscribed to. Thus, in Waco, Texas the followers of David Koresh believed he was Jesus Christ.

Robert Dilts then proposed that if you wanted to solve a problem in any of these levels, you would have to go to the one above. So, if the problem was in the Environment, you would go up to the level of Doing. If you acted on the problem, you would solve it. If however, the problem was because of a person’s Doing, then you would have to up to the level of the Belief. If you change the Belief that underpins the behaviour, then you will resolve it. If the problem was in Belief then he proposed you would have to go one up to A or the “I.” We believe that Robert Dilts was referring to the change of a specific superficial “I” that had a problem belief. If therefore you changed such an outer “I” to another, the problem belief would lapse. This was Robert Dilts’ A B C D and E.

We were however to go beyond his concept of A. We were to see that human ontology, the myriad of our outer superficial “P” is a function of the kind of life’s blueprints that we use to understand ourselves, others, things and the world we live in. These blueprints are therefore our semantic paradigms. We concluded the paradigms were not randomly distributed but were ordered in a Hierarchy of Paradigms (HOPs)¹². The HOPs is the software that runs our Left and Right Brain mentations and our Limbic System:





Therefore, the Diltsian A was a superficial “T”. If one had a problem in its beliefs then all one had to do was to change the A to another. However, it also became clear that if the entire persona of a person was warped, bent, twisted and perverted, then, change is only possible if the HOPs were themselves changed. It is technically possible to invert a Jeffrey Dahmer of Milwaukee, USA into a St. Francis of Assisi, Italy. In exploring these matters we were in the end compelled to offer a modification of Dilts A, B, C, D and E:

Chong’s proposition

E: Environment

M: Milieu

D: Do

A: Action

C: Criterion

R: Implicate Rule

B: Belief

A: The Alpha or PersonA: Personhood

HOPs: Hierarchy of Paradigms

S: The Real Self or the Real I

?

Dennis K. Chong & Jennifer K. Smith Chong: *a glimpse at forever, a chance for eternity*
C-Jade Publications Inc. 1991 page 31

In accepting Dilts idea that one has to go to the level above to remit a problem state, then, in our moment of Eureka with Roye, it was clear that to turn a cancer we had to go to the level that Brenda Hunt wrote of:

While under hypnosis, I was able to bridge the gap, to bring my outer-self in harmony with my INNER SELF. I was able to mesh into one entity my whole being. This enabled me to function with the power within me.

When the issue is about life and death, we believe that such a state of affairs would entail “the power” that Brenda Hunt wrote of. In the end, it is only by power, Inner Power that there is the hope to reverse a cancer.

Aggression is NOT the way to undo a cancer. Fighting is not in the equation. Today there are people who speak about inner or personal power. We are not sure if their grasp of what is involved is consonant with ours. If it is, then, if they have the model with which to do it, then they too can reverse a cancer.

The question now is what is this “I” that she spoke of that “was able to bridge the gap” What was this “I” that “was able to mesh into one entity my whole being.” One thing was clear to us. It was that this “I” that she was referring to could not have been any of her outer social “I”s such as:

the “I” when she was with her mother and she was angry

the “I” when she was chumming with her friends at her club

the “I” when she was at a church wedding

the “I” when she was in hospital visiting a sick friend

the “I” when she was at work

the “I” when she was arguing with her husband over some new furniture

the “I” when she was getting irritated by a Sunday driver on the highway

the “I” when she was looking for a new dress

the “I” when she was at a cocktail party

The above “I”s are superficial and are unreal. Therefore, when Brenda Hunt says that “I” was able to “bring my outer-self in harmony with . . .” clearly, she was NOT referring to any of these outer “I”s. We propose that this “I” that she wrote about is her meta function. What is the meta function? As a concept it was delineated in the work *Power and Elegance in Communication*:

Our fourth attribute is the META FUNCTION.

With this we can have "the about" of any thing or consideration. In this way we enjoy the ability to go to other logical levels of thoughts on any subject; and we can entertain other abstractions that relate to it. For example at the:

1st logical level, I am typing this.

2nd, I am aware that I am typing this.

3rd, I am aware that I am aware that I am typing this.

4th, I am aware that I am aware that I am aware that I am typing this, and so forth.

It is by this meta function that I can have an awareness of an awareness of an awareness ... and so on. In turn, it means that I can have a representation of a representation of a representation ... and so on. It is to have the ability to have an opinion of an opinion of an opinion ... and so on.

The meta function has been designated as our ability to abstract; and to have abstractions of abstractions of abstractions ... and so forth. It has been described as our ability to have an "aboutness" of things.

