

**HEALING BY THINKING
-NOESITHERAPY-
(BIOLOGICAL BASIS)**

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HEALING BY THINKING

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PROLOGUE

Noesitherapy has given back to the patients the most important role in the process of healing. We teach how the brain functions and the transcendence of thought in human life. We give autonomy to the patients; they must be their own doctors. We teach them, we advise and help them, and it is they who start up the natural mechanisms of healing and change the way of their lives.

I'm going to limit myself here to reproducing the first and final paragraphs I wrote for the prologue to my first book "The Will Overcomes Pain" (1973):

"God put into human nature marvelous capabilities which are waiting to be used."

...As you continue reading, I know you will be thinking about the transcendence these things could have if they were generalized to the maximum within Medicine, and also outside, in any human activity. I am also very aware of the skepticism of those who speculate about the difficulties of performing surgical interventions without so much as a milligram of anesthetics. But even to these persons I would have to say that between surgical interventions with psychological anesthesia and nothing at all, there is a wide range of possibilities that are within the reach of everyone. Everyone is free to mark out their own goals, but please, do not cancel out your own possibilities thinking that you are not capable. If you do so, you are programming your brain in a negative way. You must think that what others have managed to do, that you, too, are capable of doing so, and that you need to walk along your own path with faith."

And in the last paragraph of the introduction to the second edition, I stated, and I am able to repeat it here and now with the same conviction:

"The point which my own experience has reached today is clear, diaphanous. Things have become simpler and simpler as the well-being of my patients increases, because they are learning how to use the marvelous energies of their souls..., through their thought."

When the time comes that the basic knowledge about human being that I have acquired during my lengthy experience is introduced in Primary School, very positive changes will enrich our society.

The author

PART ONE

-1-

TO THE READER

Dear reader, I am going to tell you something about my professional experience, in the hopes that this will help you come to understand a little better some of your own capabilities that as a human being you have, and in particular what your own thought signifies in your life: a real program that the computer of your brain is going to develop and try to make real in your life by using every possibility within its reach.

Do not look within these pages for any "magic formula", because it does not exist. In any case, in the relationships between human beings, the "magic touch" is provided by the love and trust that we are able to awaken in those that need us. Words lose their meaning and force without this "magic touch", and things just do not work the same.

Love is a necessary catalyst in the relationship between patient and psychotherapist.

Disease is, ordinarily, a lack of love in people's lives, which is translated into a psychosomatic disharmony. Psychologically and physically the disease is a request for love.

If preventive medicine is the best medicine, then there is no better prophylaxis than to accomplish love's commandments. And later on you will come to see that there is an obvious scientific explanation for this.

The non-medical readers need not worry in the least if they do not understand the meaning of some of the medical terms used throughout these pages. They can consult the index at the back of the book and continue reading, and will see their knowledge of themselves enriched and the horizons of their possibilities and hopes about life broadened. They will have come to understand, in addition, the meaning of some of the terms typical to our profession that before had no meaning for them whatsoever.

RESULTS AND THEIR IMPORTANCE

Results are the most important thing in Medicine. I can be full of science and my knowledge encyclopedic, but if my patient is not cured and his health not improved, what good is all my science to him?

If the patient finds the way to his healing thanks to my teaching, this is good.

First of all I must teach the patient to want his good health; he must think about the well-being he needs, and as a consequence he will discover unknown capabilities inside himself.

In the face of a positive result, we need to consider that the positive aspect of the result is more important than the knowledge about the mechanisms that made possible the positive result, which at the time might be beyond our understanding. What is really urgent is to learn the way to repeat this when necessary, without renouncing, of course, a complete understanding.

The hungry man needs to eat, even though he is not aware of the digestive and metabolic processes that are going to satisfy his hunger.

Humanity is hungry for solutions to its problems.

Since the 4th of July 1972 -when I operated on Erika Lakner for *varicose veins* and *thrombosed hemorrhoids*, using a personal method to obtain psychological anesthesia, many hundreds of patients have passed through my operating theater. All of these patients permitted me to perform my surgical work under volitive psychoanalgesia (VPA), as I have come to refer to it.

These patients are completely conscious on the operating table, and with great well-being. They listen to music, talk about the things they want to or they watch themselves in a mirror observing their perfect self-control and healthy look. They are completely free and unfettered while we are doing our work. And, at the end, they depart from the operating theater on foot and return to their normal lives.

The mirror I have just mentioned, by the way, is no mere whim or triviality for my patients. No; the mirror provides my patients with a reflection of themselves during these very special circumstances - while I am operating on them without chemical anesthesia. The mirror gives them, with only one glance, overall information about their state and their well-being, about their happiness, the joy they are living through in this experience that is so enriching for their lives. The mirror seems to be the best biofeedback apparatus that exists, and it encourages their own self-confidence and tranquility.

Imagine a baker, a butcher, a university professor or a housewife after a complicated surgical intervention for varicose veins, without the need for chemical anesthesia. They leave the operating theater on foot to recover their normal lives. Think, in addition, that with the creative power of their thought they overcome their previous dependence on chemical treatments, to their advantage. They did not need antibiotics at all and **I have not had so much as even one case of postoperative infection since the year 1972.**

This fact was presented in the Fourth World Congress on Pain (Seattle, Washington, USA, 1984) and in the European Chapter of the International Society of Phlebology (London, September 1985) among others. These are results that are repeated on a daily basis, and which must be taken into account.

These results are in sharp contrast to the high percentage of postoperative infections observed in all hospitals all over the world.

We must ponder on the significance of this.

In transferring my surgical experience over to Maternity, I discovered what I have come to refer to as **Maternofetal Psychoanalgesia (MFP)**, which has signified a revolutionary advance in maternal education methods, due to the ease and effectiveness in imparting these teachings to mothers. One sole training session during any of the months of pregnancy suffices.

The woman acquires an enormous degree of independence and self-confidence, and in addition the obvious benefits for the child who comes into the world in this way.

Thousands of children, born using my system, in Spain and in other countries, are testimony to this advantages. They are a new generation with more possibilities for their lives, because they have not been conditioned by the trauma of having being born in an atmosphere of suffering and of losing the protection of their mother's uterus.

This experience, which has increased through my work with sick people from all areas of medical specialization, allows me to affirm that the limits of what is possible, in Medicine and in human life itself, can be extended considerably.

I shall endeavor, within my possibilities, to find explanations for these facts, in order to incorporate them into science. We shall try to better understand man, who lives with an infinite yearning for happiness, but unfortunately runs in totally the opposite way to find it.

PAST, PRESENT AND FUTURE

Living beings were endowed by Nature with a great capacity for adaptation to the changeable environment in which they live.

If we could revise the process of evolution, from the first unicellular beings that appeared on the earth up until the arrival of the crowds of different species nowadays, we would be astonished to know the difficulties that they had to overcome in each stage of their evolution.

Millions of years ago, when the Earth was a nearly uninterrupted forest, in the Southeast of what is today Asia and the Philippines, there lived some small animals. These were much like little squirrels, which lived in the trees and ate insects.

As time passed, their digestive apparatus was changing in order to be able to eat vegetables, and their possibilities for survival increased. Having easy foods produced more weight and size in them, to the point of changing the way of their displacements on the branches of the trees. In their shoulders there appeared the possibility of making a new movement, the brachiation, the movement made by the arm to throw a stone or a javelin making an arc above the head, which then would be exclusive to primates and men. It permitted them to travel swinging from branch to branch.

At one moment during their evolution, they descended from the trees to the savanna and started to eat seeds of high nutritional value, but this required a major masticator effort. Their long jaws adapted to chew the soft leaves of the trees needed a new adaptation. Their jaws were shortened and their teeth closed to facilitate the chewing of seeds.

The masticatory muscles, which imprisoned the cranium, were shortened, and the cranium was thus able to expand and the brain enlarged. This may well have been the process followed by the anthropoids in their evolution.

In the savanna, fighting against their predators, they used the brachiation movement, acquired in the trees, and learned to use the first weapons: tree branches and stones. They killed their first animal and learned to eat their flesh. In time they became carnivorous, thus increasing their possibilities to nourish themselves.

At another moment of their evolution, one of these animals stood up and we could see that *his existence was illuminated with a new capability, the capability of thinking, the capability of introspection, of reasoning about himself...* "**Homo Sapiens**" appeared.

Homo Sapiens, after some storm and forest fire, learned how to use fire and to eat cooked meat.

Another important step was their initiation in pasturage. In this way guaranteeing himself sustenance in his nomadic lifestyle, adding new resources to his activity as a hunter. He learned to cultivate the earth, and this permitted him to stay for a long time in the same place. He then had, after having secured food, free time for leisure... He constructed tools, the wheel appeared, he learned to paint and think, and he asked himself about the how and why of the phenomena of Nature. He tried to find out about his origin and destiny, and here we can see the origins of Philosophy and Science.

We see man using the energy resources around him, from the dry branches of trees, coal and petrol, to nuclear energy. We see the progress of technology and a spectacular revolution in industry. We see him arriving on the moon and exploring other planets. And we find ourselves in our own particular historic moment at the end of the twentieth century.

And, what are we seeing? A deranged humanity, unsatisfied, traumatized by fear and full of selfishness, obsessed by the fear of either the lack of energy resources with which their industrial development was possible, or frightened of perishing under a nuclear holocaust.

Man lives unhappily, because he does not have an adequate knowledge of himself, and with his fears and egotism he attracts new evils to his life.

Materialism and fear condition his present.

Man believes to be on the way of progress because every day he knows a little more about the matter that surrounds him, and the same about his body.

The hypothetical day when Man arrives to know everything about Biochemistry, he will still be very far from knowing about his own reality if this knowledge about matter is not accompanied by the knowledge of his own spirit and the way of using the immense source of energy which resides within him.

Unfortunately, all the advances of modern science and technology have not served to substantially ameliorate Mankind. Moreover, if he continues in his blindness, which is to say, in his obsession with matter and his systematic forgetfulness about things of the spirit, he runs a grave risk of being destroyed by the subject of his desires and preoccupation: the knowledge and possession of matter.

Man, with his supposed progress, is destroying himself and also the sources of life... He discovered gunpowder and dynamite and found no better ways to use them than in wars.

He discovered nuclear fission and atomic and hydrogen bombs appeared. Will he be able to find the correct and peaceful applications, for the opposite phenomena, which is nuclear fusion with its immense possibilities and only for peaceful applications? Humanity is mad and its governors continue to press, every day, the accelerator of madness. Let us hope that they become conscious of their errors.

Pollution is altering the ecological balance of the planet. And what about the psychological pollution produced by so much negative thought -the principal cause of the evil we are suffering- which is being increased -unconsciously, ignorantly or maliciously- and spread throughout the mass media?

Man dies on the roads. Man dies because of the vital anguish that false progress produces, with its consequences of stress, neurosis, arteriosclerosis, heart attacks and cancer.

And young people wearied by so much materialism, desperate and escaping from their own reality, seek refuge in drugs looking for new sensations. The family is destroyed; moral principles are discredited, which in their origin provided hygienic principles for living. And unhappiness grows, as does the urgent need to recover or find rules for living.

Man's present is conditioned by fear. And it just so happens that the seed of fear was sowed in the human unconscious at an important moment of his life, at the time of birth, suffering and losing the protection that mother gave him.

One unending fear accompanies man throughout his life. Every change suggests to him the anguish from childbirth, and as life is an uninterrupted series of changes, man lives conditioned by fear, until he is taught to be afraid of God Himself, who is Love Itself.

And armies emerge, the collective expression of individual fear. **People want to preserve peace by fear, when only love can generate peace.**

Man constructs his future every day by using, in one way or another, his own resources. The intelligence and success obtained in the administration of his resources will determine the quality of his future.

It is necessary to liberate him from the chains of fear and ignorance of his capabilities, and one of them in particular: **The ignorance about that each one of his thoughts is an actual program in his brain's computer and that his life is constructed thought by thought.**

Man has learned to set evil as a measure of everything and to ignore the heavy tax he has to pay for it throughout his life.

Certainly, there are new horizons of hope in man's life. But it is necessary to liberate him from the trauma of being born and from unconscious fears of changes in his life. And for him to discover the meaning of the creative power of his thought for enriching his existence.

The brain directs our physiology and our life, but who teaches us to program, to manage our brain's computer? This is what I would like for you to come to understand through these pages: *How you can program your own brain so that your life can be as positive and worthy of living as you need it to be, for learning to be happy.*

If our future is the logical projection of our past and present, in this we can find surprising and encouraging resources for making a fortunate and hopeful future.

In my professional life as a doctor and a surgeon I have seen patients who have overcome pain in the most varied and different circumstances; they learn how to change evil into good.

I have seen my patients achieve a psychoanalgesia that makes it possible for me to operate on them without chemical anesthesia.

I have performed many hundreds of surgical interventions under volitive psychoanalgesia (VPA).

I have seen patients cure themselves from different diseases or significantly change the evolution of these diseases, even in cases considered to be incurable, when they used their thought as medicine. We have taught them to program their will to live better and their need for good into the brain.

I have seen women giving birth with a marvelous smile on their lips thanks to the maternofetal psychoanalgesia (MFP) achieved during any month of pregnancy with only one training session.

I have seen babies born with something indescribable and positive in their looks, because they shared their mother's psychoanalgesia. The seed of fear of changes of situation had not been sown into their souls. Their psychomotor development is quicker and more positive than in babies born without this protection.

I have seen people who have found solutions to their problems using correctly the creative power of their thoughts; they produce more in their jobs, studies and in other activities; they improve their social relationships, and they learn to live more happily... And, at the same time, they begin thinking of others, and they want to share their good with them: and this, my friend, is love.

And if these are the facts that my patients come to have in their experience, and you were to ask me what I have taught them, I will tell you: **I taught them to use correctly the creative power of their thought**, and how to use this more positively.

And because the action of thinking, the starting of our own thinking, in Greek is referred to as **Noesis**, I have called my system of work **Noesitherapy** - healing by thinking, and **Noesiology** - the science that studies the effects caused in life by the starting of our thinking.

Noesiology envisions a hopeful future for man. It will be enough that mankind is conscious of the marvelous capacity of thought, which permits us to stop the biological mechanisms that produce

pain, to obtain psychoanalgesia. We will find the way to start up the natural mechanisms of healing, changing illness into health. Women will learn how to enjoy a happy maternity and childbirth. Those who understand the meaning of their own thought are closer to happiness and to every good thing they need, and to sharing this with others.

THE BIRTH OF NOESITHERAPY

I would like to begin here by telling you a few things about my life and experience, taken from my first book “La voluntad vence al dolor”, (The will overcomes pain) (1973) in the hope that this will help you to better understand me.

