

*“Dr. Rankin demonstrates a new way to combine the brilliance
of modern science with the wisdom of the heart.”*

— Martha Beck, Ph.D.,

New York Times best-selling author of *Finding Your Way in a Wild New World*

MIND OVER MEDICINE

*Scientific
Proof That
You Can
Heal
Yourself*

**LISSA
RANKIN, M.D.**

FOREWORD BY KRIS CARR,
New York Times best-selling author of *Crazy Sexy Kitchen*



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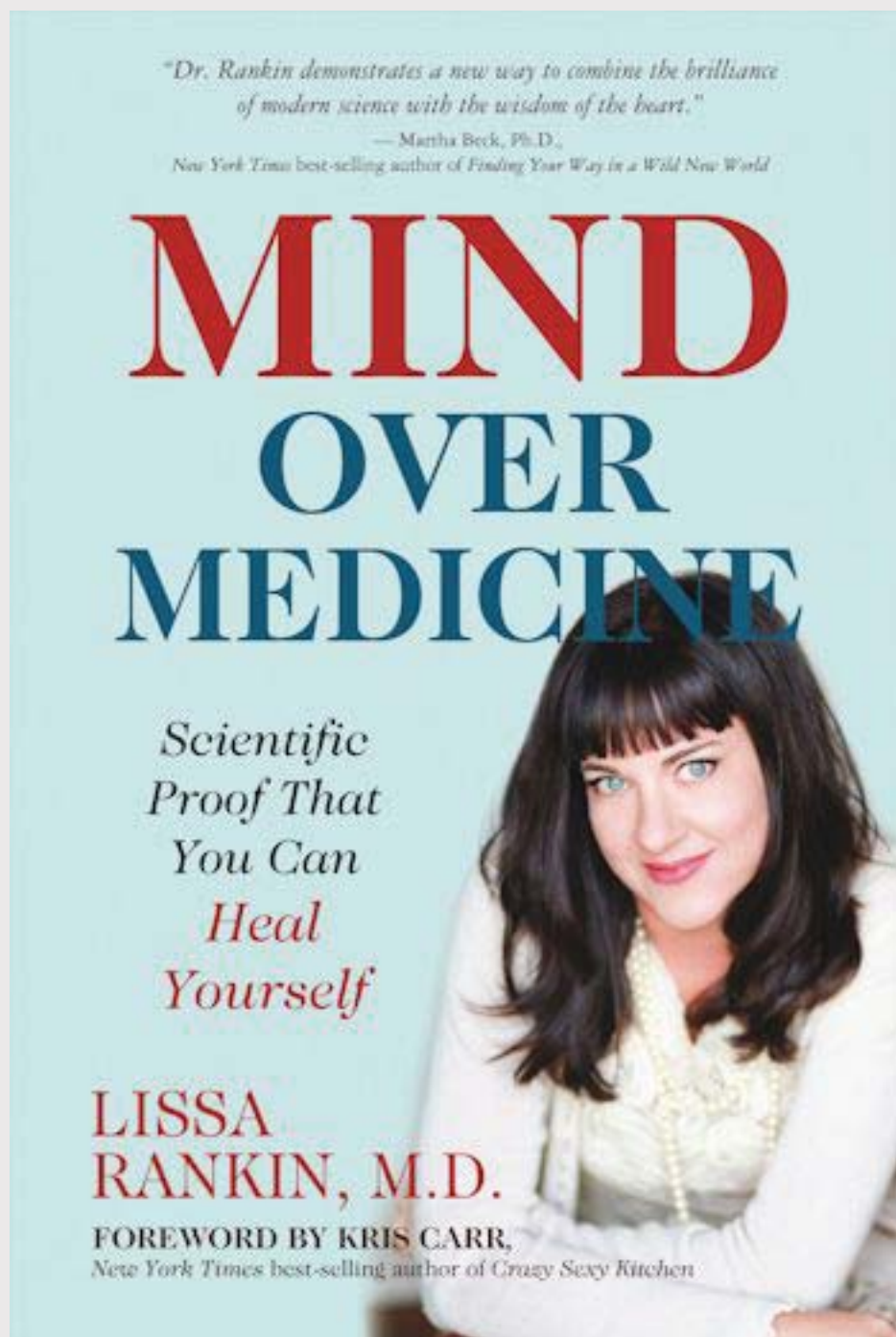
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“‘Body and spirit are twins: God only knows which is which,’ Swinburne wisely said more than a century ago. But for most of the twentieth century, the body has hogged the show. Now consciousness, mind, and spirit are back in center stage in medicine. In Mind Over Medicine, Dr. Lissa Rankin shows why. This is a compelling, clear, and reader-friendly vision of where medicine and healing are headed, written by an expert medical insider who’s been there. Buy two copies—one for you and one for your doctor.”

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“WOW! Just wow! That is how I feel about Lissa Rankin’s work! Everything she says rings so true to me, and her voice, as a professional medical doctor, is just what is needed in today’s drug dependent society. Bravo, Lissa for having the courage to speak out and share your truth. This world needs more like you!”

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“An extraordinary, evidence-based look at the true impact of mindset and lifestyle on pain, disease, and vitality. An M.D. herself, Rankin takes on the establishment from the inside out, building a compelling argument for a new approach to health and healing that puts the patient in the driver’s seat. Prepare to have your mind blow . . . and your body healed.”

— **Jonathan Fields**, author of *Uncertainty* and founder of the Good Life Project

“A doctor championing mega-doses of introspection, love, and liberation. A route to health that includes your DNA and your heart’s desire? I’m in! Lissa Rankin sheds scientific and mystical light on our ability to self-heal. She is a doctor for those of us who know in our bones that vitality is ours for the making.”

— **Danielle LaPorte**, author of *The Fire Starter Sessions*

“In a world plying pharmaceutical solutions to all our problems, Dr. Lissa Rankin is an oasis of sanity. The deep attention and intimacy of her approach infuses medicine with intuitive insight and turned-on vitality. Lissa redefines healthcare, calling us to activate our own power in service of true well-being—I’m in!”

— **Nicole Daedone**, founder of OneTaste and author of *Slow Sex: The Art and Craft of the Female Orgasm*

**MIND
OVER
MEDICINE**

MIND OVER MEDICINE

*Scientific Proof That
You Can Heal Yourself*

LISSA RANKIN, M.D.



HAY HOUSE, INC.

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Cover design: Amy Rose Grigoriou

Interior design: Jenny Richards

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Library of Congress Cataloging-in-Publication Data

Rankin, Lissa, 1969-

Mind over medicine : scientific proof you can heal yourself / Lissa Rankin, M.D. -- 1st edition.

pages cm

ISBN 978-1-4019-3998-4 (hardback) -- ISBN 978-1-4019-4000-3 (digital)

1. Mental healing. 2. Spiritual healing. 3. Mind and body therapies. I. Title.

RZ400.R15 2013

615.8'528--dc23

2012048461

Hardcover ISBN: 978-1-4019-3998-4

Digital ISBN: 978-1-4019-4000-3

16 15 14 13 4 3 2 1

1st edition, May 2013

Printed in the United States of America

*In loving memory of David,
my beloved Daddy,
the original Dr. Rankin*

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FOREWORD



With this insightful book, Dr. Lissa Rankin reintroduces us to a wellspring of ancient intelligence that shows the power you have over your own health. She carries the torch passed down to her by some of the greatest mind-body healers of our time. Folks like Bernie Seigel, Dean Ornish, Deepak Chopra, Candace Pert, Jon Kabat-Zinn, and countless other pioneers before her. Quite simply, Lissa is the leading voice of the next generation of medical trailblazers and innovators who marry hard evidence with heart. In the still, quiet place where science meets the miraculous, *Mind Over Medicine* triumphs.

The mind-body connection has been the focus of my writing for more than a decade. As a person ~~living~~ thriving with a chronic disease, I've searched for answers to some of the toughest health questions around, and what I've stumbled on has radically transformed my life. And *Mind Over Medicine* powerfully reinforces what I've learned.

