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**USING THOUGHT FIELD THERAPY® (TFT) TO SUPPORT AND
COMPLEMENT A MEDICAL TREATMENT FOR CANCER:
A case history**

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Abstract

“Tessa” was diagnosed with a stage four mixed small and large cell follicular non-Hodgkin’s lymphoma at age 51. She was treated at Dr. Burzynski’s clinic in Houston, Texas. Her treatment was supported by Thought Field Therapy® (TFT) procedures such as eliminating the trauma and anxiety associated with having cancer as well as treatments for Psychological Reversals (PR), which is assumed to promote greater bioenergy healing flow. Unpleasant side effects of necessary medications were also greatly reduced or eliminated with a treatment recently developed by Dr Callahan, who founded and developed TFT. The combined treatments were successful and she has been cancer free for a year and a half.

Case report

“Tessa” was diagnosed with a stage four mixed small and large cell follicular non-Hodgkin’s lymphoma on Jan. 22, 2001, when she was 51 years old. The diagnosis came from a biopsy of an enlarged lymph node on her neck, which had appeared and grew to the size of a small lemon in about a week’s time. A bone-marrow biopsy determined that it was a Stage IV cancer, which had spread from the bone marrow.

Tessa had experienced some enlarging of the submandibular lymph nodes over the previous 4-6 months but her general physician thought this could have been due to an increase in starch intake during the previous summer. He recommended a decrease in the consumption of starch but this did not reduce the size of the lymph nodes.

Each tumor location was tested for the presence of psychological reversal (PR, see below) and all showed a reversed polarity. She was then treated repeatedly for the polarity reversals at each known tumor location and also for the presence of cancer in her body. A subsequent CT Scan revealed

several more tumor locations, and she elected not to have these treated by conventional medical therapies. These additional locations were tested and treated with TFT for psychological reversal as well.

Tessa also used TFT for the treatment of the trauma of having a Stage IV cancer diagnosis and the fears, anxiety and uncertainty associated with the process of selecting a treatment program. (Moss).

After researching her alternatives for treatment, with special help from the Moss Reports (which give an unbiased view of various cancer treatments) and the Health and Healing newsletter by Julian Whitaker, MD, she chose to go to the Burzynski Clinic in Houston, Texas and undergo treatment with Dr. Burzynski's antineoplastin therapy. She declined any chemotherapy or radiation.

Tessa felt quite fortunate that she was allowed to enter the Burzynski Clinic without having to undergo chemotherapy. Most patients were required to have first failed in chemotherapy prior to being allowed to enter Dr. Burzynski's phase II trials. Only those with fast moving brain tumors and her type of lymphomas, known not to respond well to chemotherapy and radiation, were allowed to enter his program directly.

She began treatment in early March, 2001, and started on the pill form of their protocol. She was very impressed with the clinic and received first-rate care throughout her treatment.

In addition to Dr. Burzynski's treatment she continued to use TFT to treat the polarity reversals at each tumor location and for the cancer itself. These reversal corrections were done several times per day.

Tessa also began carefully identifying and treating for all substances which were identified as toxins (with the TFT test) from her hair dye and makeup, and to all of the foods she ingested. The "seven-second" toxin treatment (Callahan, R., 2003) was used for any known toxin as often as possible. She avoided as many toxins as possible and treated the others regularly. This regimen was continued throughout her treatment phase and has been continued through the remission and present day preventative phase.

The normal protocol for her type of cancer in Dr. Burzynski's clinic was to first try the pills, sodium phenyl butyrate (PB). If she didn't respond adequately they would either add chemotherapeutic agents, interferon and immune boosting agents or go to the intravenous form of the medications with a chest catheter.

After three months of taking the maximum dose of PB's, her CT scan and tests showed a mixed response. Her oncologist at the Burzynski's Clinic recommended adding Rituxin. Not wanting any form of chemotherapy, she declined that course of action. Dr. Burzynski then suggested they add small doses of Interferon to her regimen.