BRIEF PREVIOUS HISTORY

I would get goose bumps whenever I saw an injection being given. Nevertheless, I decided to study Medicine in the Medical College of Valencia (Spain).

I finished high school in the Jesuit School of Santo Domingo, in the town of Orihuela, four kilometers away from my hometown of Redován, in the Province of Alicante, at the foot of that black rocky mountain that is there.

I spent my childhood between those two mountains, the one in my home town and the one in Orihuela, situated on the plains that are sometimes fertilized by the River Segura, and at other times either flooded or extremely dry.

During my first week in Medical School, I proposed to myself that I would overcome that unpleasant sensation produced in me by injections. I had been accepted as a student on a scholarship at the San Ignacio de Loyola Clinic, under the direction of a surgeon, Dr. Manuel Segura.

I told one of the nuns in the clinic that I wanted to give as many injections as possible. Soon I began to feel confident with the syringe in my hands: I had overcome a minor difficulty.

Some months later I gave my first general anesthesia to a patient with a perforated stomach ulcer, at the time when the famous Ombredanne apparatus was still in use. That surgical intervention was performed at midnight and I remember that in the early morning I did not hear the alarm clock; I continued sleeping for several hours more, and I do not know whether this was because of the satisfaction

caused by my first chemical anesthesia or from the ether I had inhaled. If my memory serves me correctly, this occurred on Tuesday, December 13th, 1950.

I saw a young mother dying in the operating theater during a cesarean section. All the efforts of the gynecologist and the rest of her team were to no avail. An orphan was born.

I needed some time to get over the impression produced by that experience. Knowing that the patient had suffered a cardiopathy did not lessen my discomfort. This experience produced a significant influence on my professional life.

In spite of my permanent desire to be a surgeon, anesthesia marked in an important manner my professional life.

During the final courses of my medical studies, when we studied surgical pathologies, I worked in the Anesthesiology Department.

Years later I came across a fellow student to whom I had administered one gram of *evipan* in that old Hospital where we had both studied, for a minor operation on her foot. After the operation, she had been sleeping all day because of the *evipan*, so much so that an ambulance had to be called to take her home that night, with the consequent shock for her family, who knew nothing about the operation.

The prolonged sleep conditioned the mind of my colleague, to the point that she resisted enormous doses of anesthetics to put her asleep for another surgical intervention in Lisbon some time later.

I have pleasant memories of Cherbourg, in France. I spent my first weeks there laboring at a working student's camp, in Tourlaville, near Cherbourg. We made blocks of concrete for the reconstruction of Normandy. Some of the houses in Normandy have blocks which were the product of my hands, which became callused from the friction of the spade.

We were living in wooden huts that the allied army had used after the disembarkation.

After finishing that job, I went to the Pasteur Hospital in Cherbourg. My hands needed a few days to adapt to the surgical work and to recover their agility and sensitivity.

I have truly pleasant memories from that Hospital, where I worked for two consecutive summers.

Upon completing my Medical studies, the Director of the Antituberculous Sanatorium La Magdalena, in Castellón, asked me to be in charge of Anesthesia in that center.

The time I spent there was really pleasant, thanks to the good atmosphere between all the members of staff.

Years later, in 1961, I lived through a very important surgical experience working at a Hospital in Melilla, (North Africa).

I had not had the opportunity to witness, during my years as a student of Medicine, nor since having received my degree, a *porto-caval anastomosis*. I did, however, have the advantage of knowing that such a type of surgical intervention was possible. The patient was suffering from a *portal hypertension*, and his abdomen was like that of a pregnant woman due to ascites.

I remember the afternoons I spent in the autopsy room, which served as an experimental operating theater. I practiced operating on dogs.

Without having vascular instruments, we managed to develop the technique, adapting instruments from several surgical specialties. Every member of the team learned, step by step, what each of us would have to do.

I still have an album with photos of that surgical intervention.

A few time later, in the year nineteen sixty-two I learned my first relaxation technique. I was aware of important facts in relation to psychological techniques applied to Medicine and also of surgical interventions without chemical anesthesia.

I worked and wrote down my experiences.

I tried to perform a *circumcision* on a male nurse, using psychological anesthesia; but I needed to use a small doses of local anesthetic to finish. However, during the postoperative period, he suffered from no discomfort whatsoever, just as we had programmed during the relaxation process, and he did not stop his work as a nurse in the surgery ward.

Today, with the experience I have acquired over the years, I know that I would not have needed that small help of the dose of local anesthetic at all, but at that time I decided to help him in the simple way I knew.

I also remember another patient, an engineer who arrived with a fracture in one of his legs. The pain he was suffering was terrible, due to the turbulent and inadequate transportation he had had to suffer on his way to the Hospital.

I directed him in a brief relaxation exercise, and while Sister Ana prepared an injection of morphine, his pain was quickly decreasing.

I have very pleasant memories of the brief period I spent in the Chafarinas islands. From the windows of our bedroom, we could see the searchlights that swept along the coast between Algeria and Morocco.

The bangs of the cannons reached us clearly. These were the days when the French were fighting against other French and the Algerians to have Algeria united or separated from France.

One fine day, over the radio, we received a call for help. In Cabo de Aguas, a little village on the Moroccan coast, a Spanish woman who had remained there after Morocco had been given its independence, was in a coma. She was a diabetic.

A ship came to take me to the nearest coast.

She was suffering from a *hypoglycaemic coma*, due to a lack of glucose in her blood.

With the first intravenous injection of hypertonic glucose serum, she woke up and regained consciousness.

Some days later I received another urgent call. This time an old and venerable Moslem, who lived inland, was suffering from the sting of a tarantula, and was very ill.

I solved the situation with adrenaline and calcium chloride. Later on we calmly talked, and that venerable old man told me, gratefully, that *he respected above all the teacher and the missionary, because they are "the voice of God" teaching us, and the doctors, because they are "the hands of God" healing.*

There was also a *smallpox* scare among the inhabitants of the islands. But I remained calm, as I realized that it was only *chickenpox (varicella)*, virulent to be sure, that the lighthouse keeper was suffering from, but impossible to be confused with smallpox.

My reasons were overwhelming, "If there was so much as the smallest doubt in my mind that we were dealing with smallpox, I would not even have allowed the birds to leave the islands."

After some years working in Melilla, I decided to return to Valencia, where I continued to practice relaxation techniques.

There I was asked to start working at the San Juan de Dios Hospital, where I began the Angiology Department.

One fine day when I was attending a course on vascular surgery directed by Dr. Capdevila, in the General Hospital of Asturias, one of my colleagues told me about Sofrology. He told me I was on the same path as the sofrologists and that I should contact them.

Several years went by, and at last I attended a basic course in Valencia.

I sincerely wanted to know things about the sofrologists. I was pleased because that meeting provided me with the opportunity of finding out about their work and terminology.

It is always useful to understand one another, and that contact permitted me to know that the way in which I prepared my patients before their surgical interventions was referred to by them as "*progressive soffro-acceptance*" of the things they were going to live through afterwards.

I found myself wanting to be able to obtain psychoanesthesia for use in my surgical interventions.

Before this time, I had already reached the point where my patients entered into my operating theater completely calm and without using chemical sedation. Simply, I instructed them to achieve the best information about everything that could affect them, and that they should know about.

During the induction to the chemical sleeping, at the time of being anesthetized, I was always close to my patients, encouraging them and, without knowing consciously the transcendence of my words, I was programming how their chemical sleep and awakening would be.

The postoperative period was really surprisingly, truthfully good.

Gradually I was using fewer analgesics with my patients and each time they felt better.

The second day after surgical interventions they usually walked so much that at the end of the day they were tired. To be certain, the day before I told them that this sensation would be produced as a consequence of their walks.

And then one day it occurred to me that it just might be possible that the cause of their being tired could precisely be my words about it.

So I must tell them that the more exercise they did, the better their sensation of well-being would be. And so it happened.

It was a pleasant surprise to prove that fatigue was no longer appearing. I had gone one step further in improving the postoperative period. This was usually occurring with patients who had been operated on for varicose veins.

These things I have been mentioning –nearly literally- have been taken from my first book, in which I talked mainly about the works of my professional life during some months, which were the key for my posterior professional life, from July 1972 until November 1973. This was like a journalistic chronicling of the events, which would be the basis of my subsequent school. I hurried to write with imperious need in order to set down a living record about those experiences.

In my first book I wrote about a number of the circumstances I had lived through because of the incomprehension of some of my colleagues.

I overcame all sorts of commissions in my local Medical Association, including the Deontological Commission. Coming away from each one of them left me feeling stronger. Those who had tried to stop my work were in effect increasing my own self-confidence. The greater the obstacles they put in my way, the greater the energy I found within me.

It just so happened that I had found something good that could mean a great good for many people from that time on, and the need to increase my experience and to share it with everyone grew inside me. This was the reason I avoided all kind of controversy and continued along my way.

I can say, with satisfaction, that not one of these commissions doubted the reality of my experiences. Actually, the reason they accused me of publicity-seeking was because of the reverberations that all this was having throughout the mass media, when what the world really needs is to have this kind of experiences and knowledge spread.

But all of it had already been written down in my first book.

During that basic course on Sofrology in Valencia I clearly asked what I needed to do in order to obtain psychoanesthesia for my patient's legs, but they could not answer me; obviously they did not know how to do it. They did not have experience about this.

Searching and practicing at home, I found the way to obtain psychoanalgesia, which I programmed inside a brief relaxation exercise, only affirming, at that time, that the selected area of the body was anesthetized, and that it would continue to be so during a determined time after leaving the relaxation state.

I proved that this programmed time could be accomplished on a woman I had to operate on some days later, and I decided to replace chemical anesthesia with psychological anesthesia.

Erika Lakner accepted that her varicose veins would be operated on under psychoanalgesia.

What I did not know at the time was that there would be certain difficulties I would have to overcome because of an unexpected complication that had started some hours before entering the clinic. But perhaps it would be better if I transcribe this story here from *The will overcomes pain*:

“Three relaxation sessions for about ten minutes every day was enough training for her to obtain her own anesthesia.

In every session, the duration of the psychoanalgesia was programmed, and it was always accomplished.

Jose Luis, her husband, looked on incredulously watching how Erika hammered a series of needles into her legs to prove that, effectively, they were anesthetized. This was done after she had left the relaxation exercise in which she had obtained her anesthesia.

On July 4th, 1972, in the early morning, a complication emerged: a *hemorrhoidal thrombosis*. She could not sleep due to the pain; she could not rest, and she entered the hospital without telling me anything about her hemorrhoids or about her great suffering during those hours.

In my operating theater everything was ready to begin the surgical intervention and to film it. My collaborators thought that my delay was odd and not usual. They were unaware that I was in a fix in room 225.

Erika was psychologically prepared for her surgical operation on her varicose veins, but not for that unexpected complication. And me? I knew that the dilation of the muscle of the anal sphincter would need deep anesthesia. In other words, there was a danger of death from heart stoppage.

I felt a chill running through my body, a chill that is well-known to surgeons in special situations of responsibility.

I was not psychologically prepared either! But, a twinkle of faith prepared me deep down within myself. If she had managed to obtain the psychoanalgesia for her leg... Why was it not being obtained, when she was obviously in need of it, for her perineum and anus?

Erika wanted that situation to end.

Minutes of dialogue with the anguished couple, minutes that I will remember all my life.

I began operating on the leg with varicose veins, with the patient conscious and talking, and sometimes looking at her wounds.

My anesthesiologist, Dr. Lázaro, and my assistants did not know anything about that operation until the moment we began. I wanted to avoid any possible suspense in the operating theater, suspense which would not be good for my patient.

My scalpel cut through the skin... and nothing happened; the cry of pain that my assistants seemed to fear did not occur.

After some initial doubts, each member of my team accomplished his/her job in the operating theater. Someone was filming. My wife was carefully occupying the patient's wakefulness. In one word, she kept the patient company.

After finishing the intervention for varicose veins, the patient raised her leg by herself, without help and without effort, while I was bandaging it.

Marcos, the orderly, looked amazed. He knew the weight of these legs when the patient was chemically anesthetized and he needed to hold them.

When I was about to operate on her hemorrhoids she was afraid. I talked to her about her sons and daughters. They would be proud of their mother knowing that she had obtained her own psychoanalgesia.

She asked me to continue.

I sat close to her and guided her into a relaxation exercise:

"I am relaxing my right leg, I'm letting it fall loose, very loose, completely relaxed..." I insisted on programming the anesthesia of her perineum and her hemorrhoids. I proved with some pincers that she did not suffer pain.

One of my assistants told me: "Dr. Escudero, you will not be able to do it, it is very painful!" And she hesitated while passing me the instrument I needed.

I put some pincers on a thrombosed hemorrhoidal nodule, pulled it and with the scissors cut the skin around its base. The patient did not move in the least, nor make any grimace of pain.

I continued. Navarro was filming the shots I asked him to, like a shadow around us.

I had to dilate the anal sphincter; this was the dangerous moment. I felt again, for the second time, the light, brief, but clear chill, now in my chest. I knew they were my coronary arteries feeling the stress of that moment.

Ever since that time, whenever I have a premonition about a difficult day or about some stressful situation, I relax myself, even if only briefly, and tell my coronaries to function correctly, carrying blood to every corner of my heart, in any situation.

I talked with my anesthesiologist. We agreed to use a small dose of barbituric. With such a small dose, no anesthesiologist would permit any surgeon to make the dilation of the anal sphincter.

I was working some time ago. The patient was not complaining at all; such a sensitive region does not contract. What possible reason could there be for not obtaining the same psychoanalgesia for that muscle, which had been able to produce that chill in me?

Actually, this dose of barbituric, 100 mgr. of Tiobarbital, are a tenth part of the dose used for the induction of anesthesia in an adult with normal weight. We used it mostly for calming down ourselves rather than for the patient's need; she in fact was demonstrating that she did not need anything at all. In fact, she did not move at all. The critical moment passed.

I had in the past given thanks to God on many occasions in the operating theater. At that moment as well. Thank you Lord, for these marvelous capabilities You have given to human nature, and for permitting us to use them.

Happiness and expectation were breathed. The patient was filmed leaving the operating theater on foot. My wife and I accompanied her to her room.

She asked for something to eat and we let her have a sandwich. She was walking, without staying in bed at all.

Eight hours later she defecated for the first time, without pain.

Two days later she was at home.

Thank you, Erika Lakner, thank you Jose Luis for your confidence. This was truly an important day in our lives".

That basic course on Sofrology was held in June of 1972. In September of that same year, courses that were referred to as the "superior level" were announced, and these were to be held under the direction of Dr. Caycedo, the founder of that school. They were anxious to see the film about Erika's surgical intervention. On the basis of this brief contact, I was invited to participate in a short course which was to be held shortly thereafter, and I would receive accreditation as a professor of their school.