As technology and science continue to make remarkable advances, we have so much at our fingertips, advantages our ancestors never had. And yet, it's common to experience heightened stress and anxiety. Many of us are totally strung out. We're worried about our finances, our relationships, and an uncertain future. We feel separate, afraid, and alone. These feelings and more lead to tangible physical changes in the body.

Contrary to what we previously believed, our genes are not fixed. The study of epigenetics proves that our genes are actually fluid, flexible, and highly influenced by our environment. And here's the best news, just because you have a genetic predisposition for x, y, and z, doesn't mean those genes will actually express themselves. External lifestyle triggers like nutrition, environment, exercise, positive or negative thoughts, and emotions literally affect your DNA. So what truly runs in your family: heart disease and diabetes, or donuts and sausage? How

about gratitude and appreciation, or belittlement and abuse? Change your thoughts, change your behaviors. Change your behaviors, change your biochemistry.

As Lissa explains, our minds can make us sick and they can make us well. Our feelings and beliefs impact our every cell. How we speak to ourselves matters. Whether or not we feel and express love affects our well-being. That very notion empowers me. It fills me with hope and curiosity. She explains, using some of the latest scientific research that you have access to, a treasure trove of regenerative information, a pharmacy of sorts, complete with an inner MD who always knows exactly what to prescribe.

With this knowledge, you can choose health. Imagine how good it would feel to truly adore and appreciate the skin you're in. To release the blocks that hold you back and embrace the unique beauty that makes you such a vital part of the human race. Pause for a moment. Picture it. See yourself happy, whole, and at ease. Feel your worth. Feel your strength. Feel your healing potential.

Our thoughts hold more medicine than many of the astonishing breakthroughs of our time, and in this book, Lissa creates a new model for well-being focused on harnessing this power. If you follow her stellar advice, you will not only change your life, you may just save it. If you've forgotten how remarkable you are, *Mind Over Medicine* will guide you home. I know that I've only just begun to scratch the surface of the vast wisdom stored in my miraculous body.

Blessings to you on your journey to health, spiritual wealth, and sustainable happiness.

Kris Carr

New York Times best-selling author, cancer thriver, and wellness activist

INTRODUCTION



“There is no illness of the body apart from the mind.”

— SOCRATES

What if I told you that caring for your body is the *least* important part of your health . . . that for you to be truly vital, other factors are more important? What if the key to health isn’t just eating a nutritious diet, exercising daily, maintaining a healthy weight, getting eight hours of sleep, taking your vitamins, balancing your hormones, or seeing your doctor for regular checkups?

Certainly, these are all important, even critical, factors to optimizing your health. But what if something else is even more important?

What if you have the power to heal your body just by changing how your mind thinks and feels?

I know it sounds radical, especially coming from a doctor. Trust me, I was just as skeptical when I first discovered the scientific research suggesting that this might be true. Surely, I thought, the health of the human body isn’t as simple as thinking ourselves well or worrying ourselves sick.

Or is it?

A few years ago, after 12 years of conventional medical education and 8 years of clinical practice, I had been thoroughly indoctrinated into the dogmatic principles of evidence-based medicine, which I worshipped like the Bible. I refused to trust anything I couldn’t prove with a randomized, controlled clinical trial. Plus, having been raised by my father, a very conventional physician who made fun of any-

thing New Age, I was as hard-nosed, closed-minded, and cynical as they come.

The medicine I had been trained to practice didn't support the idea that you can think yourself well or make yourself sick with the power of your thoughts and emotions. Sure, my medical-school professors diagnosed some illnesses that lacked biochemical explanations as "all in the patient's head," but those patients were promptly and quietly referred to psychiatrists, while eyes were rolled and heads were shaken.

It's no wonder the notion that the mind might have the power to heal the body would be threatening to many mainstream doctors. After all, we spend a decade learning the tools that supposedly give us mastery over other people's bodies. We want to believe that the time, money, and energy we've put into becoming doctors isn't wasted. We're professionally and emotionally invested in the idea that if something breaks down physically, you must seek our expertise. As doctors, we like to believe we know your body better than you do. The whole medical establishment is based on such a notion.

Most people are happy to function within this paradigm. The alternative—that you have more power to heal your own body than you've ever imagined—lobs the responsibility for health back into your court, and many people feel like that's just too much responsibility. It's much easier to hand over your power and hope someone smarter, wiser, and more experienced can "fix" you.

But what if we've got it all wrong? What if, by denying the fact that the body is naturally wired to heal itself and the mind operates this self-healing system, we're actually sabotaging ourselves?

As physicians, things inevitably happen on our watch that science simply can't explain. Even the most closed-minded doctors witness patients who get well when, by every scientific rationale, they shouldn't. When we witness such things, we can't help questioning everything we hold dear in modern medicine. We start to wonder if there is something more mystical at play.

Doctors don't usually discuss this possibility in front of patients, but they do whisper about it in the doctors' lounges of hospitals and inside

conference rooms at Ivy League universities. If you're curious and you pay attention—like I do—you hear stories, stories that blow your mind.

You hear people whispering about the woman whose cancer shrank away to nothingness during radiation. Only afterward did the doctors discover that the radiation machine was busted. She hadn't actually received one lick of radiation, *but she believed she had*. So did her doctors.

They talk about the woman who had a heart attack followed by bypass surgery, then wound up in shock, which led to full-blown renal failure believed to be fatal without treatment. When the doctors offered dialysis, she refused treatment, not wanting to endure more invasive procedures. For nine days, her kidneys made no urine, but on the tenth day, she started peeing. Two weeks later, with no treatment, she was back to working out and her kidney function was better than before her surgery.

Then there's the man who had a heart attack who refused heart surgery only to have his "incurably" blocked coronary arteries open up after changing his diet, beginning an exercise program, doing yoga, meditating daily, and attending group therapy sessions.

Another patient who was hospitalized in the ICU and whose organs were shutting down from stage 4 lymphoma had a near-death experience, became one with pure, unconditional love, and instantly knew that if she chose not to cross over to the other side, her cancer would disappear almost at once. Less than a month later, her lymph nodes were biopsied and no evidence of cancer remained.

Yet another woman broke her neck. After being taken to a hospital and getting X-rays that confirmed that she had broken her neck in two places, she opted to refuse medical intervention and saw a faith healer instead, despite her doctors' vehement objections. Without any medical treatment, she was out jogging a month later.

One story floating around claims that a research protocol for a chemotherapy drug called EPOH was getting some marginally positive results, but one oncologist was demonstrating wildly successful outcomes. Why? Rumor has it he switched around the name of the drug protocol when he discussed it with patients. Instead of injecting his patients with EPOH, he injected them with HOPE.

Because I write a popular blog and attract a large, committed tribe of remarkable readers from around the globe, I hear things like this all the time. As I began sharing these supposedly true stories with my readers, more hard-to-believe stories flooded into my e-mail inbox. A woman with Lou Gehrig's disease went to see the healer John of God, and afterward her neurologist proclaimed her cured. A paralyzed man made a pilgrimage to the healing waters of Lourdes and left walking. A woman with stage 4 ovarian cancer "just knew" she wasn't going to die, and, after rallying the support of the people who love her, is still alive ten years later. A man with blocked coronary arteries diagnosed after a heart attack was told he would die within a year if he didn't have heart surgery. After refusing surgery, he lived 20 more years and died—not from heart disease—at 92.

As I heard these stories, I couldn't ignore the gnawing voice within me. Surely, these people couldn't all be liars. But if they weren't lying, the only explanation was something *beyond* what I had learned in conventional medicine.

It got me thinking. We know spontaneous, unexplainable remissions sometimes happen. Every doctor has witnessed them. We just shrug our shoulders and go on about our business, usually accompanied by a dull, unnerving sense of dissatisfaction because we can't explain the remission with logic.

But in the back of my mind, I've always pondered whether it's possible we have any control over this process. If the "impossible" happens to one person, is there anything we can learn from what that person did? Are there similarities among the patients who get lucky? Are there ways to optimize the chances of spontaneous remission, especially when effective treatment doesn't exist in the standard medical toolbox? And what, if anything, can doctors do to facilitate this process?

I couldn't help wondering if, perhaps, by not at least *considering* the possibility that patients might have some control over healing themselves, I was being an irresponsible doctor and violating the sacred Hippocratic Oath. Surely, if I were a good doctor, I would be willing to open my mind in service to the patients I cared for.