Interferon has many, very negative side effects such as severe flu-like symptoms, aching, fever, nausea, chills, and depression. These side effects are so prevalent that at the time she began the Interferon, the nurse said they could provide her with a prescription for Prozac or a similar antidepressant medication if it was needed. She declined the prescription, confident that she could use TFT to help depression and avoid the side effects of the antidepressants. (Callahan, R. 2004) ;

About 6-7 hours after the very first Interferon injection, all of the above side effects began in a very severe form. The next morning Dr. Roger Callahan treated the symptoms with the "seven-second"

treatment and the side effects eased somewhat. The Interferon shots needed to be administered every other day. Just about the time the side effects were diminishing the next shot was due.

When the second Interferon shot was delivered, Dr. Callahan immediately treated her with the full TFT toxin procedures. She then only suffered mild side effects and discomfort. The next time she took the shot, they again treated with the toxin procedures and added TFT Diagnostic and TFT Chakra procedures. The entire protocol usually only took about 10 minutes and completely eliminated all side effects.

At this point, they also TFT tested and treated the sodium phenyl butyrate pills treating for toxicity as needed. This process was continued for the remaining time she took the medication.

The next CT Scan, six months after beginning treatment, showed a positive response. The tumors were shrinking. She was feeling good, had only minimal fatigue but was able to carry on life nearly as usual, working and doing all normal activities. The TFT Diagnosis, Toxin and Chakra treatments were carried out daily and on the cancer and all medications. In addition to treating the toxicity of medications, they addressed the daily fatigue, worry, and of course the stress of the disease itself.

In February of 2003, her PET Scan showed normal; there had been over 90% shrinkage in tumor size (normal sized lymph nodes and some scar tissue remained). She remained on all medications for three more months. She continued to use all TFT treatments with her medications.

After three months she was allowed to stop the Interferon. All tests showed continued reduction in tumor size and no new problems. They began decreasing the dosage of PB's. By December 2003, she was off all medications and all tests showed normal.

Dr. Callahan continued to test the tumor locations for psychological reversals and make any needed corrections daily. They also monitored the psychological reversal on the healing of the cancer.

February 2004 showed another normal PET Scan and improved lab tests. May 2004 showed a CT Scan with no changes in lymph nodes and no new tumor growth.

Note on Psychological Reversal

Dr Callahan's first discovery in TFT was that of psychological reversal (Callahan and Callahan, 2002). Psychological reversal (PR) is a very interesting state which can block otherwise effective treatments from working. . It is a literal reversal in the polarity, which can be measured with a sensitive voltmeter. (See Burr and Langman below; they discuss the polarity of tissue, both malignant and benign.)

The next discovery was a correction for the PR, which contributes substantially to the very high success rate of TFT. Soon, Dr Callahan found that most cancer patients showed this PR. It should be emphasized that many people can show a PR who do not have cancer.

Fifteen years after he found this high association between PR and cancer (Callahan and Callahan, 2002) he found some very interesting research in the Appendix of a book by Harold Saxton Burr (1972). Burr was a biology professor at Yale who believed that all living things possessed electromagnetic polarity. He confirmed this interesting fact with a Hewlett-Packard voltmeter.

Research in the appendix of Burr's book includes a report of the findings of Louis Langman, MD, who had been a student of Prof. Burr and who became a professor of gynecology at New York University. Langman hypothesized that cancer is fundamentally an alteration of field forces in the body. To check this idea, Langman examined cellular diagnosed cases of cancer under blind conditions; that is, the pathologist and Dr. Langman did not know which cellular samples were from people with cancer or normal people. He compared women with cancer (in measurements of body polarity by Burr's method) to women with no known cancer. Measurement of polarity was done with a sensitive voltmeter placing the electrodes on different parts of the body.

The results are shown in Table 1.

Table 1. Polarity and malignancy

	No gynecological condition	With malignancy
Positive polarity	74 (95 %)	5 (5 %)
Negative polarity	4 (4 %)	118 (96 %)

The cancer group showed 96% negative polarity while the non-cancer (normal group) showed 5% negative polarity.