I went off to that course with my first filmed operation under psychoanalgesia, and with a new term, which was immediately coined and included in the dictionary of Sofrology (second edition): *Dr. Escudero's Postsofronic Surgical Anesthesia* .

My initial contacts with the founder of that school, however, were not pleasant for me. There were a number of basic premises that separated me from that school and its founder.

I decided to preserve my autonomy and independence. I renounced the accreditation as professor, and I informed Dr. Caycedo of my decision... And I continued along my own path after that tangential contact with Sofrology.

I returned to Valencia with the hope of sharing my experience with my Medical Association colleagues. I showed the film to our President, who organized a meeting in order to give other doctors the opportunity to view my film and to know about my work. This was in October of 1972.

By this time, I had performed another varicose vein operation without using so much as one milligram of chemical analgesics, and I also shared this with my colleagues.

I was simplifying the preparation of my patients; the relaxation exercises to program psychoanalgesia were progressively becoming shorter, and the number of training sessions fewer, and **I came to discover that only one short session was enough.**

At the same time I was surprised at how rapidly my patients came to accept being operated on without chemical anesthesia. The evolution was so quick that within a short time the expression Postsofronic Psychoanesthesia (PPA) was replaced by **Volitive Psychoanalgesia (VPA)**, *in which patients program their own psychoanalgesia without the need for any previous relaxation exercise.*

With Volitive Psychoanalgesia (VPA), the patient do not need a relaxation exercise; the patient thinks directly that any particular area of their body, or the whole body, is anesthetized, so that the patient is as comfortable as possible on the operating table .

At the same time we also program any other thing we feel might be useful. This is sufficient for the patient to be able to endure, at times, several hours of being operated on.

These experiences of mine logically transcended to the communications media: this was news. The press, including the medical press, radio and television dedicated important space to their diffusion...and this is what brought about such "logical" reactions on the part of some of my colleagues.

There was a journalist, Santiago Lomillo, who wrote for "Nuevo Diario" in Madrid. He wanted to live the experience on his own body in my operating theater, in order to be able to write about it first hand.

It was a real challenge to the surgeon, because this meant operating on a journalist before the whole of Spain, before the whole world: a journalist on my operating table, and Spanish TV as an eyewitness.

I operated on Santiago Lomillo for an *umbilical hernia*. The reports he wrote were published all over the world.

I would like to tell you about one of our talks when I was teaching him to program his own psychoanalgesia:

- "Ángel, I have discovered your secret."

I answered, "I'm very happy to hear that; what is it?"

And he told me: "You have managed to make me your friend. You can be my friend, but so long as I am not your friend..."

"I know, Santiago, I have treated you with humanity, with love, that's all."

- "That's right, Ángel."

While I was operating on him, he took some pictures for me from his very special viewpoint on the operating table, one of which I published in my first book.

Lomillo wrote in one of his reports: "The most amazing thing for me was that I was also collaborating, all through the operation, with the surgeon, who would ask me, depending on what he needed, to relax or contract my abdomen."

"What a guy! I said to myself, seeing the absolute confidence he had in each one of his movements. I felt no pain whatsoever even when they got to the sutures on the peritoneum, which is the layer which directly covers the intestines. What I should mention here, though – and I hope delicate readers will please forgive me – was that I had a tremendous urge to urinate."

"They opened me up, they fixed my hernia; they joined my flesh back together, sewed it up, and they left me a nice big scar... and there is little more to tell."

"I would like to finish here by saying that when the doctor had put in the last stitches, I stood up without the help of anyone... after having been nearly one hour with my intestines exposed to the air..."

The following morning we played a friendly match of wall tennis. I had operated on him eight or nine hours before.

After operating on Santiago Lomillo, there was another well-known surgical intervention, well-known because of the diffusion it obtained through the cinemas in the whole of Spain and in several countries around the world. The newsreel known as "*Noticario NODO*" filmed the *lumbar sympathectomy* that I carried out on Antonio Milán.

Also from my first book: "Antonio Milán was suffering from an *obliterate arteriosclerosis* and *emphysema*. The cardiologist told me he had a bad cardiac condition. He could not walk more than forty meters without his legs feeling very heavy, and at sixty meters his calves contracted.

Chemical anesthesia was not a good idea for this patient; if at all possible, we had to avoid it.

I told him that if he so wished, I could operate on him with psychological anesthesia.

He wondered how this would be possible, as he was an ignorant man.

He was unaware of how important the wisdom of being able to recognize his ignorance was. His very humility and simplicity was enough for him to be able to obtain what he needed.

In the first training session, I noted that his abdomen had become literally anesthetized. He was not even sensitive to touch, and nor did he feel warmth on his skin.

On the day we had set up for his operation, he arrived at my office at eight o'clock in the morning. During a brief relaxation exercise, he anesthetized his abdomen. He was admitted to *La Sagrada Familia Clinic*, and at 9:30 the operation got under way, with the patient fully conscious and without any further preamble.

The surgical incision, which I made with one sole cut, gave me a sensation of indescribable satisfaction and security. I knew he was not feeling anything. He is a very dry and inexpressive man, like the vineyards he cultivates in *El Rebollar*. His anesthesia was the best that had been obtained by my patients up until that time.

I was performing the hemostasia with an electric scalpel; each point of hemostasia is in effect a burn, which he did not feel; the muscle tissue did not even contract, which is something we are accustomed to seeing on chemically anesthetized patients.

We entered through the three muscular planes and reached the peritoneum.

My rhythm of working was normal, and I was handling the tissues with absolute normality.

I was making my way to the backbone. When I was manipulating the peritoneum, his arterial pressure went down from 140 to 100 mm. Apprised of this by the anesthesiologist, in less than a minute and with a simple relaxation, his arterial pressure was back up to 140, where it remained for the duration of the surgical intervention.

It is tedious and difficult work to separate the peritoneum.

The newsreel (NODO) camera filmed on.

I got down to the backbone without using any chemical anesthesia whatsoever.

The patient did not feel any sensation, not even tactile sensation or traction.

Large separators were keeping his abdomen open.

Antonio actively collaborated by keeping himself relaxed throughout the operation.

From time to time he asked me to let him move and rest for a moment.

Operating tables are so hard! They are just not made for people who are awake. That was another lesson I learned, that from then on all of my patients would have a soft foam mattress beneath them, to minimize the hardness of the operating table.

We had been in the operating theater for more than an hour and a half. Antonio was tired, and he no longer knew in what position to put his legs or arms. He did not feel his abdomen, which was open, but the rest of his body was uncomfortable (the psychoanalgesia had been programmed only for his abdomen). I told him we would sleep him a little so that he could rest. He did not want it, but I insisted it would be better. That was what the anesthesiologist was there for.

He slept for about ten minutes, and he woke up as I was finishing the suture of the wound.

He received 0.5 grams of *tiobarbital* with *atropine* and *succinylcholine*, plus *oxygen*, and with no anesthetic gases.

He moved himself from the operating table to his bed, and wanted to leave the operating theater on foot, but I did not allow him to do so.

Three hours later he walked calmly out of the clinic.

Before leaving the operating theater he told us that he had felt a warm sensation in his foot from the moment when we had cut some centimeters of the sympathetic lumbar chain.

He spent no time recuperating in bed, and experienced no problems whatsoever; he was not administered any medication at all during the post-operative period.

After the operation he was gratefully surprised because he could read the normal sized lettering in the newspapers, when for many years even the middle sized headlines were blurry to him. This a positive and useful effect which later on we will be explaining as the *positive harmonic biological response (PHBR)* that accompanies every positive thought, and produces a *vagal predominance of the muscarinic type*, which acts, among other things, by potentiating the accommodating mechanisms of the eye. But you will understand this better when you read about it in the chapter on PHBR.

I removed the stitches on the sixth day. The scar was perfect and the abdomen was still anesthetized, as we had programmed.

His general state was good. He was optimistic. His foot was warm; he walked better and continued reading without glasses.

Some time later on he told me that while he was riding a bicycle he had had a flat tire and had to walk about nine kilometers, which he did with no discomfort.

What I have just been telling you was what could be seen, what anyone witnessing the operation on Antonio Milan could have seen.

You will have to excuse me, dear reader, but I am not going to tell you about another thing we also did with my patient. Perhaps some time in the future, in another book. To me it was the most important thing of all.

First of all I would like you to consider all these things as being the most natural occurrences in the world.”

I operated on Antonio Milán in March 1973, and I allowed for sufficient time to pass before talking about it. And now finally I have decided to tell you about what I chose to keep silent when I wrote *The Will Overcomes Pain*.

Both of Milan's legs were suffering from the same problem, an *intermittent claudication from obliterant arteriosclerosis*, which affected the arteries of his two legs. The left leg was the one that was most affected, and needed to be operated on as soon as possible, so I decided to operate on this one first. But, *before I began to operate, it occurred to me that I could psychologically obtain the same effect that the surgical sectioning of the lumbar sympathetic chain produced*. For this, I chose the leg that was less affected. If this did not work, I could always operate on it, as I was going to do with the other leg.

I guided him through a brief relaxation exercise, and at the same time I programmed what I wanted to happen with simple words, understandable to my patient: *stop the action, the vasoconstrictor effect, of the right lumbar sympathetic chain on the arteries of the foot and leg of the same side*, and have these dilate, allowing for an improved flow of the blood towards the foot....

Do you know what happened? ... *I did not need to operate, to cut the lumbar sympathetic chain on the right side.*

The day I operated on the left side, both legs were equally warm, perhaps the one I was not operating on a little more so. The day before, both legs had been completely cold.

The coldness in the two feet had disappeared, in the left one with surgery, in the right one without it, thanks to the efficacy of the psychological programming that had been put into motion inside his brain.

In the **Second World Congress on Pain** (Montreal, Canada, August 1978, organized by the International Association For The Study Of Pain) I showed the film of the lumbar sympathectomy I had carried out on Antonio Milán. In the same afternoon session in the Joliet Hall at the Queen Elisabeth Hotel, the following doctors presented papers:

M.C. Smith (from the National Nervous Diseases Hospital, London); D. Denny Brown (Medical School of Harvard, Boston, USA); J. Boivie (University Hospital, Upsala, Sweden); K. J. Berkley, who presided over that session (State University, Florida, USA) P.W. Nathan (London); D. R. Kenshalo Jr. (Texas University, USA); H.B. Brinkhus (Heidelberg University, F.R.G.); W. K. Dong (California University).

Nevertheless, in the book published as a result of that congress you will not find any reference to my presentation, as it was exceptionally accepted by the Chairman of The Scientific Committee from of congress, Dr. Liebeskind, Psychologist from University of California, after the congress had already gotten under way. I would like to express here my gratitude for that to this eminent Psychologist, who recently passed away.

For the *Fourth World Congress on Pain organized by the IASP*, in Seattle, USA, August-September 1984, I prepared a paper with the title: "Volitive Psychoanalgesia (VPA) in the Surgery of Varicose Veins and in Maternity". The work on which that paper was based was taken from a sampling of my first one hundred patients that were operated on for varicose veins without chemical anesthesia. 182 operated legs in 109 operative sessions.

I also explained the positive results obtained with *maternofetal psychoanalgesia (MFP)*, and I showed the childbirth of a sixth year medical student, who told me she had overcome her fears of maternity. She said that she had seen terrifying childbirths in her practices at the Medical School. She told me the obstetric books were old-fashioned. I responded to her that women were able to do more things than those which the books said they were capable of.

My experience quickly increased with patients from the most different medical specialties. Many patients, without hope of being cured, came to my office, and we always found some way of changing and improving the health condition of these persons.

In the year 1973, one of my sisters-in-law was pregnant, and I began to transfer my surgical experience with psychoanalgesia in surgery to maternity cases. But as we will be dealing with this later on, for now it will suffice to mention here that the results were surprisingly positive, and I reached the point of what I have chosen to call *maternofetal psychoanalgesia (MFP)*. *With only one training session, during any month of pregnancy, women learn to program their own psychoanalgesia for all of their body and for their baby's body. This psychoanalgesia will last from that moment on until after giving birth.*

I have been following the evolution of these children and have been able to notice that their psychomotor growth is quicker and more positive than that of children born without this protection and under the effects of chemical treatments.

But psychoanalgesia was usually accompanied by another series of positive effects for the patients, which I could not ignore, such as: Better immune state and **no postoperative infections whatsoever, and without using antibiotics**; better healing of the wounds; better hemostasia; a better general state of health. I came to the realization that all these things were taking place within what I began to refer to as a **Harmonic Global Biological Response (HGBR)**. We will be looking at some of the characteristics of HGBR in the corresponding chapter.

The need to share my experience with interested professionals arrived, and I began to teach courses. The first one at the Provincial Department of Health in Valencia (*Jefatura Provincial de Sanidad*) (1975). Later on I continued to give courses at the Medical Association, for midwives, doctors, nurses and medical students.

I needed to distinguish my school from others with a different experience, philosophy and methodology, and in March 1977, after the necessary consultations, I decided on the term **Noesitherapy: Healing by Thinking** for my school.

The first course that was held under this name took place, by the way, in the Medical Association of Barquisimeto, Venezuela where I was invited by professors of Tocogynecology from the “Centro occidental Universidad”.

The two following courses were held in the Medical Association of Valencia, Spain, in November of 1977, one for doctors and another for midwives, in the then recently inaugurated Medical Association building.

The need to share my experience with the general public soon emerged. Whole families attended these courses. I have some really encouraging news about the good results that they obtained.

Medical students of clinical courses asked me to organize courses for them. In the year 1979 alone, more than five hundred medical students attended my courses in Valencia. As a follow-up to my courses, they came to my operating theater in small groups.

My followers were spreading out throughout the world. Some time ago one midwife told me that in the short period of a few months, she had carried out more than twenty manual placenta extractions in a hospital in Rwanda, Africa, using my method.

Another one of my disciples, a midwife from Madrid, told me she had done several thousand childbirths in a large Hospital in Madrid using my method, and with very positive results. And the same type of results were being obtained by the obstetricians in Venezuela.

In August of 1981 I was received, together with my family, in Geneva by the World Health Organization. Dr. Mahler, the Director of the WHO, was on his way to Cuba, so we were received by Dr. Sankaran.

I showed him a number of films of surgical interventions and childbirths. We had a long chat about my experience.

I was gradually simplifying the system, and at the same time its efficacy was increasing, to the point where we were able to state that in reality we were not using *per se* any technique, but we were making use of a knowledge of how the human brain programmed through thought functions.

We have been able to verify the significance of every thought in the human brain. And how **love**, the sincere desire on the part of the health care professional for the patient to find his/her path to healing, boosts everything and **makes surprising things possible every day**. My capacity for amazement remains untouched.

We could say that the human species, in its evolution, has taken the opposite path it needed to have taken.