But inspiring stories bandied about in doctor's lounges or floating around on the Internet simply weren't enough to convince me. A scientist by training and a skeptic by nature, I needed cold, hard proof, and when I started asking for it, I came up short.

I did my best to investigate the rumors I was hearing. I started asking the people telling me their stories to prove them. Could they show me slides under the microscope? Could I talk to the mechanic responsible for the radiation machine? Could I see the medical records?

I was mostly disappointed. When I asked for medical records or studies as backup, most people apologized. "It was so long ago." "There was definitely a study, but I don't have the reference." "My doctor retired, so I can't put you in touch." "They threw away my medical records."

Even the instances of self-healing I vaguely remembered witnessing in the earlier days of my own practice were out of my reach. I hadn't kept notes. I couldn't remember names. I didn't know how to contact these people. I kept hitting dead ends.

Yet the more questions I asked online, the more stories kept flowing in. When I started getting nosy with my physician friends, every doctor I asked told me jaw-dropping stories of unexplained spontaneous healings, patients who wound up cured from "incurable" illnesses, leaving those who pronounced them "terminal" looking like fools. But still, they had no proof.

By this point, I was intrigued, bordering on obsessed. My curiosity led me to dig deeper. After hundreds of e-mails and dozens of interviews, I came to believe that something real was happening to these patients whose stories became lore in metaphysical books and on the Internet. Although it's tempting to dismiss the often ridiculous-sounding stories of patients who claim to have healed themselves, if you're a doctor who cares about helping others heal, you can't ignore what you hear. The more you listen, the more you start to wonder just what the body is capable of.

Most doctors, if you get them away from their often critical and judgmental colleagues, will admit this: deep down, they believe that when it comes to the healing process, some crossover between the mystical and the physiological is at play, and that the common ground that

connects the two is the great and powerful mind. But few say so out loud for fear of being labeled quacks.

The mind-body link has been advocated by medical pioneers for decades. Yet, in spite of this, it has failed to shoulder its way into the mainstream medical community. As a young doctor, I received my medical degree well after renowned physicians such as Bernie Siegel, Christiane Northrup, Larry Dossey, Rachel Naomi Remen, and Deepak Chopra had raised awareness about the mind-body link, and you might think their teachings would have been included as part of my medical education. But I was largely unfamiliar with their work until long after I finished medical school. Not until I began doing my own research did I even read their books.

Once I finally did, I was pissed. How did I not know who these open-minded, open-hearted doctors were? And why were their books not required reading for med students and first-year residents?

As I learned more, I got all riled up and that passion turned into a mission that fueled several years' worth of research and writing. I started reading every mind-body medicine book I could find. I also started blogging, tweeting, and posting on Facebook about what I was learning, which only increased the frequency with which I heard stories from people who had experienced what can only be described as medical miracles. I was riveted. The evidence was mounting. But nothing I was hearing counted as "science." I craved scientific proof that it wasn't total nonsense.

So I kept researching, willing my mind to stay open, as I learned more about how the mind could affect the body. Part of me was open to the whole mind-body concept. It made intuitive sense to me. But another part of me was wildly resistant. To believe what I was learning would require letting go of much of what I had been taught, both from my very traditional physician father and from my medical-school teachers.

One of the first books I studied, Harvard professor Anne Harrington's mind-body-medicine history book, *The Cure Within*, left me feeling physically dizzy and viscerally unsettled. In the book, she refers to the mind-body phenomenon as "bodies behaving badly," meaning that sometimes bodies don't respond the way they "should," and the only way we can explain such mysteries is through the power of the mind.¹

As examples of bodies behaving badly, Harrington tells stories of children living in institutional settings whose material needs were all met but who wound up developmentally and mentally stunted because they were improperly loved. She also cites 200 cases of blindness in a group of Cambodian women forced by the Khmer Rouge to witness the torture and slaughter of their loved ones. Although medical examination could find nothing wrong with the eyes of these women, they claimed to have “cried until they could not see.”²

Clearly, something was up. The butterflies in my belly drove me to dig deeper, and as I did, I became fascinated with understanding how these things happened. What proof did we have that the power of the mind could transform the body? What physiological forces could explain such occurrences? And what might we do to harness these healing powers?

If I could answer these questions, I could begin to make sense, not just of the mind-boggling stories people were telling me, but of the purpose of my own life and my role as a healer.

At the time I was researching the mind-body link, my place in the world of medicine was unclear to me. After 20 years of medicine, I had become disillusioned with our broken health-care system, which required me to churn through 40 patients a day, often scheduled in hurried seven-and-a-half-minute slots, leaving little time for us to actually talk, much less bond. I almost quit when a longtime patient told me she had planned to confess to a sensitive health issue she was hiding from me. She rehearsed what she would say for days, with the support of her husband. But when it came time for her to spill the beans, apparently, I never removed my hand from the exam-room door. She told me my hair was disheveled and I was dressed in dirty scrubs. She suspected I had been up all night delivering babies—and I probably had been. Although she knew I was probably tired, she kept praying I would touch her arm, sit down on the stool next to her, and offer enough tenderness and connection to make her feel safe to talk about her concern.

But she says my eyes were blank. I was a robot too busy to let go of the door handle.

When I read that letter, I got choked up, felt a hiccup in my chest, and knew in my heart that practicing this kind of medicine was not what drew me to my profession. I had been called to medicine the way some are called to the priesthood, not to churn out rote prescriptions and blow through physical exams like a machine, but to be a healer. What drew me to the practice of medicine was the desire to touch hearts, to hold hands, to offer comfort amid suffering, to enable recovery when possible, and to alleviate loneliness and despair when cure wasn't possible.

If I lost that, I lost everything. Every day of being a doctor was chipping away at my integrity. I knew the kind of medicine my soul wanted to practice, yet I felt helpless to reclaim the doctor-patient connection I craved, as well as victimized by managed-care companies, the pharmaceutical industry, malpractice lawyers, politicians, and other factors that threatened to widen the rift between me and my patients.

I felt like a fraud, a sellout, a cheap, plastic knockoff of the doctor I dreamed of being back when I was an idealistic medical student. But what were my alternatives? I was the sole breadwinner in my family, responsible for covering my medical-school debt, my husband's graduate-school debt, the mortgage, and my newborn daughter's college fund. Quitting my job was out of the question.

Then my dog died, my healthy young brother wound up in full-blown liver failure as a rare side effect of a common antibiotic, and my beloved father passed away from a brain tumor—all in two weeks.

It was the last straw.

With no backup plan or safety net, I left medicine, planning never to look back. Selling the house, liquidating my retirement account, and moving my family to the country to live a simple life, I chalked the whole doctor thing up to one big fat mistake and planned to be a full-time artist and writer.

By that point, I had lost touch with what I was here on this earth to do. I spent a few years blogging, writing books, and making art, yet nothing felt as pressing to me as the calling that had led me to medical school. Something in my soul still yearned to be of service. Painting and writing felt too solitary, too selfish even, as if I was indulging creative endeavors I loved, but at the expense of my calling.

I barely slept for months, and when I did, I dreamed of helping sick patients, of sitting at their bedsides, of listening to their stories with no eye on my watch and no hand on the door. I'd wake up in tears, as if I was mourning a piece of my soul.

In 2009, I began blogging about what I missed about medicine, what I loved about medicine, what originally drew me to the practice of medicine. I wrote about how I consider medicine a spiritual practice, how you practice medicine, the way you practice yoga or meditation, like you'll never fully master it. I wrote about how the doctor-patient relationship, when treated with the awe it deserves, is sacred, and how I longed to reclaim it. I wrote about how medicine had wounded me, and how, in turn, I had inadvertently wounded others.

Patients and healers of all types started writing me e-mails, telling me their stories, posting comments on my blog, and something in me lit up, something that felt like an opportunity to be of service. The tribe of people I attracted started healing *me*.

Around this time is when those remarkable stories of patients who healed themselves from *incurable* and *terminal* illnesses started trickling in from around the world. In spite of my initial resistance to getting sucked back into the world of medicine, I found myself drawn to the conversations happening on my blog.