It is because animals do not have this endowment, in as full a scope as humankind, that your pet dog cannot complete these steps of abstractions to No. 5, in the example below:

- 1. I hear footsteps.**
- 2. The footsteps are the master's.**
- 3. The master's footsteps are heavy and tired.**
- 4. Therefore, the master is tired.**
- 5. Master had a bad day at work. Each step ensues from the preceding one.**

Each step is a derivation, or an abstraction from its antecedent. Each step is only possible because of the endowment of the meta function. By the meta function it is possible to gain for oneself a rich set of distinctions.

However, in the professional context:

1. The meta function is poor when a person cannot generate a rich and useful set of distinctions. A sad case example is of a person born with an IQ below 90.

or

2. Because of certain paradigmatic structures a person is compelled within the boundaries of a specific semantic kernel/file. An example of this is the person caught in some internal state such as Anger, Anxiety or Depression. In these instances the person cannot generate a rich range of "the aboutness" of their position. It is depressing to talk to a chronic depressive.

**Dennis K. Chong & Jennifer K. Smith Chong: *Power and Elegance in Communication*
C-Jade Publications 1993 page 11 - 13.**

It is by the attribute of the meta function that a human being can say I am, I am I, I am aware that I am, I am aware that I am aware that I am, I am not you and so on. All these assertions are by definition opinions that one has of oneself and of the other. It is clear that the meta function has no limits. It is infinite.

Thus, what Brenda wrote about was not the union between a specific superficial “I” and the real “I” but between her meta function and her real “I,” her Essence, her Life Force, her Soul, the Light of God in her. This is a union of two infinite entities. Clearly her experience went beyond anything that she had got from her 20 years work in Transcendental Meditation. At one level we knew that we could offer what we knew as a powerful and beneficial exercise to discover one’s “INNER SELF” and to find one’s “inner power.” This we were to do so in the form of a two day workshop that we called Meditation-in-Hypnosis (MIH). We were now also sure that we were at the threshold to turn the cancer. However, the way to do so was far from clear.

Then came Joyce Etches. She was a lady with a primary cancer in her colon. When she came she told me that she had secondaries in her liver and lung. She was scheduled to have a resection of her liver secondaries. We only had 9 weeks to work with her before this operation. The first 4 weeks work dealt with preparing her for the therapy-in-Hypnosis. Once this was completed the next thing was to guide her to the Esdaile state. Once this was done we sought to secure the conditions for the desired outcome. We did not see her again for sometime.

Then we held our first MIH at the Holiday Inn in Oakville. In walked Joyce Etches in the pink of health! She told me that 2 weeks before she had had her liver operation. For this operation she had a scar right across the entire width of her abdomen. I asked her what happened. Amazingly, the surgeon could not find any secondaries but a patch of something that he did not recognize what it was but sent a sample of it to the laboratory. Post operatively, she was completely pain free. In five days she was discharged.

The next thing that happened was that her oncologist decided it was best to remove her pulmonary secondaries. There were three. At the time of the operation they found nothing but one odd site that the surgeon could not make out what it was and sent a specimen to the laboratory.

Joyce was not on chemotherapy at the time she was working with us. She was taking some herbal medicine. Her case is unfortunately not the defining exemplar for the emerging model. Yet it speaks volumes because of the sensory based evidence that she gave us.

The next case that we cite is of a lady who had a mastectomy for a left breast cancer. When she came to us there was a suspicion that she had secondaries in her lung. For this she had to return on a monthly basis for follow up X-rays, Her radiologists continued to remain unsure what they saw in the films. She came because she was utterly distressed by the radiological uncertainties of her condition and depressed and by the general mood of the hospital that she went to. It is a major hospital in Ontario that specializes in cancer cases only.

In our work, we felt that it was critical to delineate what Richard Bandler¹³ had indicated. It was the concept of junko logic. It is about the analogical semantic ill-formedness that people can have. We now know that it can manifest itself in ill health, disease and finally cancer.

So what was her junko logic that was the basis for her cancerous ontology. By the manoeuver of the Quadrant Search¹⁴ we found what it was. Her husband had an obsession with the mammary glands of women. Given that hers were conspicuously less well endowed, her compelling problem was to

find out if he truly loved her. How was she to find out if he did? Would he still love her if she had no breasts. From this emerged her analogical decision to cancer one breast! This is an item of information that a competent neuro-semantic programmer can get. With it, it is a very simple matter for him to reconcile and to ensure it will not happen again. She is today well and happily remarried.