The greater part of the evils that afflict humanity are avoidable. But mankind has to learn to think positively; he has to learn to respect the creative power of his thought; he has to learn to speak in a more positive language, a language that is more adequate to his needs, if in truth he wishes to live as he should be able to. And he has to eliminate from his vocabulary a great number of negative connotation words, words which anchor him to evil.

We need to learn to speak about good; about the good that we have, and about the good we need, to be able to attract this good to our lives. Only in this way will man be able to change the course of his evolution and direct it along the way he needs.

The human brain is like the steering wheel of a car, made to carry out the orders of the driver, even though the driver's orders may be erroneous or potentially destructive.

If, on a straight stretch of road, the steering wheel receives a sudden movement to the right or to the left, that order is carried out immediately, even if it means going off the road and suffering a crash. The vehicle does not know whether the order received is good or bad for the driver; it only obeys. Something very similar happens with the human brain. The human brain is like the steering wheel of our life, and as such it receives each thought as a program, a command to be carried out, without taking into account that the result could be good or bad for the person "driving".

Ignorance of this truth is the cause of nearly all the evils of that affect mankind, who are unaware that with their negative thinking they are programming the evil they do not want for their lives.

If man wishes to remedy the evils that afflict him, then he must learn to use his thought more intelligently.

This requires a cultural change, a change which must necessarily be inculcated from birth and from primary education: the respect for the creative power of thought.

It is necessary that we change the obsession we have of evil as the measure of all things, for the opposite good that we need. **It is necessary to describe evil in terms of the need we have for the opposite good.** We must avoid speaking about evil, not even to speak about it as something we do not want, nor to say that it has disappeared...

The year 1985 was the forerunner to one of the most important events in the spreading of my experience internationally. In London, I presented a paper about 545 varicose vein operations under psychoanalgesia, to the Congress of the European Chapter of the International Association of Phlebology.

There, I met Mr. Stephen Rose, the BBC producer and director of the scientific series "Your life in their hands".

Mr. Rose was interested in producing a documentary about my professional experience, and this was filmed in the Spring of 1989. This documentary showed some aspects of my work, my philosophy and surgical experience. He filmed the operation on a *genu varum (bow-leg)*. The patient was my sister. The following day they filmed a *varicose veins* operation and a meeting with some of my disciples. The BBC team had come with four doctors as advisors.

This documentary was broadcast in May of 1991, and attracted the attention of other television entities, which in turn produced other programs on this subject, such as those which were broadcast by the American UNIVISION, the Dutch RTL4, USA DISCOVERY CHANNEL, BBC1 MYSTERIES, etc.

In the spring of 1995 I began to use video-conferencing to spread Noesitherapy. I had two auditoriums with people attending my conferences, one in Madrid and the other in Valencia... This was to be, from that time on, the means I would use to spread the teachings of Noesiology and Noesitherapy in the world.

TWO SISTERS GAVE BIRTH ON THE SAME DAY

It was the midnight of the 23rd of August 1975. The moonlight was splendid in the clear sky; the temperature was really comfortable. I was thinking back over the events of the day in the peace of a beautiful night in Rocafort.

Maribel had given birth to a beautiful little girl that morning. Her sister had also given birth a short time before she had .

Despite the fact that the same medical team had assisted both sisters, their childbirths had been completely different. Maribel with maternofetal psychoanalgesia, and her sister using conventional medicines. Maribel's sister looked very bad when she was carried out from the delivery room on her bed, her face was very pale and she was still half asleep due to the medication she had been administered. Maribel, on the other hand, when the suture of the episiotomy had been completed under psychoanalgesia, got up by herself from the birthing table, and after having finished dressing her baby, walked out of the delivery room on her own two feet with her baby in her arms. She looked happy, smiling, with a glowing complexion, and she went to the nearest delivery room to cheer up, by her presence, another mother who was also giving birth at this time.

As she walked towards the elevator she observed the faces of amazement of the nuns, the nurses and the midwives, and before going to her own room, she went to visit her sister. I filmed their meeting, and enjoyed passing the camera from one face to another. The sister who had her baby first under chemical anesthesia was in bed, looking pale and drawn. The sister who had used psychoanalgesia came walking in, with her baby in her arms, looking happy and full of vitality thanks to psychoanalgesia.

Her preparation had consisted of only one training session, a month and a half before the childbirth. Thanks to the psychoanalgesia, the problems she had in her body and legs had disappeared, including the sensation of tension produced by some scrapes and bruises on her arms and legs caused by a fall.

During the last weeks of her pregnancy she enjoyed a great sense of well-being; her body felt lighter and she led a completely normal life.

We had programmed the psychoanalgesia for her baby as well.

These memories, in the pleasant calm of that night, made me think about the effort that I was making in order to spread my experience of maternity.

JUST AS IT HAD BEEN PROGRAMMED

Through the viewfinder of my camera I could see the perineum. The woman's legs were covered with sterile cloths. The black hair of the baby was appearing at the end of a uterine contraction. A few seconds later and the baby's head would be out. I was filming. The roll of celluloid in my camera had finished.

-“Fina, wait a moment, I need to change the roll of celluloid in my camera!”

-“All right!”

The contraction stopped and I had time to change the roll.

The young mother looked at me smiling when a new contraction made me see how the little head of the baby was coming out, and then afterwards, his body. The gloved hands of the obstetrician received him and placed him on the abdomen of his mother. She was completely conscious of being the protagonist, and had received no anesthetic or analgesic whatsoever. She had been smiling and controlling the situation at every moment. She felt happy having the pink and slippery body of her baby on her lap. It was a boy. Forty days before I had prepared her to obtain psychoanalgesia and at the same time we programmed the date on which she should give birth. It was during a course on Noesitherapy with more than one hundred midwives from the whole of Spain, at the Valencia Medical Association in November of 1977.

The perineum had suffered a little tear when the head came out, and a few minutes later, the placenta came out as well. The woman felt happy at every moment thanks to the psychoanalgesia she had obtained easily and by the voluntary and conscious control she had on the delivery mechanisms.

The tear of the perineum was sutured. The needle passed time and again through that very sensitive part of her body, and without her needing so much as even one milligram of anesthetic. Her well being was absolute. Her psychoanalgesia, attained by the creative power of her thought, was enough. She was completely relaxed and talking with the people in the delivery room. The skin on her face was dry, without even one drop of sweat. Her mouth and tongue were wet, a sign of calm. Her smile was permanent, to the point that one nurse decided to name that childbirth "the smile childbirth".

The suture was finished, and the area that had been painted with antiseptic when she entered the delivery room was adequately washed. A plaster was placed there... and our patient stood up and left on foot after organizing her red hair, with her newborn son that the midwife had placed in her arms.

The baby had been born pink and breathing normally, without crying, and weighed 3.6 kilograms. Once again she smiled as she happily departed from the delivery room.

As she passed by another delivery room, she heard shouts of pain; another mother was suffering while giving birth...

Fina went to her room and had her lunch, as if it was the most natural thing in the world, and she invited us to join her.

Her family were pleased, but not amazed. It was the second time that Fina had given birth under maternofetal psychoanalgesia.

During a course on Noesitherapy, she had chosen to give birth on the 20th of December. For her previous childbirth, she had chosen the 8th of May (she had her reasons, and in both cases the reasons were correct), and on both occasions her programming about the date was accomplished.

She gave birth at the *Clinica de la Salud* in Valencia, where her success was remembered for a long time afterwards.

I filmed her two childbirths to be able to show them to the professionals attending my courses. These are very important documents for demonstrating the creative power of human thought to midwives and obstetricians. Women are able to control and direct the mechanisms of childbirth and obtain their psychoanalgesia for the whole duration of their pregnancy, childbirth and post-childbirth. This psychoanalgesia is shared with the baby, and allows him to avoid the trauma of being born. The mothers learn to program, during pregnancy, all of the things they want for their babies. This is a way of beginning the education of babies while they are still inside their mothers.

Andres Segovia, our great guitarist, said that he was born close to a guitar workshop. When he was a child he began to study the guitar. An uncle of his has been recorded as saying that it seemed as if he was remembering, not as if he was learning, his lessons. Of course, he was remembering the sounds that had come from that workshop to his ears before being born.

Pain during childbirth has its main origin in inadequate education received by women and including that received even from health care professionals themselves.

TV CRITIC

Santiago Pons' opinion about my work had emerged spontaneously, without personal contact with me; he was a TV critic. But on that occasion he was overwhelmed by a *nephritic colic*, produced by a stone in his ureter, which did not stop even with the medication ordered by the urologist. He had been in severe pain for several days. He remembered me.

He came to me for help, and as if by magic, with the speed and ease of well-used thought, the colic disappeared, and he left my office as if the nightmare of those days had not existed.

From that experience, the following commentary emerged in his newspaper: "TV-things. Creative thought and anesthesia: out of pure intuition, without any personal knowledge, some weeks ago I ventured to request a regular television program for Dr. Escudero... It is an initiative I do not advise any TV critic to take. I had only seen him in a couple of interviews on the little screen and I thought I perceived in him (now I am sure) somewhat of a hertzian charisma, very rare among TV professionals, and something I had only seen in Félix Rodríguez de la Fuente, César Pérez de Tudela and a professor by the name of Frechilla... who taught English like he was inspired from above, before he was thrown out of Prado del Rey (the Spanish television broadcasting network)."

"The way he was able to control the cameras with but a glance - transmitting to the spectator a great faith in his words; and a constancy based on searching for peace and good - awakened within me the desire to be able to connect on a daily basis, through the TV, with this soothing doctor, who was perhaps capable of transmitting, who knows if by suggestion, a little bit of spiritual well-being, something so necessary at the end of the day."

“Chance, in the form of a nephritic colic, accelerated the events, and now I can tell you about the therapy by thinking and about Dr. Escudero, fully aware of the consequences.”

“Without knowing how, but completely upon my own initiative, I found myself in Dr. Escudero’s relaxing office, learning how to invoke well-being, which is present everywhere and in the lives of everyone, as a means of neutralizing a ripping pain, a pain which is only known to those who have experienced the problem of giving birth to a stone through their ureter.”

“Let me state here that it is not my intention to promote the sedating, soothing qualities of the doctor, about which you have no doubt heard a lot about because of his surgical interventions without chemical anesthesia. I myself, who am so impervious to unusual things, psychologically anesthetized my arm... and pierced through it with a needle. Without pain nor bleeding, but in order to tell you about an elementary philosophical truth that can bring us closer to happiness. And here and now, fully aware of what I am saying, I would like to see this diffused from the TV screen. Compensating for the catastrophes, the violence and the anguish that are usually transmitted every day.”

“In a few words, we are dealing here with the creative power of thought (to each his own thought), where there exists a marvelous array of qualities which are just waiting to be used. Something like connecting with the positive energy that can bring us to find the happiness that every one of us needs.”

“I believe it is absolutely necessary that the recommendations of Dr. Escudero be diffused, in small doses, over the television, just as I heard them... Sometimes establishing a relationship with the car mechanic, and at other times paraphrasing Saint Mark. But always insisting that God, when He created good, put into our hands the means of obtaining it precisely inside the creative power of our thought.”

“It is not by mere chance that so many very busy men die of heart attacks.”

“They produce their own evil through their thoughts of anguish and anxiety. And this is why I am so insistent on having them authorize this program, which from my own experience could serve to avoid having man continue to destroy himself with the same energy that represents his potential happiness. Simply, teaching us to think about the good that every one of us needs. And to have the confidence that we have obtained it, just by thinking about it... I assure you that it is completely possible to pierce the arm with a long needle. Without pain. Without blood. As if it were the most natural thing in the world.”

CHILDREN IN MY OPERATING THEATER

She was six years old and her name Scherezade. I was going to operate on her mother. The child was introverted and unsociable, and she refused to answer any of my questions.

I wanted to help her. I took one of her little hands and pulled her towards me. I asked her if she wanted to learn a new game, that no one in her school knew.

-“Let’s put one of your little arms to sleep.” She knew it would wake up when she wanted it to. It was really easy to see the difference in sensitivity between her two arms, and she had obtained it with only one thought.

She wished her arm awake, and her wish was granted immediately. It was like a game, which she commanded by her thoughts... and her body was obedient.

She smiled. She looked at me, and her silence ended.

She had been under the treatment of a psychologist and there was no progress.

When I was teaching her mother, everything was easier... If her daughter had managed to obtain it, how could it be difficult for her?

During her mother’s second visit, Scherezade came right up and gave me a big hug; we were friends. She was a different little girl. I asked here if she wanted to watch while I was operating on her mother, and she said she did.

A little white pajama jacket served as surgical clothing, and we used a handkerchief to cover her hair.

She was on the right side of her mother when I began the operation. We were filming. Her father was watching us through a glass window and he was even filming part of the operation with his own camera.

The psychoanalgesia obtained for her mother was perfect.

Without a shadow of a doubt, the presence of her daughter helped her.

From my third book *"Tertulias con el Rey" (Talks with the King)*:

-“I remember, Sir, a surgical intervention I practiced on a lady’s legs. It took me about two hours in the operating theater. I performed the operation in the presence of her little daughter of about three years old. The film I keep of it is wonderful as a graphic document. The little girl, afraid of the sight of blood, had come to my office the day before with her mother.”

-“I asked her if she wanted to help me in the operating room to heal her mother... and at that precise moment the meaning of blood and surgical tools changed in that little girl's brain to signify the way to give her mother all the well-being she needed... And she wanted to collaborate so that her mother could have that well-being.”

-The mother was awake and calm, with her arms loose, unfettered, just like all of my patients in the operating theater. The girl was wearing an improvised white dress and a handkerchief on her head. Attentively, she watched my hands working, the wounds... and at the same time, she moved her little body in time to the music we always have playing there in the operating room.

-A photo from that surgical intervention went out over the world.

-“A better future for our children” was the title I had thought of for that graphic news item.

-What a wonderful lesson that little three-year-old girl gave to the adults, full of prejudices, negative thoughts, and therefore attracting evil into our lives! For that little girl, the doctor and the operating theater would be symbols of health throughout her life, of the well-being she saw reflected on her mother's face while I was operating on her, and of the possibility of easily obtaining everything she wanted in her life.

-They went straight from the operating theater to the street and home, smiling, thanks to the well-being that surgery had brought to her legs, without any need for medicines or rest in bed whatsoever.

-And she had suffered so much all through her life from those voluminous varicose veins!

-What a wonderful lesson that mother provided for her daughter!

-Operating theater?... A comfortable place to remember!

-Doctors... her friends!

-Scalpel and the rest of the medical tools... the way to obtain good!

-Life... something different and wonderful, more positive than they had ever before imagined!"

MY FIRST AUDIO TAPE

I spent much of the summer of 1975 working on the preparation and recording of an audiotape which would make it possible for many people to benefit from my experience.