I wasn't searching for a way back to medicine. For the first few years, when signs from the Universe began pointing me back to my calling as a healer, I shook my head and hightailed it in the other direction.

But callings are funny that way. You don't get to choose your calling. It chooses you. And while you can quit your job, you can't quit your calling.

One serendipity after another led me down an unplanned, uncharted path, as if birds were dropping crumbs, blazing a trail to my Holy Grail. Books fell off the shelf. Physicians appeared on my path with messages for me. People in my online community sent me articles. Unbidden visions appeared like movies in my mind while I was hiking. Dreams appeared. Teachers called.

I started waking up from the deep anesthesia my medical education and years of practice had induced, and in my groggy haze, I began to

see the light. One question led to another, and before I realized what was happening, I was knee-deep in journal articles, trying to ferret out the truth about what was happening in the body when the mind was healthy and why we get sick when the mind is unhealthy. I realized that I didn't have to order lab tests, prescribe drugs, or operate in order to be of service as a doctor. I could help even more people by discovering the truth about how to help people heal themselves.

What followed was a deep dive into the gospels of modern medicine, the peer-reviewed medical literature, where I sought scientific proof that you can heal yourself in journals like the *New England Journal of Medicine* and the *Journal of the American Medical Association*. What I found changed my life forever, and my hope is that it will change your life and the lives of your loved ones.

This book chronicles my journey of discovery and shares with you the scientific data I uncovered, which changed my whole outlook on how medicine should be delivered and received. Once I read this data, I knew I could never again pull the wool back over my eyes.

Is there scientific data to support the seemingly miraculous stories of self-healing that float around? You betcha. There's proof that you can radically alter your body's physiology just by changing your mind. There's also proof that you can make yourself sick when your mind thinks unhealthy thoughts. And it's not just mental. It's physiological. How does it happen? Don't worry. I'll also explain exactly how unhealthy thoughts and feelings translate into disease and how healthy thoughts and feelings help the body repair itself.

But there's more. There's proof that doctors might facilitate your recovery, not so much because of the treatments they prescribe, but because of the authority you ascribe to them. There's also proof that one surprising factor can benefit your health more than eliminating cigarettes, that something you may consider unrelated to the health of the body can add more than seven years to your life, that one fun thing can dramatically reduce the number of doctor visits you'll need, that one positive shift in your mental attitude can make you live ten years longer, that one work habit can increase your risk of dying, and that a pleasurable activity you probably never linked to a healthy life

can dramatically reduce your risk of heart disease, stroke, and breast cancer.

These are just a few of the scientifically verifiable facts I share in this book, which have radically changed how I think about medicine.

This book is divided into three parts. In Part One, I'll make the argument that the mind has the power to alter the body physiologically through a potent combination of positive belief and the nurturing care of the right health-care providers. In Part Two, I'll show you how the mind can alter the body's physiology based on the life choices you make, including the relationships you choose to nurture, your sex life, the work you do, your financial choices, how creative you are, whether you're an optimist or a pessimist, how happy you are, and how you spend your leisure time. I'll also teach you one valuable tool you can use anywhere—one that could save your life.

All of this will set you up for Part Three, where I introduce you to a radical new wellness model I've created and guide you through the six steps to healing yourself. By the time you finish the book, you'll have made your own diagnosis, written your own prescription, and created a clear action plan designed to help you make your body ripe for miracles.

Keep in mind that the tips I give you aren't just for sick people, but also for healthy people interested in preventing disease. I don't want you to wait until your body starts screaming at you with life-threatening diseases. Instead, I want to teach you how to listen to the whispers from your body: these are touchstones on your path to optimal health, leading you away from what predisposes you to illness and toward what has been scientifically proven to result in better health and vital longevity.

What I'm about to reveal to you may surprise you, even, perhaps, threaten you. But please, do your body a favor and, as you read this book, try to withhold your judgments, open your mind, and be willing to shift how you think about your body and your health. What I'm about to share with you may challenge long-held beliefs, knock you out of your comfort zone, and make you question whether I'm making this stuff up. But I swear I'm not. Throughout this book, I make every effort to back up what might seem like far-out statements with scientific references.

Because I know that what I'm about to teach you will raise eyebrows, I've written this book just for the people who are skeptical, as I was. I've laid out the book to walk you through my argument as if a jury of my physician peers were judging me. But it's not so much the doctors I'm aiming to convince. Sure, I hope they listen, because if they do, the face of modern medicine as we know it will change forever.

But really, I'm writing this book for *you*—for every person who has ever been sick, anyone who has ever loved someone with an illness, and anyone who wants to prevent illness. You're the one I yearn to help, because in my heart, I long to end suffering and help you optimize the chance that you will live a long, vital, healthy life. That mission is what called me to medicine in the first place.

As you read, I ask only that you stay with me. Give me a chance to expand your mind the way mine has been blown open. Let me help you heal your thoughts so your body can follow. And give yourself permission to release outdated notions about health and medicine. The future of medicine is upon us. Come, take my hand. Let's explore.

PART ONE



**BELIEVE
YOURSELF
WELL**

Chapter 1



THE SHOCKING TRUTH ABOUT YOUR HEALTH BELIEFS

*“What we are today comes from our thoughts of yesterday,
and our present thoughts build our life of tomorrow:
our life is the creation of our mind.”*

— THE DHAMMAPADA

A 1957 case study by Dr. Bruno Klopfer (who famously pioneered the Rorschach inkblot test) reports the story of Dr. Philip West and his patient Mr. Wright. Dr. West was treating Mr. Wright, who had an advanced cancer called lymphosarcoma. All treatments had failed, and time was running out. Mr. Wright’s neck, chest, abdomen, armpits, and groin were filled with tumors the size of oranges, his spleen and liver were enlarged, and his cancer was causing his chest to fill up with two quarts of milky fluid every day, which had to be drained in order for him to breathe. Dr. West didn’t expect him to last a week.

But Mr. Wright desperately wanted to live, and he hung his hope on a promising new drug called Krebiozen. He begged his doctor to treat him with the new drug, but the drug was only being offered in clinical

trials to people who were believed to have at least three months left to live. Mr. Wright was too sick to qualify.

But Mr. Wright didn't give up. Knowing the drug existed and believing the drug would be his miracle cure, he pestered his doc until Dr. West reluctantly gave in and injected him with Krebiozen. Dr. West performed the procedure on a Friday, but deep down, he didn't believe Mr. Wright would last the weekend.

To his utter shock, the following Monday, Dr. West found his patient walking around out of bed. According to Dr. Klopfer, Mr. Wright's "tumor masses had melted like snowballs on a hot stove" and were half their original size. Ten days after the first dose of Krebiozen, Mr. Wright left the hospital, apparently cancer-free.

Mr. Wright was rockin' and rollin', praising Krebiozen as a miracle drug for two months until the scientific literature began reporting that Krebiozen didn't seem to be effective. Mr. Wright, who trusted what he read in the literature, fell into a deep depression, and his cancer came back.

This time, Dr. West, who genuinely wanted to help save his patient, decided to get sneaky. He told Mr. Wright that some of the initial supplies of the drug had deteriorated during shipping, making them less effective, but that he had scored a new batch of highly concentrated, ultra-pure Krebiozen, which he could give him. (Of course, this was a bald-faced lie.)

Dr. West then injected Mr. Wright with distilled water.

And a seemingly miraculous thing happened—*again*. The tumors melted away, the fluid in his chest disappeared, and Mr. Wright was feeling great again for another two months.

Then the American Medical Association blew it by announcing that a nationwide study of Krebiozen proved that the drug was utterly worthless. This time, Mr. Wright lost all faith in his treatment. His cancer came right back, and he died two days later.¹

When I read this, I thought, *Yeah, right*. Surely, this case study couldn't be true. How could cancerous tumors just "melt like snowballs" in response to an injection of water? If the case report was true and something so simple could make a cancer go away, why weren't on-

cologists wandering through the wards, injecting stage 4 cancer patients with water? If they had nothing to lose, what was the harm?

The whole thing seemed improbable, so I kept looking. Surely, if there was any truth to such a story, there would be similar case studies reported in the literature.