Our research has unraveled these findings that form the model to invert a cancer:

- i. the clinician is to be sure that the cancer patient is satisfied about the modality of Hypnosis; there are to be no doubts, worries or anxieties.
- ii. a cancer patient is to be prepared for the therapy in Hypnosis. To achieve this is to satisfy the conditions that were cited in the work, *The Knife Without Pain*.

We quote:

A subject is to satisfy certain conditions if he is to have a surgical operation with hypnosis. An operator is to satisfy those conditions that relate to his competency to apply the blueprint that is indexed here.

Victor Rausch stated these conditions that relate to the surgical subject. He did so during our interview with him. He articulated them spontaneously, intuitively and elegantly. We have of course since taken the opportunity to check them. From our study, we agree with what he uttered. We have nothing to add.

We now take the opportunity to summarize what Victor said. The subject must:

1. COMPLETE FAITH:

The subject is to have a complete knowing and unequivocal belief in his oneness, in his anaesthetic modality of choice and in his unconscious personal power.

2. FEARLESSNESS:

The subject is to be whole, integrated, complete and balanced within himself and with himself. In this way he will know no fear.

3. NO WORRYING:

The subject is to have dominion over his brains - his thinking, and especially the dark side of his thinking. He must have the way to dismiss any negativism that may intrude into his mind.

4. INNER PEACE AND CALM WITHIN HIMSELF AND WITH HIMSELF:

This is only possible when the subject is clean in his heart and in his emotions. He must be in

synchrony, in tune,
in harmony and in resonance with himself. This is the only way to inner peace and inner calm. It is to be at the centre
- to be in the eye of the hurricane.

5. A STATE OF ACCEPTANCE:

All egoism must lapse. He accepts and knows that he is one with the world and the world is one with him. All that is in the world is EQUAL to him. In this knowing and complete acceptance is the actual living experience and being that as everything is equal to him he is, in turn, equal to everything. This is what Joseph Campbell is talking about when he says, “. . . and that your apparent separateness is but a by-product of the way you experience under the conditions of space and time. Our real identity is our unity of all life. More simply, Gurudev Shree Chitrabhanu put it, “You are one with all.”

6. HUMILITY: Victor in another part of the interaction revealed this aspect of himself. It was when his operation was over. He was now the centre of attention. He said, “I was not impressed with myself because the focus was on me.” It is our personal conviction that humility is the road to personal power.

iii It is a requisite in the work to extract a patient out of thinking by Cause and Effect¹⁵. It is critical to do this because thinking by Cause and Effect is semantically ill-formed. The basis for this is as follows:

We have generalized the notion of semantic ill-formedness to include sentences such as:

My husband makes me mad.

The therapist can identify this sentence as having the form: *Some person causes some person to have some emotion.* When the first person, the one doing the causing, is different from the person experiencing the anger, the sentence is said to be semantically ill-formed and unacceptable. The semantic ill-formedness of sentences of this type arises because, it, literally, is not possible for one human being to create an emotion in another human being (our change in font and bold)- thus, we reject sentences of this form. Sentences of this type, in fact, identify situations in which one person does some act and a second person *responds* by feeling a certain way. The point here is that, although the two events occur one after another, there is no necessary connection between the act of one person and the response of the other. Therefore, sentences of this type identify a model in which the client assigns responsibility for his emotion; rather, the emotion is a response generated from the model in which the client takes no responsibility for experiences which he *could* control.

Richard Bandler & John Grinder: *The Structure of Magic*, Science and Behaviour Books Inc., 1975, pages 51 - 52.

In our view, the semantic ill-formedness of Cause and Effect as indexed above is a most serious and egregious contaminant to any work that hopes to save the life of a person. We take the view that it is for all practical purposes impossible to do any clean good clinical work unless the semantic ill-formedness of Cause and Effect is undone in a person. This is accomplished by taking the person through the first of the core seminars of Neuro-Semantic Programming, The Freedom Seminar.

In the process of the cancer inversion, the clinician will teach the patient how to get his own trance, i.e. the patient is to know how to do self-hypnosis and is required to do so every day. By this the clinician is in fact culling a series of fractionations of the trance state with the result that the patient is getting into a deeper and deeper hypnotic state.

By the above operation, it then becomes a simple matter to get NDHA (Non-Dominant Hemispheric Access). This means that the patient must be aware that he is thinking by his non-dominant brain. One of the functions of the non-dominant brain is music. In the trance he is to think music. but he is to think it in such a way that he spontaneously hears and/or feels a piece of music

The Quadrant Search is to be applied to unravel what the junko logic is for the cancer state is. When this is done the clinician is to use the appropriate methods to invert its semantic ill-formedness to well-formedness. In this process, all secondary gains are to be amended appropriately.