I recorded a relaxation exercise, "Learn to relax yourself", in which I tried to introduce positive thoughts which would initiate a true prophylaxis, or preventative medicine, for several diseases.

The essence and foundations of my teachings are on the second part of this tape: "Know the creative power of your thought".

There are people who think that the effectiveness of this tape diminishes if they fall asleep while they are listening to it, because the rest of the tape is thus not consciously heard. But they are mistaken. When consciousness ceases due to sleep, the recorded words enter directly into the unconscious, without any conscious interference. The most important human resources will be started up at this unconscious level, and we will be pleasantly surprised with positive results for our lives.

I could tell you some very wonderful things that people have obtained, listening to this tape.

I usually recommend to my patients who have to wait some time before they can be received in my office that they use these tapes every day. When they come to my office, it is not at all unusual to hear them tell me that they have learned to solve some of their problems or that they have stopped taking certain medicines. Some of them call me up to tell they no longer need to come in to see me, that they have solved their problem, and that they would like someone else to be able to use the hour that I had reserved for them.

On one occasion I had no time to be able to see a baby of about nine months old, who was suffering from daily asthma attacks and was being treated with dangerous drugs. I advised his parents by phone that they should listen to my tapes at night, with their son between them and to think that he was going to get well.

A few days later, an emotional father called to tell me that his son was cured and that he no longer needed the medicines.

I would like to tell you about something that occurred in a maternity ward in Valencia using my first tape.

A patient who I had operated on in the San Juan de Dios Hospital some years before came to be trained in maternofetal psychoanalgesia. After adequate programming, I advised her to listen to my relaxation tape every day. At that time I had not yet published my tapes, "Direct your own childbirth" and "Healing by thinking-Noesitherapy".

With her labor already started, she phoned me and I reminded her of the things about which she needed to be thinking at every moment.

She entered the maternity clinic feeling perfectly well and with the dilation process quite advanced.

Near to her, in other dilation rooms, there were two other pregnant women. One of them, whose contractions had stopped, and with the birth paralyzed. The second one was waiting for a cesarean.

My patient was listening to my tape and my voice produced a tranquilizing effect on her neighbors.

A few minutes later everybody was in a hurry in that maternity ward. My patient gave birth with enviable normality and well-being, according to what the gynecologist and the midwife told me.

But that was not all. The woman who had been waiting for the cesarean gave birth with total normality, and the other, who had ceased to have contractions, gave birth so quickly that her baby came in the dilation room.

These childbirths amazed all of the health care professionals that were there.

I could write a whole book telling you anecdotes about my tapes.

In the year 1989 I heard about two very demonstrative experiences using my first tape in intensive care units.

Professor Belloch Zimmermann told me about the first of these. One of his family's friends had suffered a severe cerebral hemorrhage; he was in a coma in the University Hospital in Valencia.

Professor Belloch recommended to the doctors responsible for that intensive care unit to use my first tape with the patient.

The nurses and doctors present noted that the biological constants, in that monitored patient, clearly increased when my tape was played, and decreased when it stopped.

The second case was in another intensive care unit, in the Jativa Hospital, in the province of Valencia.

The mother of a patient of mine was in a coma due to encephalitis. I advised her daughter to use my tape. First of all she was to explain to the doctors the experience of Professor Belloch. And they used my tape very intelligently, and it reached all of the patients in that ward through the sound system they had there.

All of their patients received the message of my words.

The woman suffering the encephalitis awoke quickly. She started breathing normally, and asked for something to eat.

The family of another very old woman, who were expecting her to die, were surprised when the good woman she sat up in her bed and asked angrily after her daughter-in-law, who had not come to visit her that day.

A polytraumatised man, who had fallen out of a palm tree, was in such a bad condition that the doctors were waiting for an improvement of his general state, in order to be able operate on him. His situation rapidly improved, and the surgeons were able to treat him adequately.

Or that deaf and dumb young girl who relaxed and became extraordinarily calm putting a hand on the tape recorder, perceiving the vibrations produced by my words.

I remember some letters from people who after listening to my tapes had changed their minds about committing suicide...

On another occasion, a Valencian pharmacist gave me the posthumous message from a Pharmacy Professor who had died of cancer in the USA. He had asked his friend to thank Dr. Escudero; his tape had helped him to better face his death.

The marvelous summer nights of Rocafort seemed very short to me. The hours flew by while, in my studio, I was looking for the best way of recording my message, directed to the thousands and thousands of people who, because of this tape, would find solutions to their problems.

NEW HORIZONS

Imagine the following situation in a person of approximately sixty years of age: X-rays showed his hips to be completely deformed. The head of the femur must be round, like a billiard ball adapted to a concavity formed by nature to its size. This person had lost both femoral heads over a slow process in which they were destroyed. The necks of the femurs were in the place made for the femoral heads, adapted by an irregular surface as if their function was to avoid any mobility of that joint, and in effect there was really no mobility.

That image represented the antithesis of an articulation, and made it impossible for the man to move them: the articulations were completely ankylosed. When the patient stood up he was not able to separate his heels more than three or four centimeters from one another.

He had to use crutches in order to walk, and suffered severe pain in his hips, groins and knees; but his functional disability was even greater.

He was suffering from an aseptic necrosis of the coxofemoral articulations, produced by long-term treatment with corticoids. This was an example of an extreme case of articular degeneration, a total arthrosis.

I taught him how to anesthetize his legs and body. I invited him to stand up, and he was then able to walk without the aid of crutches. He smiled while his articulations, immobile for many years, produced a characteristic sound of bone against bone: "tock, tock, tock..." He smiled because of the well-being he was experiencing, walking without the crutches, and because of the strange "tock, tock, tock," produced by his hips, which I recorded on a tape along with his laughter and comments.

What would you think could have happened if I were to tell you that six months later, during the second appointment, he told me that he was better, with his legs feeling lighter, that sometimes he was able to walk thirty or forty steps without crutches, but he preferred to use them for precaution. He was able to separate his heels around forty centimeters and when he walked the "tock, tock, tock," had disappeared.

I knew that his hips were destroyed, but now they functioned better and with less discomfort and without the sound produced by the friction of the bones. The irregular surface of the bones was being adapted in order to function. A new articulation was being formed, different of course, but more useful.

New horizons are opening up for the special areas of medicine which treat these patients, particularly if they are treated soon and high-risk medicines area avoided, because of their side effects.

Another patient who came to my office was suffering from severe pain in all of her joints, whether she was standing up or resting in bed. The doctors that had been treating her had found it necessary to prescribe strong analgesics. She was considered to be absolutely disabled for any kind of work.

It was evident that all the medicines –anti-inflammatory drugs, analgesics, corticoids, etc.- she had received over a period of approximately thirty years of her life were not able to stop her disease, and only provided her with minimal relief for her pain, but at the same time they had produced all kinds of side effects and problems. She was swelled up with corticoids and suffered from diarrhea, which sometimes lasted for six months... and her illness advanced, and her problems, pain and disability had irremissibly increased.

When she came to my office, with my teachings she managed to radically change the sensations that had been afflicting her, thanks to psychoanalgesia. A whole month went by for her with no pain. After this time, she needed help, which I provided by phone. She was once again all right, and her mood had improved outstandingly.

Almost four months went by from the first to the second appointment.

She told me that her body was more agile; her knees were, and you could see it in her expression, a hundred per cent better. Sometimes she even forgot that she had knees. The relaxation exercises she practiced listening to one of my tapes proved to be of great help to her. She found herself in a much better state of mind; she slept well and walked more lightly. All these changes were astonishing to the people that knew her.

She no longer needed analgesics.

Her entire life had been positively changed thanks to the intelligent use of her thought, a medicine which she had substituted for all those she had been taking previously.

And all of this came about with only two appointments and one phone call over a period of approximately four months.

I could tell you about many cases like this one, but then this book would be interminable. Nevertheless, I cannot resist telling you about one more case.

One morning in June 1976 I received a phone call from a Catalonian surgeon. When he came to my office I invited him to come in with me to take a look at patient who was suffering from arthritis in his hip. When my colleague saw the patient's x-rays, he told me that in these cases a total hip prosthesis was indicated for his hips.

The patient had been suffering severe pain for the previous five years and he had been walking with a limp for the past three months. All of this made it very difficult for him to work .

In the presence of my colleague, he psychologically anesthetized his hip and walked with an ease that he had not experienced since the onset of his disease.

The simplicity of my procedure and the efficiency of the results amazed my colleague and his wife, who was always present.

After all of this, this doctor, who had come to me because of the pain produced by his hemorrhoids, obtained his psychoanalgesia with one thought and was able to sit in his car, without feeling the intense heat that radiated from the car seat, which had been exposed to the hot summer sun.

I remember another patient from Seville, who was diagnosed as being unfit for any kind of work because of an obstruction in his coronary arteries, he was suffering from severe angina pectoris.

He had been thoroughly studied, including a coronariography and no one thought he could return to work in his trade as a bricklayer.

After the first training session he felt so good that he was able to build a house all by himself, and with almost no help, he unloaded the truckloads of construction materials. His wife was amazed to see him able to do that.

My capacity for amazement continues to be intact, and each day my patients are surprising me with new and positive results.

I am witnessing surprising changes in some very serious heart diseases, thanks to the teachings of Noesitherapy.

Some patients with tumoral diseases continue dying, but in another way, with increased dignity, with different possibilities of well-being. And when someone decides to live, and when they come to understand that their illness began when they stopped fighting to solve the problems in their lives, if they truly wish to keep on living and controlling their lives, then the evolution of their illness changes completely and the cancer can stop.

Speaking about cancer. In my own experience it has always been positive to inform the patient about his/her disease. The human cause of the beginning of a cancer gene is usually found in the clinical history. Usually it is a personal, family or professional problem that has overpowered the patient's resistance and his/her will to keep on fighting or living.

The origin of the cancer is in the error produced inside the DNA of some cell due to different physical, chemical or biological causes. This situation can usually repeat itself several times in the life of every person. And when this happens there are inner control mechanisms that reestablish normality and automatically correct these errors.

But when the will to live is gone, when one throws in the towel, these genetic immunity mechanisms are depressed; the errors persist and the reproduction of cells continues without any control. This is cancer.

But when a patient recovers the desire and the will to fight for life, these mechanisms can reestablish themselves and can correct the errors of the DNA. These cells stop their uncontrolled reproduction. The tumor, which was the manifestation of this disease can persist, but the "factory" stops its abnormal work and the cancer is cured.

We can deduce that the best cancer prevention is to maintain these self-correction mechanisms. And this depends on the quality of life and in particular on the use we make of our thoughts. The difference between living in a positive or negative biological response, with all the consequences to the general immune state, is obvious.

When I ask my patients with cancer if they want to live, their answer is usually the same: "Yes... but, not in this way". And they are usually referring to the human circumstances which were the reasons that their lives stopped being desirable.

A young boy about nine years old came to my office because he was not able to eat nor drink proteins from the cow. This was something he had never tolerated. He learned to program his brain and from the first appointment his problem disappeared.

Was he able to change a condition, which seemed to be genetic. I only know that these changes happened, and that I am happy for it.

No matter how much I insist on the importance of being born with the protection of maternofetal psychoanalgesia, it will seem insufficient to me. The lives of Noesibabies -which is the term I use to refer to children born using my system- are so positively conditioned that they will be protected from many problems. The result will be new generations with greater intellectual potential and greater freedom during the moments when they must make decisions in their lives, and with fewer insurmountable traumas.

PROFESSOR BELLOCH ZIMMERMANN

Professor Vicente Belloch Zimmermann closely observed the pupils of his wife Maite's eyes, and he was unable to perceive of any change in them while I was piercing her arm with a needle. Her psychoanalgesia had been programmed with only one thought.

How could it be possible that the dilation reflex of the pupils produced by pain did not take place?

Maite had controlled the sensitivity to pain in her arm. She had pierced the arm herself several times with the needle, and I put another one in her leg without pain. And the anesthetized leg was lighter than her other leg when she walked, with a sensation of well-being unknown to her until that moment.

This was during the second appointment I had with the professor's wife. He was a Professor of Physical Therapy and Radiology in the Valencia College of Medicine, and Vicente was the son of my Professor of Pharmacology.

He once asked me if my work had any relationship with Parapsychology. I replied that there was no relationship whatsoever. Parapsychology is concerned with phenomena which, according to the parapsychologists, are not always repeatable at will, on the date nor at the moment desired. On the contrary, everything that is obtained by my patients is produced every day, at the moment they want and when they need it. I told my colleague that my work was more related than he might have thought to his specific area of medical practice... He was accustomed to using different physical energies as a means of diagnosis and treatment in Medicine. But, what does all of this have to do with my work?

Every thing in Nature is related to every other thing. The spiritual energy of man, his soul, is a part of the energies of the Universe. Thought is the instrument through which the most subtle and efficient energies that exist in man are used, and thought influences in the equilibrium of the vital energies upon which our health depends.

The action of thought on the cerebral cortex and on the central nervous system produces biochemical changes which are capable of altering the electrical conductivity in the cerebral communication pathways; it stops the production of pain, or makes it more difficult... Thought is able to start or drive the endocrine mechanisms on which the well-functioning of the organs and of the entire body depend, and the psychological balance of the person as well. The natural defenses against infections and against diseases can be increased, as well as the correct functioning of cells, tissues and organs, and the harmony between the organs with all the body.

Thought have an influence over the most complex of biochemical mechanisms, such as hemostasia regulation or in the healing of tissues, or putting into motion and controlling the mechanisms that control childbearing...

And much more, such as the rectification of the error produced in the cellular DNA that has made it possible for cancer to appear, making it possible for the genetic immunology to function correctly once again.

While I was writing this story, I remembered a young patient with an acute appendicitis. The clinical and analytical explorations confirmed the diagnosis; the number of leukocytes was twice the normal level, and the neutrophils were frankly high.

Without surgery, without medicines and with only the correct programming, by phone, in less than twenty-four hours everything was normal, both in the clinical exploration and in the laboratory results.

The doctor repeated the analyses several times, because she simply did not believe that such a difference was possible in such a short period of time. She thought that there could have been an error, but she checked and found that her work had been correct. The disease had changed in the same way, and the patient was back to a completely normal state.

Yes, my friend, Noesitherapy uses "other" energies that are capable of controlling and directing everything human life.

Some time later I saw Professor Zimmerman in a lecture given by *Professor Severo Ochoa*, at The Royal Academy of Medicine in Valencia. The Nobel Prize winner delighted to us with his lecture about genetic and molecular biology.

When Professor Belloch Zimmermann greeted me, he said: "How different all this is from what you are doing, Ángel"...