Another patient reported in the *Journal of Clinical Investigation* suffered from severe nausea and vomiting. Instruments measured the contractions in her stomach, indicating a chaotic pattern that matched her diagnosis. Then she was offered a new, magical, extremely potent drug, which her doctors promised would undoubtedly cure her nausea.

Within a few minutes, her nausea vanished, and the instruments measured a normal pattern. But the doctors had lied. Instead of receiving a potent new drug, she had been dosed with ipecac, a substance known not to prevent nausea, but to induce it.

When this nauseated patient believed her symptoms would resolve, her nausea and abnormal stomach contractions disappeared, even when the ipecac should have made them worse.²

I sat there, scratching my head. Curious, but it didn't prove anything.

The Healing Power of Fake Surgery

Soon after, I stumbled across an article in the *New England Journal of Medicine* that featured Dr. Bruce Moseley, an orthopedic surgeon renowned for the surgeries he performed on people with debilitating knee pain. To prove how effective his knee surgery was, he designed a brilliantly controlled study.

The patients in one group of the study got Dr. Moseley's famous surgery. The other group of patients underwent an elaborately crafted sham surgery, during which the patient was sedated, three incisions were made in the same location as in the real surgery, and the patient was shown a prerecorded tape of someone else's surgery on the video monitor. Dr. Moseley even splashed water around to mimic the sound of the lavage procedure. Then he sewed the knee back up.

As expected, one-third of the patients getting the real surgery experienced resolution of their knee pain. But what really shocked the

researchers was that those getting the sham surgery had the same result! In fact, at one point in the study, those getting the sham surgery were actually having less knee pain than those getting the real surgery, probably because they hadn't undergone the trauma of the surgery.³

What did Dr. Moseley's patients think about the study results? As one World War II veteran who benefited from Dr. Moseley's placebo knee surgery said, "The surgery was two years ago and the knee has never bothered me since. It's just like my other knee now."⁴

This study hit me in the gut.

Mr. Wright and the lady getting ipecac were just case studies, and case studies, well known to have biases, aren't considered the gold standard when it comes to interpreting the medical literature. The gold standard by which I was taught to investigate scientific data is the randomized, double-blind, placebo-controlled clinical trial, published in a peer-reviewed journal.

Dr. Moseley's study, a randomized, double-blinded, placebo-controlled clinical trial—published in one of the most highly respected medical journals in the whole world—showed that a significant percentage of patients experienced resolution of their knee pain solely because they *believed* they got surgery.

That was the first real evidence I collected that proved to me that a belief—something that happens solely in the mind—could alleviate a real, concrete symptom in the body. Dr. Moseley's study is what led me to research the placebo effect, the mysterious, powerful, reliably reproducible treatment effect some patients experience when given fake treatment as part of a clinical trial.

The Powerful Placebo

Like every scientist, I had long known about the placebo effect. Fake treatments, such as sugar pills, saline injections, and sham surgeries, are routinely used in modern clinical trials to determine whether a particular drug, surgery, or treatment is truly effective. The term *placebo*, from the Latin for "I shall please," showed up in medical lingo

ages ago to indicate inert treatments, traditionally given to neurotic patients to placate them.

For centuries, doctors prescribed treatments without any clinical data to prove that the treatments themselves actually worked. Nobody questioned the treatments the doctor prescribed, and nobody did studies to prove whether something was effective. The doctors simply mixed up tonics, dosed up their patients, and the patients got better, at least a percentage of the time. Or the doctor cut someone open, performed a surgery, and the symptoms improved, or they didn't.

It wasn't until late in the 19th century that the idea of using placebos in clinical research began to emerge. Then, in 1955, the *Journal of the American Medical Association* published a seminal article by Dr. Henry Beecher called "The Powerful Placebo," which made the case that if you dosed people up with drugs, many got better. But if you gave them plain salt water or some other inert ingredient, about a third of them were also cured, not only in their minds, but in real, physiological ways that could be demonstrated in the body.⁵

Suddenly, the concept of "the placebo effect" became a mainstay of contemporary medicine and modern clinical trials were born. Now, good scientific studies bear the burden of proving that the healing effect of the drug or surgery being tested transcends the potent healing power of the placebo. If a drug or surgery demonstrates that it's more effective than a placebo, then it is deemed "effective." If not, the FDA probably won't approve the drug, the surgery will fall out of favor, and the treatment will be dismissed as ineffective, as Dr. Moseley's surgery was. Prescribing treatments that prove to be no better than a placebo is believed to violate the principles of evidence-based medicine. It's what separates the real doctors from the quacks.

Or so I was taught.

It got me thinking. What exactly is the placebo effect? Until I began my research, I had never really stopped to think about it. We all know people in clinical trials get better when you treat them with nothing but a sugar pill. But why?

That's when I realized I had hit the mother lode in my quest for proof that the mind can affect the body. If a percentage of people in

clinical trials get better simply because they *believe* they're getting a real drug or surgery, the response they are getting is triggered *solely by the mind*. This realization threw me into a bit of a tailspin.

Evidence That Positive Belief Can Alleviate Symptoms

Back to the medical journals I went, in search of more evidence that the mind's belief that the body is getting a drug or surgery is enough to result in real, live symptom relief. I found that nearly half of asthma patients get symptom relief from a fake inhaler or sham acupuncture.⁶ Approximately 40 percent of people with headaches get relief when given a placebo.⁷ Half of people with colitis feel better after placebo treatment.⁸ More than half of patients studied for ulcer pain have resolution of their pain when given a placebo.⁹ Sham acupuncture cuts hot flashes almost in half (real acupuncture helps only a quarter of patients). As many as 40 percent of infertility patients get pregnant while taking placebo "fertility drugs."¹⁰

In fact, when compared to morphine, placebos are almost equally effective at treating pain.¹¹ And multiple studies demonstrate that almost all of the happy-making responses patients experience as a result of antidepressants can be attributed to the placebo effect.¹²

It's not just pills and injections that work wonders when it comes to symptom relief. As proven by Dr. Moseley's knee-surgery study, sham surgeries can be even more effective. In the past, ligation of the internal mammary artery in the chest was considered standard treatment for angina. The thought was that, if you blocked blood flow through that artery, you'd shunt more blood to the heart and relieve the symptoms people experience when they're not getting enough coronary blood flow. Surgeons performed this procedure for decades, and almost all the patients experienced improvement in their symptoms.

But were they really responding to the ligation of the internal mammary artery? Or were their bodies responding to the belief that the surgery would be helpful?

On a quest to find out the answer, one study compared angina patients who got their internal mammary arteries ligated with patients

who underwent a surgical procedure during which an incision was made on the chest wall, but the artery itself was not ligated.

What happened? Seventy-one percent of those subjected to the sham surgery got better, whereas only 67 percent of those who got the real surgery improved.¹³ Internal mammary artery ligation now exists only in medical history.

The data I was collecting was impressive, and I had to wonder if it might be even more impressive if every effort weren't made to minimize the placebo effect in clinical trials. If researchers perceived the placebo effect as a positive phenomenon, something to embrace, perhaps we'd see even higher percentages. But that's not the focus most researchers have. On the contrary, clinical-trial coordinators and medical researchers (who are mostly employed by pharmaceutical companies) go out of their way to diminish the placebo effect. After all, patients who get better from placebos interfere with a drug's ability to get approved for market. To screen out those considered to have "excessive placebo responses," many randomized, double-blinded, placebo-controlled trials of drugs are actually preceded by a "washout phase," in which all participants take an inert pill and anyone who reacts favorably to it is eliminated from the study.

So, if the majority of researchers for new pharmaceuticals weren't in bed with Big Pharma, we might see placebo response rates shoot even higher in clinical trials.

Does Everyone Respond to Placebos?

As I pondered the placebo effect, I found myself doubting whether I would ever respond to a placebo if I were a patient in a clinical trial. After all, I'm a doctor. I've been an investigator in clinical trials myself. I'm a smart cookie, and I think I'd just *know* whether I was getting a real treatment or not. If I suspected I was getting a placebo, clearly it wouldn't help me, right?