The patient is to know the Esdaile state It is in the Esdaile state that the union between the meta function and the “Inner Self” is to take place.

The power to turn the cancer is now to be used, however, to secure the inner power to do so it has to be done by way of an implied transderivation. The hypnotic suggestion has to be a Class 2 - refer the article Hypnotic Suggestion - A Revisit in the Articles of this web page.

finally, one is to apply a protocol to bind the work. This protocol consists of 4 sub-protocols. They are known as the Gurudev Manoeuvrers. We have derived them from the teachings of Gurudev Shree Chitrabhanu. He was the first Jain priest who ever left the Indian sub-continent to teach in the West.

This submission is about how and where we have come to in this challenging domain of consideration of turning a cancer. We hope that clinicians will access their curiosity and caring to want to learn this model and to apply it in their work to save lives.

It is a wise and a good thing that we “use the ways of the world” (Don Juan Matus, mentor of Carlos Castaneda). Therefore, when a cancer is diagnosed, it is important and necessary that a patient immediately seek the help that is available in Medicine to treat and hopefully cure it.

We however, deem that what we offer here is only an adjunct to what Medicine has and can do. However, in a worst case scenario, what we have may be the only real and tangible hope for life.

Endnotes:

- ¹. Ontology is the study of the fabric of human subjective reality. The ancient Greek philosophers initiated this study within the field of Metaphysics.
- ². the epistemological course of the condition is the analogical or unconscious knowing by the person to do what he is perpetrating upon himself. There are many things we do unconsciously, e.g. sit with our right thigh over our left and not left over right, blush, dream, thin our lips, heave a high breath into our upper chest and so forth. Such unconscious actions can include bringing a heart attack on oneself and as we propose here, a cancer. An epistemological course can also be cognitive and conscious.
- ³. Light of God is in us is an ancient truth believed by 1 billion Catholics, 1 billion Protestants, 1 billion Hindus, 1 billion Buddhists, 1 billion Muhammadans. The exception are atheists.
- ⁴. Where then is God in our moment of deepest need? From this has come the rationalization “God helps those who help themselves.” As the North American saying goes, “You are on your own baby.” We do not subscribe to this conclusion.
- ⁵. Applied Epistemologist examines *the way* by which a sentient entity knew to elect to do what it did and then, when it is appropriate and if it is possible, to find the solution to manipulate *the way*.
- ⁶. *Don't Ask WHY?!* expands in an even more critical way the issues of the Aristotelian system that were raised by Alfred Korzybski in his work *Science and Sanity*. Today, it is also published by the firm of Junfermann Verlag, Padeborn, Germany under the title, Frag nicht warum . . .
- ⁷. Neuro-Semantic Programming (NSP) is the study of the epistemological course by which a person attains his significant ontology and its logical derivatives for a given context and how to infract across it in conditions of Therapy.
- ⁸. Roland Roye Fraser is one the leading trainers and researchers in Neuro-Linguistic Programming.
- ⁹. Esdaile state was known as the ultimate hypnotic state. It is named after James Esdaile a Scottish surgeon in the army of the Raj. He performed many major operations using hypnoanaesthesia. However, recent researches in Hypnosis indexes the possibility of deeper states.
- ¹⁰. Dr. Gerald Fulton is one the leading specialists in the field of Physical Medicine in Southern Ontario.

¹¹. Robert Dilts is one of the world's pre-eminent developers and researchers of Neuro-Linguistic Programming.

¹². Hierarchy of Paradigms (HOPs):The information about the HOPs is in the work *Don't Ask WHY?!* This work is also published by the firm of Junfermann Verlag, Padeborn, Germany, under the title *Frag nicht warum . . .*

¹³. Richard Bandler is the co-founder and principle developer of Neuro-Linguistic Programming . . .

¹⁴. Quadrant Search is a manoeuvre that was developed by Neuro-Semantic Programming. It will get critical information from a person that has lapsed out of his conscious awareness. Thus, when you ask a Chronic Depressive what he is depressed about, he cannot tell you. He just does not know as the information is not in conscious awareness.

¹⁵. To extract a person out of the thinking by Cause and Effect is by the application of 3 algorithms The Question of WHY, The De-Imprinting and The Power (De-Typeset) Seminars. For further information refer to They take respectively 2, 4 and 4 days to complete.

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