My answer surprised him, "Don't be so sure, we are much closer than you imagine. We start from different and opposite points in our research, but we meet in the center. **Where the unanswerable questions in Biochemistry begin, the spirit is acting...**"

We had a nice experience together in my operating theater when I was operating on his wife for venous insufficiency, with no visible varicose veins in her legs.

Maite managed to obtain the necessary psychoanalgesia for her surgical intervention as well, and immediately afterwards they went to the beach for a walk.

Professor Belloch Zimmermann was able to verify some of the possibilities of Noesitherapy in his work at the University Hospital in Valencia, when using radium needles on patients with cancer. The well-being the patients obtained was obvious, and there was also less inflammatory phenomena, among other things.

Professor Belloch Zimmermann, my friend, was one of the four doctors chosen by the BBC as advisory consultants for the production of the documentary they produced on my work, broadcast in May of 1991. Of the four doctors, he was the only one who had any close prior knowledge of my work before the realization of that documentary.

I will always remember him very fondly for the confidence he placed in my work. He passed away some years after these experiences.

IN A COMA

The doctor in charge of the intensive care unit, students of Medicine and some nurses looked at me in surprise, because I was talking to a young Medical student who was in a deep coma; he was unconscious after suffering an encephalic trauma in a car crash.

"This is Ángel here. You can be calm, your parents are fine and they want you to get well soon. Everybody here is treating you very well. You're going to regain consciousness and all of your injuries are healing easily. Soon you will be back at home. You are going to feel a very pleasant sensation of well-being all over your body. You are completely relaxed and want to return home. Everything is coming back to normal..."

I was telling him these and other similar things, sitting close by him at the head of his bed in the intensive care unit. I once again checked the reflex of his pupils, and found to my pleasant surprise that both pupils were the same size. When I had arrived, they were anisocoric, or different sized. When I left him, several of the people who had been listening to my monologue accompanied me.

-But, he cannot hear you!

-Why were you telling him all those things if he cannot understand...?

-As long as he continues to be alive, everything that is happening comes to him on an unconscious level.

-What does the patient's recovery depend on? What energies does he need for living while he is unconscious? While the patient is unconscious, everything depends on all of the energies that there are inside the person, which now are functioning thanks to the unconscious control. If at this level within the person there are no reasons to want to keep on living and recover consciousness and health, then the person is at a greater risk of dying than a person who has positive reasons for continuing to live, even if both are suffering from identical lesions.

If through my words I am able to motivate him positively, all these unconscious energies that signify a thread that is keeping him alive will serve to activate everything that is necessary for life to go on, and for the recuperation of health.

I calmed his parents down after having seen him. His father was a doctor, but apparently he was not able to do anything to improve his son's situation.

I told his mother that she should not waste her energies on weeping and getting herself into a nervous state. I told her that she had to help her son.

-But, how, Ángel, how can I help him?

-You can do much more than you can imagine you are able to ... Go home and go about life as normal, but put into your mind, all day long, these thoughts, like a prayer. Do not tire of thinking and repeating over and over again: my son will get better, he will recover consciousness and his injuries will heal quickly.

-But can I truly help him...?

This special sense that mothers have for their children made it very easy for her to accept my advice. She knew about my work and knew that I was not speaking in vain.

-Without any doubt, you will see that everything is going to turn out all right. Even though he is unconscious, play my relaxation tape to him, very low close to his ear, as if you wanted him not to hear it. Do it several times a day.

Some hours after my visit he recovered consciousness and his general state improved quickly.

On the third day after the car accident, the day after my visit to him, the doctors that were caring for him saw that the wounds on his head had healed, and they took out the stitches.

From these pages I would like to call the attention to all those people in charge of this type of sanitary unities all over the world.

Do not allow anyone to speak negatively or frivolously in the presence of the unconscious patients about the risks they have of dying. Sometimes the health care personnel who take care of these patients talk as if they were in a dissection room boasting of their insensitivity. It is possible that these things do not affect them, but their words, their attitudes and even their thoughts reach the brains of those patients, including the unconscious ones, who are fighting against death. Their unconscious are more active than ever and they are more easily affected. The starting up of their vital mechanisms depends on this. The negative commentaries that are inconsiderably and out of sheer ignorance uttered can be decisive factors to tip the balance of life one way or the other. I was telling these things and other similar ones to the people who accompanied me after my visit to that young man in a coma.

But I would say more to the people in charge of this type of care unities. There should be adequate installations for the use of small headphones through which the patients could receive positive messages, which would give their souls positive and tranquilizing ideas to improve the natural mechanisms of health. Expert health care professionals with sufficient knowledge about Noesitherapy should record these tapes, or the closest relatives of each patient, under the supervision of health care professionals.

I remember a child of about four years old who had apparently suffered brain damage as a result of a car accident. Following my advice, he received positive messages and stories recorded by his German grandfather and the constant and endearing words of his parents. In spite of the prognosis of the doctors who attended him, his recovery was complete, and he was able to talk with exactitude about the things that had happened around him during the time of his deepest coma, when everybody thought he was absolutely unconscious. He recovered his knowledge of the languages of his parents: Spanish, German and Valencian.

I tell you, my friend, this practice would be so efficient that the statistics comparing a similar number of patients treated with and without this help would be completely different.

Each and every intensive care unit ought to have a Noesitherapist. The recorded tapes should be so positive that they would serve not only to help in the recovery of health, but also to help those patients who are not able to overcome their situation to have a better death.

Of course, all the medical staff in these units would need to be trained in the knowledge of Noesitherapy so as to improve the results of their work.

All of this could also be applied to dilation rooms in maternity wards and delivery rooms.

Today, expensive apparatus are used to monitor mothers and babies during childbirth, but it is necessary to give a touch of humanity to all these things, to add the warmth of a loving word, in the knowledge of its positive effect, and this would most surely be a change for the better to the atmosphere in these centers, and would provide all manner of benefits to mothers and newborn babies alike.

NOESITHERAPY COURSE FOR DENTISTS

I would like to tell you something about the course for dentists I gave in June 1978, at the Valencia Medical Association, at the request of the regional *Academy of Stomatological Studies*.

I spent the morning of the day we were going to begin the course in my operating theater. I operated on four legs with varicose veins in the presence of a colleague from Panama, Dr. Sabonge, who had come to visit me with his wife, an anesthesiologist nurse. I had met them in Panama the previous year on the occasion of a speech I made to the staff of the Santo Tomás Hospital in that city. Both attended the course.

I invited a patient and the dentist who had operated on her following my teachings to one of the sessions of that course, with my American colleagues present. I wanted them to tell us about their experience.

Both doctor and patient talked to us about the same thing, each one from his own particular point of view.

The patient was allergic to all types of local anesthetics. She telephoned me from the dentist's office requesting my help. She told me she needed to have a tooth extracted, an upper bicuspid. We briefly programmed her psychoanalgesia, by phone. We hung up the phone, and I waited for her to call me with news of the results.

Some time later, the patient phoned me and said that everything had gone perfectly, but that the dentist, a little nervous due to the experience he was going through, an experience new to him, and perhaps in a hurry worried about the effects of the psychoanalgesia wearing off, had broken one root of the tooth that he was extracting. He needed more time to finish his work.

When the patient became aware of what was happening, she made signs for him to let her talk. She told him to be calm, not to be in a hurry, that the psychoanalgesia would last until he finished everything he was doing ... The dentist was able to finish his work perfectly.

This was the story told by doctor and patient to the dentists who attended the course.

I told them that the most important thing that had happened was not the extraction of the tooth without chemical anesthesia, but that the most important thing was the following: before beginning that particular session of the course, I had had two of the dentists attending the course examine her mouth. When they were able to observe the magnificent state of the scar, they calculated that the extraction must have been done between ten and fifteen days before... and it had been done the day before. Both doctor and patient gave testimony to my words.

After reading this, it will seem most normal to you that towards the end of 1982, a patient whom I had operated on both of her legs for varicose veins, had been able to go to her dentist and have five teeth extracted without chemical anesthesia, much to the amazement of her dentist. That patient obtained her own psychoanalgesia merely by keeping her mouth wet and thinking once that it was anesthetized.

In another session of that course I showed a film of an *endodony*, the destruction of the nerve in a tooth, which had been practiced by one of the doctors attending the course on one of his colleagues. The particular thing about this was that we had programmed his psychoanalgesia two days before, during a dinner with his colleagues, and without repeating even one word about it beginning the *endodony*.

POSTHUMOUS LESSON

When I began studying Medicine at the Medical School in Valencia, in 1950, *Dr. Montesinos* was an auxiliary professor of Anatomy with Professor Alcalá Santaella.

A group of students were painting anatomy illustrations with Indian ink wash drawing. These are my first memories of Dr. Montesinos.

Many years later, about a quarter of a century later, I received a phone call from my old professor. He congratulated me for my work and told me he was interested in learning, if I wanted to teach him.

I received him several times in my office and he learned how to obtain psychoanalgesia.

He needed to extract a tooth, and we programmed the psychoanalgesia for the day of the extraction. The dentist was amazed at the result.

He began to use psychoanalgesia for the preparation of pregnant women, who were under his care at the “Jefatura Provincial de Sanidad”. He was the only doctor that attended my first course, organized for midwives at that center, in 1975.

In Paris he had learned the Lamaz method -imported from Russia- for the preparation of pregnant women. But in the teaching spheres of Gynecology in Valencia, he was not received the necessary help in order to develop that work.

From the old fire the embers remained, and they were revived by the contact with my new experience.

In the summer of 1975 he asked me to operate on his hemorrhoids. He was taking an anticoagulant treatment, so we held off on his surgical intervention for a few days.

I told him that the day before his operation that he should have dinner as normal. Even have breakfast before leaving his home on the way to the clinic; this was completely different from what my colleagues usually do to prepare this type of patient.

My reasons for doing this were that the more normal his food, the easier would be his first defecation after the operation, and every thing would be more physiological.

It had always been thought that the first defecation should be delayed for as long as possible. This is why patients normally receive cleaning enemas and opiates to stop the intestinal peristalsis, and so on. But, just the opposite thing happens. It is well known that the postoperative period is painful.

I believe that the less time that goes by between the operation and the first defecation, the more the patient is protected by the psychoanalgesia. His body will adapt more easily to daily defecation, and the mechanisms against infection will have been started by the harmonic global biological response produced by the positive thoughts that programmed the psychoanalgesia. Everything will be better, including the healing of the operative wounds.

After having breakfast he drove to the clinic in his car, accompanied by his wife.

As you might suppose, I assumed a great responsibility for accepting my friend's request. I knew the dilation of the anal sphincter needed a deep and perfect analgesia.

Large hemorrhoidal nodules were held by pincers one after another, and tied off at their bases, after cutting the skin and mucus in their implantation. The electric scalpel sectioned the nodules outside the ligatures.

My patient was calm and his sensitivity perfectly controlled. The moment came when the anal sphincter needed to be dilated.

This was the moment of greatest tension and risk... My gloved thumbs joined together along their backsides dilated the sphincter... While I was doing this, my eyes sought out those of my friend ... Everything was all right and I repeated the same maneuver a second time until I was satisfied with the result.

I placed a gauze wick impregnated with vaseline inside the anus, and my job was finished.

He had a little cyst on his abdomen, which had formed over the scar of a previous surgical intervention. He asked me to remove it, and a moment later I showed him the cyst in my hand.

He stood up happily from the operating table, and he put on his pajama trousers and left the operating theater on his own two feet. We congratulated one another.

His biological constants had been completely normal all during the operation. Dr. Lázaro had alternated keeping an eye on them with filming the operation.

When we were leaving the operating theater we met a friend of his.

-How are you, Manolo?

-Fine. I've just had my hemorrhoids operated on.

-I'm very happy for you...

Without any doubt, his friend, an anesthesiologist, was thinking of anything at that precise moment except that he had just come out of the operating room, what with the air of victory he had in his expression.

The Medical School is right in front of the clinic, and Dr. Montesinos told me that he was going there to demonstrate that...

I interrupted him and said that everything had already been demonstrated, and that he should go and have a peaceful lunch with his wife.

He drove his car to a restaurant near the clinic.

He kept the bill of that lunch as a trophy. They had celebrated the success of his surgical intervention.

By mid afternoon he left the clinic and went home.

That same night he defecated for the first time, just as we had wanted him to, with normality and well-being.

The following day, Sunday, he came to Rocafort to visit us with his wife, driving his car as always. We spent a pleasant afternoon together.

And the following morning he was back at his work, right on time, as if nothing had happened.

There was nothing special to mention about the postoperative period, except its normality.

In the Medical School, and especially in the Faculty of Obstetrics and Gynecology, where he had been a collaborator for many years, he left well-established the truth of his friend Escudero...Who would be able to deny his experience?

About two years later, on the 20th of May 1977, he died suddenly.

Days earlier, as in other years, he had asked me to give the final course lecture to his nurses training at the Medical school in Valencia. He wanted to show them the film of his surgical intervention.

I did so. His son, also a professor at that Medical school, introduced me to his pupils. And his pupils received, with emotion, the last lesson from their professor, his posthumous lesson from their master, who had continued to be just that, even after he died.

An emotional memory for the Doctor, for the Master, for the friend...

THE FIG TREE IN MY GARDEN

My wife and I were walking in our garden.

It was a summer evening.

We were coming from the fig tree in one corner of the garden. It was so small that it was very easy to reach every one of its tender branches from the ground.

We were coming from that corner in the garden, and we had not seen one single ripe fig. Eight or ten figs ripened each day.

That morning I had collected the harvest of that day. I enjoyed doing this every day.

None of them would be ripe until next day.

A group of children were running in the street. They approached, and as they had seen us coming from the fig tree, they asked me for some figs.

I told them none of them were ripe.

Nevertheless, they insisted... and the desire to please them arose inside me.

We approached the fig tree. This was obviously absurd, because I had just been there. I looked over each one of its branches and at each one of the figs.

I was surprised to find six black, ripe figs, with white cracks on their black peel, ripe!

One of the girls said to me, "I want the biggest one for myself."

-Line up according to age, the oldest one of you here, close to the fence.

The girl who wanted the biggest one was the eldest of the group.

I distributed the figs, and there was just one for every child; every one had a fig. For my wife and I there were none left.

I distributed them in reverse order of size; the biggest fig was for the youngest of the group.

- "These are really delicious!" One of the children said, licking her fingers. The figs that should have ripened the following day were delicious for them. I watched them go off to play, and I realized that one of the older girls had a stiff knee; she could not keep up with her friends.

- What is wrong with your knee?

When she approached I noticed the red of Mercurochrome on her knee.

It was sunset.

- I fell down and I can't bend it. It hurts.

- Would you like to move it without pain?

- Is that possible?

- Of course, if you want it to be.

- What do I have to do?

- Very simple. Repeat with me, in a loud voice... "My knee is anesthetized, as it will be until the moment it is cured, which will occur quickly!"