It got me thinking. Are certain types of patients more susceptible to placebo responses than others? Is there any data to suggest whether

there's a classic profile for placebo responders? Are there personality traits or intelligence measures that predict who gets better when given a sugar pill? Do people with high IQs demonstrate less responsiveness to placebos? Are some people just more gullible?

Turns out scientists have studied this. Researchers originally postulated that those who responded to placebos would have lower IQs or be more "neurotic." But what they discovered is that nearly everybody can be induced to respond to a placebo under the right conditions. We are all susceptible, even doctors and scientists. In fact, some studies suggest that those with higher IQs are even more placebo-responsive.

I took this as good news, because if it's true that the mind's positive beliefs can heal the body, everyone has an equal chance of benefiting from this phenomenon. It's not just gullible people who can believe themselves well; it's smarty-pants people like *you*.

Is Healing from Placebos All in Your Mind?

As my research continued, I couldn't quite wrap my brain around what I was learning. Clearly, the evidence I was collecting looked promising. When patients—not just the gullible ones, but all patients—believe they'll get well, a hearty percentage of them experience clinical improvement.

But this failed to fully satisfy my curiosity. I could make the argument that symptom relief really is all in your head. What is pain, after all, if not a perception in the mind? What is depression, if not a mental state? Even with more tangible diseases like asthma or colitis, maybe you just *perceive* that you can breathe better or *think* you have fewer gastrointestinal symptoms. Maybe the mental perception is changing, but the *body* isn't actually responding in any measurable physiological way. Maybe you just *think* it is, and that's enough to make you feel better.

If it's true that the mind can heal the body, there must be some way to demonstrate that the body is responding, not just with symptom relief, but in physiological ways that can be studied. The next phase of my research led me in search of proof that it's not all in your head, that the mind's belief can actually alter the body's physiology.

With hundreds of thousands of placebo-controlled trials published out there, finding an answer was no small feat, mostly because many of the studies I encountered evaluated symptoms such as headaches, back pain, depression, and decreased libido—which are difficult to quantify. When patients experience relief from such symptoms, it's largely subjective. There's no objective measurement that can prove that what they report is true.

But I did finally find proof that, at least a percentage of the time, real physiological changes happen in the body in response to placebos. When given placebos, bald men grow hair, blood pressure drops, warts disappear, ulcers heal, stomach acid levels decrease, colon inflammation decreases, cholesterol levels drop, jaw muscles relax and swelling goes down after dental procedures, brain dopamine levels increase in patients with Parkinson's disease, white blood cell activity increases, and the brains of people who experience pain relief light up on imaging studies.¹⁴

These findings convinced me. Placebos don't just change how you feel, they change your biochemistry. This is where things really start to get interesting.

The biochemical impact of the placebo effect potentially throws our whole model of disease into question. But before I made any giant leaps, I wanted to investigate whether there might be other explanations for why people's bodies were responding with both symptom relief and measurable physiological change when treated with placebos. Was it really just positive belief making all those changes in the body, or were there other factors influencing the patients' outcomes? The next phase of my inquiry led me to a few theories.

Five Explanations for the Placebo Effect

When clinical researchers talk about the placebo effect, they're actually referring to a whole host of events that happen when you bring people into a clinical setting, offer them a treatment that they know may be either the treatment under investigation or a placebo, and pay attention to them over a designated period of time. Let's clarify what those five explanations are so we're all using the right lingo.

The most obvious explanation—and the one we would like to believe—is that patients experience symptom relief and manifest physiological change because they think they will. Because of the ethics of informed consent, patients know they may be receiving a placebo, but many patients in a placebo group *believe* they are getting the real treatment when they're not, so they *expect* to get well. In other words, the belief that you will feel differently leads you to feel differently.¹⁵

But positive belief may not be the only factor contributing to the body's response. The second explanation for why people may get better is classical conditioning. We all know Pavlov's classic dog experiment. Not only did Pavlov's dog salivate in response to his Scooby snack, he also started salivating when he heard the bell that accompanied it. The placebo effect may work in much the same way. If you're used to getting a real drug from a person in a white coat and subsequently getting better, then you may be conditioned to feel better by simply receiving a sugar pill from someone in a white coat.¹⁶ Of course, if this plays a role, it still supports the idea that the mind can heal the body, since classical conditioning demonstrates a clear mind-body link.

The third explanation is that patients participating in clinical trials receive emotional support. Harvard professor Ted Kaptchuk, who studies the placebo effect, often makes the argument in journal articles and in media interviews that the nurturing care of a respected authority figure may account for as much of the placebo effect as positive belief, or even more. A patient in a clinical trial receives attention, support, and sometimes even healing touch, often delivered by an authority figure in a white coat, which has historically come to represent health and healing. We all want to feel seen, heard, even loved, and this alone may relieve symptoms and stimulate positive physiological change, again because of a mind-body link.

The fourth explanation for why people respond to placebos is that, while most studies try to screen out patients who are self-prescribing other treatments, a percentage of patients in clinical trials may still be surreptitiously seeking other treatments that may confound the data. If someone gets better while in a placebo group, it's possible that the other

treatment he or she has been sneaking under the table is responsible for the improvement.

The fifth and last explanation is that some patients may get better because the disease resolves itself on its own. After all, the body is a self-healing organism, constantly striving to return to homeostasis. So even if you stuck patients in a dark room, with no treatment or personal attention, a certain percentage of them might improve. Though there is controversy around this subject, a few scientists believe that the phenomenon of spontaneous remission is the only explanation for the placebo effect. Dr. Asbjørn Hróbjartsson and Dr. Peter Gøtzsche's *New England Journal of Medicine* article "Is the Placebo Powerless?" claims that we can't demonstrate a clear placebo effect unless studies also include a no-treatment group that gets neither the drug nor the sugar pill (which most don't).¹⁷ In their study, they found little evidence of any meaningful placebo effect when no-treatment groups were studied, suggesting that it's not positive belief or nurturing care responsible for disease remission, but rather the natural history of the disease.¹⁸ Others criticize this study, however, for its design flaws, claiming that comparing placebo groups from vastly different types of studies, evaluating completely different illnesses, is comparing apples and oranges, making the combined data potentially misleading to interpret.¹⁹

Regardless, spontaneous remissions can definitely fudge up clinical studies—and they do happen even in the absence of placebos. But doesn't that even more powerfully support the argument that the body is hardwired for self-repair? If even those in no-treatment groups get well a good percentage of the time, doesn't that prove that the body knows how to heal itself? Even if we argued, just for kicks, that the placebo effect doesn't really exist (most experts believe it does), we still know that unexplained spontaneous remissions occur, probably more frequently than we realize, since those who heal themselves outside of a clinical trial aren't tracked by standard health-care systems.

We're left to conclude that although physiological changes experienced with placebos may not be the result of positive belief alone, the placebo effect nonetheless confirms a mind-body link and the body's innate capacity for self-repair.

The Physiology of the Placebo Effect

We know that the placebo effect works. But what are the physiological mechanisms that explain how thoughts, feelings, and beliefs may translate into physiological change?

Researchers argue over the answer to this question, but several theories have been postulated. Thinking positively about getting well may stimulate natural endorphins, which help ameliorate symptoms, relieve pain, and lift your mood. The reverse is also true: when patients who responded positively to placebo were given the opioid blocker naloxone, which blocks natural endorphins, the placebo suddenly stopped being effective.²⁰

Believing you'll get better and being nurtured by caring clinical researchers may also relieve physiological stress, known to predispose the body to illness, and initiate physiological relaxation, which is necessary for the body's self-repair mechanisms to operate properly. As first described by Harvard professor Dr. Walter Cannon, the body is equipped with what Cannon named the stress response, also known as the fight-or-flight response, a survival mechanism that gets flipped on when your brain perceives a threat. When this hormonal cascade is triggered by a thought or emotion in the mind, such as fear, the hypothalamic-pituitary-adrenocortical (HPA) axis activates, thereby stimulating the sympathetic nervous system to race into overdrive, pumping up the body's cortisol and adrenaline levels. Over time, filling the body with these stress hormones can manifest as physical symptoms, predisposing the body to disease over time.