The cancer group has a striking preponderance of women showing a reversal of normal polarity. This appears to correlate with what Dr. Callahan found with the TFT test of what he calls psychological reversal.

Dr. Langman also studied an additional 737 patients who had a *benign gynecological condition*. He found that in this group 611 showed a positive polarity and 126 were negative; i.e., 83% positive and 17% negative.

A further strong confirmation of Langman's theory that cancer is a problem with field forces in the body, strongly supporting the relationship between reversal of polarity and cancer received can be seen in the fact that when cancerous tumors were surgically removed, the polarity changed from negative to positive (Langman, in Burr 1972, p144).

Which comes first, the cancer or the reversal of polarity? This is unknown, but Langman suggests that the polarity reversal may be primary in some important respect. Dr. Callahan typically finds that most chronic conditions, physical or psychological, have a PR associated with them. He also has noted that most people who have a PR *do not have cancer*.

Since Callahan finds that psychological problems cannot be successfully treated when there is a PR perhaps something similar exists with at least some cases of cancer. If there is a PR then healing may be blocked and unable to take place until the reversal is corrected. This is a commonplace finding in TFT.

Summary

The patient went from a Stage IV Non-Hodgkin's Lymphoma to cancer free in two years. During that time she was able to maintain a normal life-style, free of the side effects of her necessary medications and free of the stress and fear associated with her condition. She has remained cancer free for one year and five months at the time of this writing, 7/25/04.

The TFT procedures allowed her chosen treatment to work as effectively as possible by removing identified psychological reversals or blocks to healing during treatment and eliminating the trauma, fears and stresses associated with a diagnosis of Stage IV cancer.

TFT also allowed her to easily comply with her doctors' prescribed medications by reducing or eliminating the negative side effects associated with those medications and precluding the need for any additional medications to treat side effects (such as Prozac) that might have pernicious side effects of their own.

Editorial note:

Records forwarded to the IJHC by the author of this article confirm from medical laboratory reports from S. R. Burzynski, MD, PhD that lymph nodes in the neck, stomach and groin of Tessa shrank with the treatments described above.

It appears clear from the clinical report that TFT was helpful in dealing with the side effects of Interferon treatments.

Extensive research in Psychoneuroimmunology (PNI) confirm that cancers (and other serious illnesses) are likely to occur following periods of high stress, and to improve with decreases in stress. Further studies, to explore how much TFT can contribute to the treatments of cancers appear warranted. TFT is reported in many clinical observations to reduce anxiety and stress reactions.

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CEO of Callahan Techniques, Ltd., Joanne Callahan, is a graduate of the University of California Santa Barbara and received her MBA in Healthcare Administration from California State University San Marcos.

Joanne Callahan is Director of the Thought Field Therapy Training Center and publisher and co-editor of *The Thought Field*, a quarterly newsletter. She is trained in TFT at the Advanced and Voice Technology™ levels and the only person other than Dr. Callahan certified to teach all levels of TFT.

Joanne Callahan co-authored *Thought Field Therapy and Trauma: Treatment and Theory*, and the recently revised *Stop the Nightmares of Trauma* (with Forward by Jack Canfield, co-author Chicken Soup for Soul® Series), and Chapter 12, Thought Field Therapy: Aiding the Bereavement Process, in *Death and Trauma: The Traumatology of Grieving*. Joanne currently serves on the board and is an officer for the professional organization, Association for Thought Field Therapy and President of the ATFT Foundation.

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The author receives income from the sale of materials purchased from Callahan Techniques.

Resources

For examples of the rapid power of TFT trauma treatments see the following references: Callahan and Callahan, 2002;

Carl Johnson, et al. *Thought Field Therapy: Soothing the bad moments of Kosovo*

Letter from the Surgeon General of Kosovo at www.tftrx.com.

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Moss Reports, 1 800 980-1234 (Outside USA, 814 238-3367) <http://www.cancerdecisions.com>

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