The girl left running and joined the group of kids.

- "She can run!" said one of them.

They approached the white-bar gate again and one of them exclaimed when seeing my name plate on the wall:

- "Yes, it's Dr. Escudero!" He remembered having seen me on television.

- Hey, where have you learned those things?

- I learn from my patients.

-From your patients?

-Yes, I learn from them. I observe them, and you see what the results are. Look at your friend.

-We come to the Country Club with our parents. We'll come and see you at the weekends.

- Good-bye!

-See you!

And they went running off; all of them, with the girl with the red Mercurochromed knee at the head of the group.

The following week those same children rang the doorbell and asked for me. I appeared on the balcony and greeted them. They stayed there when I went inside. I didn't know what they were doing on the pavement.

In the evening I went down to go for a walk and I read the messages of love that, with a piece of plaster, they had written on the ground...Crossing the asphalt pavement of the street, I could read in big capital letters: "THE ROAD TO LOVE". And other things that bear testimony to the extraordinary, marvelous sensitivity of children: "We'll come back to see you on the weekends"...

The fact is that they ate, unknowingly, the figs that should have ripened the following day.

Those children had eaten, on that day of the previous week, the figs which should have been ripe the following day... And it was not a dream; it was just something that my wife and I both lived through closely that weekend evening at the end of the summer.

SECOND PART

-1-

CONCEPT AND BASES OF NOESITHERAPY

Man is a great unknown for himself.

In the *Second Congress of the SIMER* (Iberoamerican Society of Rural Medicine) in Valencia, Spain, 1980, I began my paper "*Human Resources in Medicine*" in the following way:

"Some time ago a Catholic missionary was complaining about the problems they had in a mission in the middle of Africa, and in particular about the extreme shortage of therapeutical resources. We give out one aspirin in four bits, but what do we do when the last bit of aspirin has run out?"

"I ask myself, how does a doctor of our time, even from the best Medical School in the world, feel, without a prescription book, without a pharmacy at his disposal? How does a doctor feel when faced with a polytraumatized person, without resources to help him while he is waiting for an ambulance? I ask myself how he feels facing childbirth, without even a local anesthetic and needing to practice an episiotomy, a forceps, or a manual extraction of the placenta? I ask myself how does a surgeon feel, with the scalpel in his hand, without an anesthetic, without an anesthesiologist? And how does an anesthesiologist feel without his apparatus, without his anesthetics, without his drugs?"

"The missionary felt useless. **A doctor, without a pharmacy, without anesthetics or analgesics, feels impotent... And this is due to insufficient knowledge about human resources against illness and pain**, at least in the official centers in which Medicine is taught, in which if somebody speaks about these things, he does it as historic erudition, without an operative capacity for transmitting this knowledge to future doctors."

Deeds will give credibility to our words.

As a surgeon, I am a practical man; above all I respect deeds... and from them their goodness. The explanations that I will try to find for them, particularly about their why and wherefore, are but attempts to incorporate them into science. And the philosophical treatises that they suggest to me, the desire to better understand man in his marvelous and indivisible unity of body-spirit, and to answer the two supreme questions: where has he come from and what is his destiny. Man is a being who longs for infinite happiness.

After having made clear the impotent sensation of the doctor to those attending the SIMER congress, I told them:

"I have found myself in all of those situations, and I have always found the way to be useful to my patients, from a polytraumatized person on the road, to being able to operate on all my patients, as an ordinary thing, without chemical anesthetics. And this, not because of a lack of anything in the medical centers where I carry out my work, but precisely because I am demonstrating that many of the things that we have come to consider as essential for the practice of Medicine, are not necessary at all... If the doctors, and the man, in general, feel themselves impotent in the face of certain situations of illness and pain, this is because they are not aware of the human resources that exist in order to be able to overcome these situations, to be able to find solutions to them."

Within these pages I am going to talk to you about my search in the area of human resources, my search to find new paths in order to be able to offer them to man and to Medicine.

The health care professional must learn to be more efficient, using each time less chemical, or to at least use them with more respect and less abuse. Health care professional must teach their patients to respect the creative capacity of their thoughts, to enrich their lives, to

learn to live more happily, because this will be the basis for the most elemental and efficient prophylaxis.

If we do not come to understand that the “Preventive Medicine” the World Health Organization talks about must begin at this level, we will never come to the point where it is truly put into practice.

In my ordinary life as a doctor and surgeon I see patients that overcome pain in the most varied of circumstances.

I see patients who enter the operating theater with a smile on their faces and obtain their own psychoanalgesia.

I see women giving birth with happiness written all over their faces, and babies with some indescribable and positive expressions in their looks when they are born. Their psychomotor growth is quicker and more positive.

I see sick people finding cure from the most varied diseases, or changing the situation that they had around them.

I see people that learn to solve their problems and start to live more happily. And when this happens, they want to share their good with their fellow man.

I ask myself, isn't this what Humanity needs in order to find a remedy to its evils?... And this remedy is love.

If you ask me what I teach my patients and followers, I will tell you that I teach them to respect and use the creative power of their thought, because each one of these thoughts is a program in their brain's computer, a program which is able to bring into their lives all of the good they need, or the evil which will be their misfortune.

My followers will write a new Pathology, because if it is true that the evolution and prognosis of infectious diseases changed with antibiotics, it is no less true that by applying the teachings of Noesiology all human pathology will change its manifestations and its evolution for the good of those who use it.

TRANSCENDENCE OF THE ACTION OF THINKING:

NOESIS

Action of thinking



HGBR

Harmonic Global Biological Response



NOESIOLOGY

**Science that studies the effects produced in life
by the starting-up of thoughts.**



PROPHILAXIS



THERAPY



PEDAGOGY



NOESITHERAPY



MFPA



MEDICAL AND

changing fear

SURGICAL

for love

APPLICATIONS

(HGBR + VPA)

NOESIS

Noesis means in Greek: *the action of thinking*. Each thought produces in the life of the human being what I have called a **harmonic global biological response (HGBR)**, and this is the basis, the cornerstone, of **Noesiology**: *the science that studies the effects produced in life by the start-up of every thought*. HGBR is the conjunct of psycho-biological reactions produced in the human being by the starting-up of every thought. In order to simplify, we shall refer to it as **biological response (BR)**.

Each thought produces a harmonic, global, biological response inside the whole material and spiritual being, in the sense that it marks out the content of the thought which started it. In other words, each thought has an influence on man's global energies, and according to its intrinsic meaning, either a useful and beneficial effect will be produced, or in the opposite way, a negative and damaging effect.

In consequence, depending on the content of every thought, the biological response (BR) can be positive, useful, or negative, which signifies an incorrect and harmful use of the vital energies, with repercussions on the functioning of the organism, although this is sometimes on a subtle level, and with physical and psychological repercussions on the state of health.

And it is *harmonic* because the whole of the being, and each and every one of its parts, will function programmed, in some manner, according to the significance of every thought.

Thought conducts the orchestra of life.

Imagine an orchestra which is dependent on the conductor's indications, the thought. Each one of the instruments and the orchestra as a whole will be paying attention to the conductor's indications. There will be always harmony, but this harmony could be tranquilizing, relaxing and positive, or on the contrary, worrying, enervating, and negative, when the thought also is.

I like to compare the brain with the steering wheel of a car. The driver expresses his will, his thought, to the vehicle he is driving, with the movement of his hands on the steering wheel, and it obeys his commands.

The car is prepared to obey the orders of the steering wheel... and it obeys them, whether they are correct or incorrect.

If, on a straight road, the driver gives a sudden jerk to the steering wheel, to the right or left, the car obeys, because it functions correctly, even when it leaves the road suffering a crash.

The brain is like the steering wheel of human life. Its owner programs it, drives it with each one of his thoughts, and it tries to obey.... Even if they are inadequate, incorrect, negative, even if this results in something bad for the owner. The brain only accomplishes the program.

And as we have not received this knowledge in our ordinary education, as the transcendence of thought in our life is ignored, man lives his life bumping along right and left on his life's road. He does not know how to drive adequately, because he believes it indifferent to think about good or about evil. And he is making a mistake; every thought is a seed of good or evil in our lives with repercussions to our environment.

Every thought produces an adequate biological response in accordance to its meaning. And life, in its entirety, is marked by the different biological responses and by their positivity or negativity.

Not in vain do I say that **thoughts are like the hands of the soul which model human life.**

POSITIVE BIOLOGICAL RESPONSE (PBR)

PBR is the biological reaction produced by a positive thought; which is reassuring, provides us with peace, well-being, better health, and helps us to live happily. We refer to the thought that produces these effects as positive.

For a correct functioning of the human body there must be a balance in the vegetative nervous system between the sympathetic and parasympathetic.

Man, in our time, due to the kind of life he leads (job, or lack of a job, worries, stress, etc.) breaks this balance, thus producing a sympathetic predominance. With a positive biological reaction this balance is re-established thanks to the activation of the parasympathetic system.

In a person living in **positive biological response**, we can see a series of **signs of vagal predominance of the muscarinic kind** such as:

-Wet mouth: Fluid, liquid saliva is produced by the salivary glands under the stimulation of the vagus, a part of the parasympathetic nervous system. This produces a pleasant sensation in the mouth.

-Miosis: The pupils are contracted, or their size adjusts to the lighting situation. Miosis is a sign of a vagal predominance, which improves the capacity of accommodation to light and the visual sharpness. These vagal impulses are transmitted through parasympathetic fibers, which run through the *common ocular motor nerve*. The opposite effect, dilation of the pupil, is produced by sympathetic stimulus.

-Pink and dry skin: Due to a slight peripheral vasodilation produced by the parasympathetic.

-Discreet bradycardia: Or **normocardia**, the heart maintains a more physiological rhythm, and does its job with less effort, thanks to the *vagal effect of the muscarinic type*, which improves its metabolism and the use of oxygen and other energetic substances, depending on the requirements of the moment.

-Normopressure: Arterial pressure tends to balance out. If there is a certain degree of hypertension, it tends to lower it, depending on the functional condition of the arteries. At the same time, peripheral resistance to blood circulation decreases, thus blood irrigation improves throughout the whole body, to every tissue, to every cell. This vagal effect is very useful for people who have a tendency to arterial hypertension.

-Muscular relaxation: This is evident in our patients while we are operating on them. They enjoy the effects of the positive biological response.

-Soothing reassurance and more self-control.

But we can see another series of manifestations if we carry out a more exhaustive observation of these situations in our patients, such as:

-Better hemostasia: We have proved it in our surgical work.

We have been able to verify this in our surgical work.

-Better cicatrization of wounds: Cicatrization is much more rapid and with less inflammatory phenomena. I usually remove the stitches from my patients on the fifth day, and sometimes on the third or second, thanks to the perfect healing. The positive biological response and the lack of any toxic effects from anesthetics improve the metabolism of the tissues. I have been using surgical glue to close up the skin since November of 1997, and the healing of surgical wounds has improved even more so.

-Better immune state: Due to the increase in the body's defenses, conditioned by circulatory, metabolic and psychological improvement. **Thanks to this mechanism, I have not had so much as even one case of postoperative infection among the patients I have operated on without chemical anesthesia, without the use of antibiotics in several thousands of surgical incisions.**

The effects of positive biological response by no means end with what I have described up until this point. It would be possible to describe others, such as the balance of the secretory and excretory

functions in the digestive apparatus, stomach, biliary tract, colon, which influence in the quality of defecation.

We could study the effects on the suprarenal, hypophysis, etc. functions. But we need only verify one of the observed effects, the existence of fluid saliva in the mouth, in order to know that we are living in positive biological response.

NEGATIVE BIOLOGICAL RESPONSE (NBR)

NBR is the produced by a thought which is capable of producing discomfort, anguish, nervousness, unhappiness and even disease.

We look at the signs that are most easily observed, in order to learn how to identify them. And we shall see that they coincide with **signs of sympathetic predominance:**

-Dry mouth or thick or white saliva: Sympathetic saliva.

-Midriasis: The pupil tends to dilate. This is a reflex that can be observed when there is pain or when the person is under the effects of fear. The pupil also dilates when there is little light, in order to facilitate the passage of light to the retina. This dilation of the pupil is produced as a result of sympathetic stimulation.

-Tachycardia: The rhythm of the heart accelerates due to the effect of the adrenaline. Adrenaline alters the correct distribution of the substances that the heart needs in order to produce the necessary energy for each contraction; it facilitates the entry of sodium into the cells of the cardiac muscle, and extracts potassium and magnesium from them. The metabolic capacity of the heart is thus reduced, and also its energy. An excess of sodium and calcium inside the cells makes cellular metabolism more difficult. Potassium and magnesium inside them improve this.

-Vasoconstriction: In certain vascular sectors -skin and viscera- in order to carry more blood to the muscles. The peripheral resistances to blood flow increases, altering the nutrition and function of these organs.

-Hypertension: Initially this is functional, but if it is produced again and again, it will cause organic damages to the circulatory apparatus.

-Pale skin and cold sweat: Can also be present with negative biological response.

-Muscular tension and rigidity: The cause of frequent discomforts at the back of the neck, in the cervical muscles and others, which normally go hand in hand with stress.

-Nervousness.

-Decrease of the immune state: This is responsible for the fact that people living in continuous negative biological response are more vulnerable to all types of diseases (infections, neoplasia, immunodeficiency in general, etc.)

Doctors *Serov* and *A.Troskin* (in the former USSR) proved that the number of leukocytes in circulating blood increases by 1500 units per cubic millimeter following the suggestion of a positive, pleasing emotion. And to the contrary, a negative, unpleasant emotion decreases the amount by up to 1600 per cubic millimeter.

My experience coincides with the observations of the above-named authors, in that I have not observed even one case of postoperative infection in my patients operated on under psychoanalgesia, which signifies an improved immune state.

At the beginning of this book I wrote: "*Disease is usually a lack of love in human life, which produces a psychosomatic disharmony. Psychologically and physically disease is a request for love*"...

Children demonstrate that these affirmations are true.

It is a fact that children in hospitals and orphanages, without their mother's love, are more exposed to all kinds of diseases, much more so than those who enjoy the love and care of their mothers... These diseases are, really, a request for love... In adults, things happen the same way: *those without love suffer more illnesses*.

Each thought is a complex program in the computer of the brain, prepared to make real its contents. Thought acts in this way on the whole hormonal system and on the whole of the marvelous balance of the vegetative system, sympathetic-parasympathetic, which will produce the increase or decrease of energetic waste, muscular tension or relaxation, nervousness and fear or confidence. Something much like a *general adaptation syndrome (Shelly)*, but not only limited to situations of stress.