But as we'll discuss in more detail in Chapter 8, just as the stress response exists as a survival mechanism designed to help us stay alive in emergency situations, the body also has a counterbalancing relaxation response. When the relaxation response is elicited, stress hormones drop, health-inducing relaxation hormones that counter the stress hormones are released, the parasympathetic nervous system takes over, and the body returns to homeostasis. Only in this rested, relaxed state can the body repair itself. Anything that reduces stress and elicits a relaxation response not only alleviates the symptoms the stress response can cause, but frees the body to do what it does naturally—heal itself.

Positive belief and nurturing care may also alter the immune system. People treated with placebos may experience boosts in immune function which result from flipping off the stress response and initiating the relaxation response. Placebos may also suppress the immune system. In one study, rats were given the immunosuppressive drug cyclophosphamide (mixed with saccharin water). Then the drug itself was removed and the rats were fed only the saccharin water (a placebo). Lo and behold: their immune systems stayed objectively suppressed, even when they were no longer getting the drug, suggesting that even rats may respond to positive belief and nurturing care with measurable physiological immune responses.²¹

Positive belief and nurturing care may also decrease the body's acute phase response, a type of inflammatory response that leads to pain, swelling, fever, lethargy, apathy, and loss of appetite.²²

The mind-body link may also be mediated by executive functions of the prefrontal cortex of the brain. The fact that placebo responses are disrupted in people with Alzheimer's disease supports this theory.²³ Many with Alzheimer's disease fail to respond to placebos, supporting the idea that an area of the brain related to belief, which may be damaged in a neurological disease state, affects whether a patient responds to placebos. Evolutionary biologist Robert Trivers says that what the brain expects to happen in the near future affects its physiological state. Trivers suggests that those with Alzheimer's don't experience a placebo effect because they are unable to anticipate the future, so their minds cannot physiologically prepare for it.

Placebo responsiveness also correlates to activation of dopamine in the nucleus accumbens, a region of the brain involved in reward mechanisms. Scientists studied the brains of people after they were given money to see how much dopamine they released in the nucleus accumbens. The more the nucleus accumbens responded to a monetary reward, the more likely those patients were to get well with a placebo.²⁴

Whatever the mechanism, it's clear that the mind and body communicate through hormones and neurotransmitters that originate in the brain and then leave the brain to signal other parts of the body. So it should come as no surprise to us that what we think and how we feel

can translate into physiological changes in the rest of the body.

But it kinda does, doesn't it? We don't talk much about how our thoughts and feelings affect the health of the body. Yet, if they do, why are we not more careful about what we put into our minds? But I'm getting ahead of myself. We'll talk more about how to keep your mind and body healthy in Part Two of this book.

Are All Diseases Equally Placebo-Responsive?

The next question that arose in my quest to understand the placebo effect was whether placebos work for every disease. Do all symptoms and diseases respond to placebos, or are there only certain types of diseases that respond?

What I found is that nearly every clinical trial demonstrates a placebo effect, but some health conditions appear to be more placebo-responsive than others. Placebos seem to be most effective when given to patients with immune-system conditions such as allergies, endocrine disorders such as diabetes, inflammatory conditions such as colitis, mental-health conditions such as anxiety and depression, nervous-system disorders such as Parkinson's and insomnia, cardiac symptoms such as angina, respiratory conditions such as asthma and cough, and, most effectively, pain disorders.

But do placebos work to treat cancer? Heart attacks? Strokes? Liver failure? Kidney disease?

In my research, I couldn't find much data to answer this question, perhaps because treating conditions like these in a clinical trial with a placebo would be considered unethical. With these kinds of life-threatening conditions, new treatments are usually studied against gold-standard treatments that already exist and have been proven to have at least some efficacy. So it's hard to know the limits of what will and won't respond to a placebo.

As I did my research, I got a deep gut feeling that the placebo effect was just the tip of a huge, submerged mind-body iceberg. It got me wandering down mental pathways with questions we may never be able to answer. For example, if patients in clinical trials, who have been

informed that they may be treated with placebos, respond with sometimes dramatic results, what would happen if we lied to them? What if we created an unethical study that assured everyone they were getting the most effective new drug on the market—and then we gave them placebo treatment? Of course, institutional review boards would never allow such a study because of the principle of informed consent, which protects the rights of patients to know the truth. But what if we could? I suspect the results would knock our socks off. Why? Because, like Mr. Wright with his Krebiozen, there's something powerful that gets set in motion when we believe, without a doubt, that we will get well and are supported by clinicians who share our optimism.

We may never know, but I was coming to believe that the placebo effect was only the beginning. I couldn't help taking a mental leap past the placebo effect to ask myself the bigger, more important question, the elephant in the room we can't help sniffing.

Can we really heal ourselves?

Unlocking the Mystery of Spontaneous Remission

I found part of my answer at a holiday cocktail party at the Institute of Noetic Sciences (IONS) in Petaluma, California, where I was sipping a glass of wine and chatting about my research with IONS president Marilyn Schlitz. When I told her my conundrum, Marilyn smiled at me with a look that said, "No problem!" and referred me to an online database that Caryle Hirshberg and Brendan O'Regan had compiled called the Spontaneous Remission Project. This database includes an impressive annotated bibliography of 3,500 references from more than 800 journals in 20 different languages, documenting cases of unexplainable spontaneous disease remission. They defined spontaneous remission as "the disappearance, complete or incomplete, of a disease or cancer without medical treatment or treatment that is considered inadequate to produce the resulting disappearance of disease symptoms or tumor."²⁵

The bibliography includes some astonishing cases. An HIV-positive patient became HIV-negative. One woman with untreated metastatic breast cancer had breast, lung, and femur tumors that resolved spon-

taneously. The plaques blocking a man's coronary arteries disappeared without treatment. A man's brain aneurysm disappeared. A man with a gunshot wound in the brain recovered with no treatment. A woman with cardiomyopathy in heart failure got better. A woman with thyroid disease experienced a spontaneous cure.²⁶

I also became aware of two similarly titled books written in the 1960s, Boyd's *The Spontaneous Regression of Cancer* and Everson and Cole's *Spontaneous Regression of Cancer*, which spawned an increase in the number of such case studies reported in the medical literature.

As I read through case study after case study of spontaneous disease remission, I felt my heart race with excitement. For the most part, the case studies didn't address *how* the spontaneous remissions happened. The patients weren't interviewed about whether they believed they would get well or whether they did anything else remarkable to heal themselves.

But they did give me proof that almost no disease can be called "incurable." Many of the health conditions from which patients spontaneously got well were the kinds of illnesses I was taught were terminal and untreatable. Clearly, I had been taught wrong.

My brain was spinning. I got so many butterflies in my stomach I could barely eat. I lost ten pounds in a few weeks. By this point, I was a converted woman on a mission.

Without a shadow of a doubt, I had proven to myself that the mind can heal the body. I even had a logical physiological explanation for how it happens. But I knew I was only just beginning to understand the complexities of the mind-body link, and I still didn't understand how to harness the mind's power in order to help people prevent illness and treat disease. So I dug deeper.

ACKNOWLEDGMENTS



Writing a book is like giving birth. You might have to go through labor and do the pushing, but it takes a whole team of midwives to support you through the gestation and usher your baby out into the world. I have been blessed with dozens of midwives, and to those who supported my process, I am infinitely grateful.

Ginormous thanks to my agent, Michele Martin, who invited me to write the one book I could spend the rest of my life shouting from the rooftops. There will be many more books, but that one invitation changed everything for me. I seriously adore you and am overflowing with gratitude for how far above and beyond you went, supporting me through this book. I feel so lucky you came into my life right when this book was ready to come through me.

To Reid Tracy, Louise Hay, Patty Gift, Sally Mason, and the rest of the team at Hay House, thank you for seeing my diamond in the rough, allowing me to wander through the labyrinth as I honed in on my message, and inviting me into the family. I still pinch myself. Often. I feel blessed.

To my husband and tireless research assistant, Matt Klein, bless you, my love. You know researching and writing this book was a Herculean task, and I couldn't have done it without your support, love, childcare assistance, sushi wraps, and kisses. I am the luckiest woman in the world to wake up next to you every day.

To Siena Klein, thank you for still loving me, even when I was burning the midnight oil, researching and writing this book when you wanted me to color with you in your Hello Kitty coloring books. When I asked you if you were mad at me for working so hard and you said, "Mommy, I understand the world needs you," you healed me. I have the most precious daughter ever, and I promise there will be roller coasters when this is all over!

To Melanie Bates, OwingPink.com's editor, my assistant, my unofficial therapist, and my beloved friend, thank you for being the daily sounding board for the ideas that bubbled up as I researched and wrote this book. Transmuting fuzzy thoughts into language people can understand is no small task, but you made it feel like a picnic. I loved learning all this with you by my side, and I will always consider this book part yours. You once told me it was part of your calling to help me bring my message into the world, and darling—phew! We've done it. Thank you.

A huge thank you to Tricia Barrett, for helping me compose the questions in the Diagnostic Exercise #3 in the Make The Diagnosis for Yourself section of the last chapter. Your intuitive gifts and ability to tap into collective consciousness made that section so much richer. Thank you also for holding my soul in your heart as I learned my lessons and for making me believe that anything is possible when it comes to health. Your support, wisdom, counseling, and accountability made this book—and me—all the better. Plus, you're a bushel of fun, I love your laugh, you look hot in those pants you borrowed, and I just adore you!

To the pioneers whose work inspired me and whose research made mine easier: Rachel Naomi Remen, Christiane Northrup, Bernie Siegel, Larry Dossey, Dean Ornish, Andrew Weil, Anne Harrington, Ted Kaptchuk, Bruce Lipton, Fabrizio Benedetti, Norman Cousins, Joan Borysenko, Deepak Chopra, Frank Lipman, Mehmet Oz, Mark Hyman, Herbert Benson, Arnold A. Hutschnecker, Louise Hay, Martin Seligman, Sonja Lyubomirsky, Brené Brown—thank you for blazing the trail so I could skip-to-my-lou along a well-worn trail until I hit the path I had to blaze on my own. I'm infinitely grateful to you all for all you've done to contribute to the mind-body medicine movement that is on its way to becoming mainstream because of you.

A giant thank you to Marilyn Schlitz, Cassandra Vieten, Caryle Hirshberg, Brendan O'Regan, and all the people at the Institute of Noetic Sciences for all the work you put into studying how the mind can heal the body. Your Spontaneous Remission Project was a godsend, and your friendship and professional support is SO appreciated.

A huge thank you to Kris Carr, who, as promised, "gives great foreword." Thank you for being such an inspiration, for boldly demonstrat-

ing that anyone facing an illness can use it as an opportunity to awaken, for teaching people about using food as preventive medicine and disease treatment, for your mentorship and guidance, for being my shero, and most importantly, for your precious friendship. I cherish you.

To my mother, Trish Rankin, thank you for listening as I prattled on about what I was learning, and for holding space for me to evolve, even when the choices I was making and the views I was expressing were a radical leap from what Dad and everyone in medical school taught me to believe. When people experience a radical life shift, often they lose those they love most. But you, you're the best mother in the world. I have always known I had your blessing to fly toward whatever North Star called me to it. Thank you for loving and accepting me, for being proud of me, even when I'm pushing the envelope. I love you.

A very special, resounding, roof-shouting thanks to my mastermind group of rock-star authors and speakers: Amy Ahlers, Christine Arylo, Mike Robbins, and Steve Sisgold. Not only have each of you touched my life and my heart in immeasurable ways; you've also made this book possible. Thank you for your professional and spiritual guidance as I bumbled my way along this path and finally found my way. Having you in my life makes its way into my gratitude journal almost every single day. I love you all so much.

Thank you, Elisabeth Manning, for spiritual guidance, inspiration, tools for tapping in, friendship, and being a frequent sounding board. You are a blessing. Thank you, Dana Theus, for many rousing discussions about whole health, for guidance from angels, for mentoring on my often-misguided leadership efforts, and for a friendship I cherish. Thank you, Cari Hernandez, for serving as a sounding board and bearing witness to this journey with love, tea, and the best kind of friendship. Thank you, Nicholas Wilton, for fueling my creative fire and teaching me what an overflowing jar of marbles feels like.

I feel so much gratitude for all the mentors and teachers who played a huge part in my personal and professional journey. Thank you especially to Debbie Rosas, Sheila Kelley, Barbara Stanny, SARK, Regena Thomashauer, Anne Davin, Danielle LaPorte, Chris Guillebeau, Jonathan Fields, Tama Kieves, Frank Lipman, and Brené Brown. You and your

teachings saved me from myself, and I will always be eternally grateful.

A huge thank you to Martha Beck, who modeled what it means to be brave and helped me find my North Star years ago, and more recently, who made me realize I'm no longer a lonely little puddle but part of an ocean of wayfinders and menders collectively raising the vibration of the planet. I love you wordlessly and am so grateful for your friendship.

Thank you to Fred Kraziese, Bob Uslander, and Ken Jaques for being the health-care revolutionaries nudging me to make the call to action necessary in order to bring a new kind of medicine into the world in a bigger way.

Thank you to Rachel Carlton Abrams, Joanne Perron, Aviva Romm, and Kim Goodwin for letting me pick your doctor brains, offering me vital feedback, and giving me so much hope for the future of medicine.

Thank you to Kate McPhail for encouraging me to write this book as if I were giving expert testimony in front of a jury of my peers (and for being such a beloved friend).

Thank you to Rob Zeps, for being my favorite skeptic.

Thank you to Barbara Poelle (a.k.a. "Monkey Barbara") for being willing to get in a monkey knife fight to help me bring my message to the world, for believing in me when nobody else did, and for setting me free with love when it was time to fly.

Thank you to everyone at Clear Center of Health, especially Dr. Beth McDougall, for teaching me so much, for giving me the opportunity to practice medicine the way I always believed it was possible, for giving me the chance to learn what I needed to learn, and for setting me free when it was time for me to move on. I'll always be grateful for the precious time I spent with you and the healing you offered me after medicine left me more than a little wounded.

Thank you to Lisa Brent, Colin Smikle, Lakenda Wallace, and Susan Fox for helping me give birth to the Owning Pink Center, where I learned and practiced so many of the lessons I share in this book. I'm eternally grateful to each of you.

Thank you to Joy Mazzola, Lauren Nagel, and Megan Monique Lewis for putting up with me when I was so busy learning and not quite ready to teach or lead. I appreciate all you did.

Thank you to Katsy Johnson, Chris, Keli, Kim, Malen, Nick, Trudy, and Larry Rankin, Izayah Graham, Rebecca Bass Ching, the Wirick clan, April Sweazy, Genevieve Leck, Diane Zeps, Kandy Lozano, Vera Sparre, Scott Richards, Maya and Jochen Pechak, Geoff Rogers, Lawrence Kolin, Stephanie Walker, Tori Mordecai, Jory Des Jardins, and Kira Siebert—just because I love you.

And finally, but very importantly, a huge thank you to everyone in the OwningPink.com and LissaRankin.com communities, to those who follow me on Twitter at [@lissarankin](https://twitter.com/lissarankin), to my Facebook friends, to those who read and comment on my newsletters, and to those who subscribe to the Daily Flame. You all held such beautiful space and provided such critical feedback as I navigated the journey of this book. You have no idea how your posts, comments, e-mails, and tweets shaped what I wrote in this book. I am eternally grateful for you. You are why I wrote this book.

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Lissa Rankin, M.D., is a physician, coach for visionaries and healers, author, speaker, artist, blogger, and founder of the online health and wellness communities OwningPink.com and LissaRankin.com. Lissa is committed to helping people heal, connect, and thrive, not just in their bodies but in their hearts and souls. She is also passionate about supporting other visionaries, healers, and coaches who share her desire to help others become wholly healthy in all aspects of their lives. When not traveling the world spreading her message, Lissa loves painting in her encaustic studio, skiing in Lake Tahoe, practicing yoga, dancing, and hiking near the ocean and among the redwoods in Marin County, California, where she lives with her husband, Matt, her daughter, Siena, and her dog, Bezoar. Follow her blog to read “Passionate Prescriptions for Living and Loving Fearlessly” at LissaRankin.com.

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