I'm giving you an example, what happens if a woman has learned to use her thought adequately and thinks about every pleasant and positive thing she and her baby need, she wants, and knows she can obtain. What is happening?... She is relaxed and calm; a vagal predominance is detected in her. And, as the uterus needs this vagal predominance so that her contractions will be normal and psychological conditions for normality and well-being during the childbirth improve, and this makes it easier for her to obtain psychological anesthesia.

In the opposite way, if a woman at the moment of giving birth has unpleasant and negative thoughts of fear, she is producing a sympathetic predominance, and the greater production of adrenaline will act on the uterus, retarding its contractions, and thus making the birth of the child longer, more difficult and painful.

The woman is at greater risk of suffering a psychological dystocia.

If we imagine life as a chain with a multitude of links, we will see that each thought is the mental equivalent of taking hold of one of the links of the chain. If we pull on the link in one direction, towards good or towards evil, the rest of the chain will go the same way.

Man goes through his life without paying attention to something which is so elemental, or acts as if, in fact, he did not know. And this is the cause of the greater part of his evils.

What happens when man thinks indiscriminately about positive or negative things?... He is producing real knots on the chain of his life, because he has not learned that in order to drive his entire life towards good, it is necessary to pull out always in the same direction, the positive one.

Let me give you an example of *positive biological response*; let's think, "*My mouth is filling with fluid and pleasant saliva...*"

The brain receives this idea, which signifies an order: mouth-saliva. And as a response to this order, the brain starts a vagal predominance of the muscarinic type, which is necessary to stimulate the salivary glands so that they will produce fluid saliva, saliva with low mineral and organic content, *vagal saliva*. And this is produced as a result of orders received through the *chord of the tympanum*, a branch of the *facial nerve* (seventh cranial pair) to the *submaxilar and sublingual glands*; and by the *glossopharyngeal nerve* (ninth nerve) to the *parotids*.

Vagal predominance is global, in the whole body. And because of it, we can detect, in addition to the fluid saliva, the basic signs of a positive biological response, which is accompanied by a great sensation of peace and relaxation.

As a typical example of a *negative biological response* we can consider what happens when someone experiences fear: a discharge of adrenaline is produced, in the suprarenal glands. As a consequence we can detect a series of signs of sympathetic predominance, already described in the negative biological response,

(Dry mouth, mydriasis, tachicardia, vasoconstriction, hypertension, pale skin, and anxiety...) All of which is produced automatically, without any conscious knowledge of these mechanisms.

Fear makes us live in a negative biological response, and as a consequence makes us more vulnerable to disease.

Love makes us vibrate with a positive biological response that brings us into harmony with every thing that surrounds us. *This is the reason for the Gospel precept, the commandment to Love, as preventive medicine.*

Noesiology has two great possibilities for application and study: in man in any circumstance of his life, as a *prophylaxis*. And in sick people, as a *therapy*.

Prophylaxis requires a pedagogical, educative process, which should be started at the beginning of our lives. This goal can be accomplished through maternofetal psychoanalgesia (MFP), which actually signifies the beginning of the education of the human being before he/she is born.

Any pedagogic process should fundamentally serve to improve the knowledge that man has of himself, to increase the quality of his life.

And all of this must pursue a fundamental goal: to change the fear that overrides human lives, for love.

Fear produces negative biological responses, and love produces positive biological responses, and therefore brings us closer to perfect health.

In using the capabilities of thought as a therapy, **Noesitherapy, healing by thinking emerges**, and has applications in all medical specialties as a result of the positive biological response, which starts up or puts into motion the natural mechanisms of healing. And to this we can add its application to all surgical specialties, thanks to volitive psychoanalgesia (VPA) and to positive biological response, with their beneficial effects, the preoperative and postoperative periods are transformed into something much more benign and positive, even if chemical anesthesia has been used.

By now we have reached the point where we have a global idea of what the action of thinking, or **noesis**, means to human life.

Man needs to be taught, from childhood, that his life is directed by his own thoughts, and that every one of these thoughts is a program in the computer of his brain, with the capacity for becoming real above and beyond any conscious knowledge or ignorance of these mechanisms.

We need to improve the knowledge we have of our capabilities and the way in which our life functions in order to improve the quality of our lives. And we also need to exchange fear for love.

In order to bring all this about, we need to avoid, at the moment of birth, that the seed of fear of changes in condition are sown, which is tantamount to coming into this life suffering and losing the protection we have up to this point in our lives enjoyed within our mothers.

Thanks to maternofetal psychoanalgesia (MFP), the seed of fear does not get sown in the human unconscious. This is an invaluable gift to the child for the rest of his life.

If we are taught to use our thought positively, we will see an improvement in the results obtained in the treatment of all diseases, because the positive biological response that is produced as a result of each thought makes the recuperation of lost harmony easier.

And if at the same time the excess of dependency on chemical treatment is reduced, then we will also see a parallel decrease in the iatrogenic pathology produced as a result of the side effects of all medicines.

I have witnessed changes in the evolution of the clinical symptoms of many illnesses when the capacities of thought are used correctly, and at the same time their prognosis.

Another one of the immense areas of application for Noesitherapy is in the pathology of pain, and here *volitive psychoanalgesia (VPA)* plays a very important role.

VOLITIVE PSYCHOANALGESIA (VPA)

VPA is programmed with only one thought, bringing into focus the idea of possession of the desired psychoanalgesia.

I refer to this as being "volitive", because it is the will of the patient, his/her desire to possess it, and this is the key to starting it up, even though on occasions it will not be expressed with a conscious thought, nor words that signify its possession.

It is easier to obtain VPA than to explain it. And, without a doubt, there are emotional and affective factors that the therapist awakens in his patient, with his clear attitude of looking for the good his patient needs, and this facilitates its obtention.

The love with which a patient is treated acts as a catalyst for these psychological phenomena.

All of this to some degree is brought about as a reaction to the therapist's desire to show the patient how his/her brain will allow itself to be programmed by his/her thoughts,

When the patient, helped by the things we have been mentioning above, comes to realize that his brain obeys his will, he will feel as if he has crossed over an invisible but real barrier; the barrier of ignorance of his own capabilities. He feels like another person, more self-assured, with new possibilities to improve his quality of life, his self-esteem, and the horizon of his hopes and expectations broadens.

Frequently, after having lived through this experience, patients comment that they just cannot understand how they have lived so badly, when it is so easy to obtain their own well-being in each moment of their lives.

The lives of these people change, for the better, when they come to understand my teachings, and this changes positively their social and family atmosphere.

Returning to volitive psychoanalgesia. The patient obtains VPA by affirming that he has achieved it in the area of the body where he needs it, or in the whole body. And then the duration is programmed;

hours, days, or until the wounds are cured, or until the uterus has recovered its normal size as before pregnancy. This is sufficient for my patients to be able to enter into my operating theater and for me to be able to calmly operate on them.

For my first surgical interventions, I started by guiding my patients through a brief relaxation exercise and, while they were relaxed, I had them program their anesthesia and the duration of the anesthesia, and then I brought them out of their relaxed state. The psychoanalgesia worked, and I operated on them after they had come out of the state of relaxation.

This is what I referred to as *postsophronic anesthesia (PSA)*, which we can simply call post-relaxation anesthesia (PRA), as I had guided them through an elementary relaxation exercise.

But, *I soon came to the realization that merely by thinking about anesthesia they obtained it, and, in addition, they were relaxed,* thanks to the positive biological response that always goes hand in hand with psychoanalgesia. This gave origin to what I refer to as **indirect relaxation.**

In order to program psychoanalgesia, it is important to start with the production of liquid saliva in the patient's mouth. The vagal predominance that this means facilitates its obtention.

MATERNOFETAL PSYCHOANALGESIA (MFP)

Maternofetal psychoanalgesia is the result of applying volitive psychoanalgesia (VPA) during pregnancy and childbirth, programmed for the mother and the child. I shall be commenting on this in more detail in the corresponding chapter.

By using thought, in addition to obtaining volitive psychoanalgesia, when there are other needs, we are making the patient think about the good, or well-being, that he/she needs, and we are thus mobilizing the resources that will make this possible. The results are surprising us every day, on a physical and psychological level, and in all kinds of illnesses.

And all of this is produced without any "magic formula", when the patient's will is clear, when the therapist helps with his sincere desire to help the patient to find his good or well-being, and when the therapist understands how to guide the patient so that he/she will be able to utilize the resources that Nature has provided him/her with.

As far as the surgical applications of volitive psychoanalgesia are concerned, I will only mention here that it is necessary to amplify the margin of possibilities in this area, having into account that it is a capability of human being, not of a part of the body or of some special people.

The limits of psychoanalgesia in surgery are conditioned exclusively by the degree of the preparation of the health care professional; fear and ignorance are the "limiters". But the real possibilities are indeed immense.

I have practiced more than one thousand surgical interventions with psychoanalgesia, without mentioning childbirths, with the episiotomies that were necessary, forceps, manual extraction of the placenta, intra-uterine versions, etc., performed by my disciples. My followers have practiced many thousands of them.

There are tremendous advantages for the surgical patient with *volitive psychoanalgesia (VPA)*. Some of these are derived from psychoanalgesia itself, as we will see when we study its characteristics, and others derived from the accompanying positive biological response, which is evidenced in surgical patients.

Volitive psychoanalgesia and positive biological response have a very important future in Surgery if used intelligently and with the knowledge of their significance.

The anesthesiologist will see his specialty enriched and will be able to avail him/herself of resources to be able to solve certain problems that arise due to intolerance of his patients to certain chemical products. And to help them encounter solutions to solve serious situations of a general state in others.

The anesthesiologist, depending on his preparation, in accord with his own particular training, will gradually use less chemical products, and at times will be able to do his work without them. He will decrease the abuse of analgesics and sedatives. And the time patients spend in hospitals will also be seen to decrease. Prolonged absences from work and the home will also be reduced, with the positive effects this signifies.

Since the advent of the microscope, Medicine has become polarized in the study of matter. Researchers have become profoundly enthusiastic about studying matter, and have forgotten all about the spirit.

The knowledge man has of himself is inadequate, and for this reason Medicine is not as effective as it should be.

The optical microscope placed the cell before the human eye, and made it possible to understand its individuality and some of its small details, such as the nucleus, the nucleolus, cytoplasm, and the nuclear membrane, which at the same time separates and joins the intercellular space from its surroundings. And other small details as small as one micron in size, when the naked human eye is only capable of seeing things a hundred times larger.

But then came the electronic and the protonic microscope, with the possibility of magnifying several millions of times over, and the apparent simplicity of the cell was converted into a fascinating world, in which it is possible to see even the molecules of the cellular components, and leaves us on the border of being able to see the atom.

A great quantity of details of the nucleus, the nucleolus, and endoplasmic reticulum (ER) appear before the eye of the researcher. And within the ER, the ribosomes, in which the synthesis of proteins is produced, can be distinguished. We are able to see mitochondrias, with the transcendence they carry for cellular metabolism. The structure of the cellular membrane, with its two layers of protein and another intermediary one of lipids. The pores that facilitate the interchange of matter between the cell and its environment. The external layer of mucopolysaccharids, which protects the cell. And the structure of the DNA helix, the basis and foundation of heredity.

But matter is not everything. Knowledge of it, knowledge of biochemistry, is without a doubt positive and beneficial. But the biochemist will always find himself faced with questions for which answers can only be found from the point of view of the spirit.

Noesiology tries to develop the knowledge we have of man, so that Medicine can consider man as an unquestionable and indivisible body-spirit unity.

In order to influence in the biological mechanisms it is not necessary at all to know everything about them. *Nature is ready to be used through simple, elementary rules which are available to everyone.*

The **inner control** of the human biological system is fundamentally controlled by the will of the human being. And this is the reason why **a strong will to live is fundamental to continue living, in order to mobilize the natural mechanisms of healing.**

At the same time, this inner control is translated into orders that, thought by thought, the human being puts into the biological computer of his brain. This is a tool that is at the service of the will in order to transmit the pertinent orders by means of the nervous and hormonal systems to the rest of the body, in addition to other pathways for the transmission of decisions that are at the disposal of the matter-energy that the human body consists of.

Noesiology increases the knowledge that man has of himself. We need to discover the way of living in harmony with everything around us, so that we can learn to live happily, because this happiness will be the basis of the most effective of prophylaxis, or prevention of diseases.

ABOUT THOUGHT

We have said that *noesis* means *action of thinking, but what is thought? Thought is an experience, a psycho-biological process that permits us to be conscious of something and to reason about it.*

Thought has its origin on two different levels, a conscious level and an unconscious one.

When it has its origin on a conscious level, it can start from two types of experience: some filed in the memory, previous experiences, and other present ones.

Two types of opposite phenomena have their origin at an unconscious level. Some of them are, in my opinion, *endogenous depressions*, which have their starting point in foreign thoughts, which come to the person on an unconscious level, with their negative charge, and that sometimes come to the conscious itself. They feel foreign, unwanted, but people suffer their negative consequences. These thoughts produce depressive situations started by negative biological responses produced by each one of them.

It is true that they can be aided by certain organic deficiencies, as in the case of a lack of lithium. But I believe that my earlier affirmations continue to be valid, and for this reason these cases are not solved only through the administration of lithium.

Many *creative inspirations* have their origin on an unconscious level, as well. These have brought about so much progress and so many positive things in the history of man. Foreign thoughts come into the unconscious and at some given moment surface in the conscious as a creative inspiration.

Thought is a spiritual manifestation that uses the cerebral structures to produce its influence and effect in man.

Thought produces subtle physicochemical changes in our organism. This is something that we see every day.

I am going to tell you about a very significant case in this respect.

There was a sick person with a *diabetic retinopathy*. The patient had suffered many retinal hemorrhages that turned the vitreous opaque; he was blind. He was only able to distinguish the silhouettes of people, lights and shadows.

Eminent Ophthalmologists in the UK and in Spain were unable to find a solution to his problem; he would become totally blind within a short time.

As he lay on a divan, I told him we were going to look for solutions to his different problems. We were going to try to control his hemorrhages, which were produced by the abnormal condition of the capillaries in his retinas.

I showed him how to psychologically anesthetize one arm.

I pierced his arm with a needle, and when I brought it back out, a drop of blood appeared.

I told him that with successive pricks, we had to avoid that even one drop of blood would appear. He needed to think that a perfect hemostasia would be produced, and in spite of the pricks, he would not bleed at all.

This in fact happened, and he did not lose any more blood.

I had to program what he needed for the vessels of his retinas, so that he would have no further hemorrhages.

But there was another problem for which we had to find a solution, and this was the opacity of the vitreous in his eyes, produced by the blood from previous hemorrhages.

I explained to him: "Look, nuclear physicians have proved that when elemental particles of the atom undergo great accelerations inside particle accelerators due to the collision of one with another, new particles appear."

“The question is, where do these new particles come from? And the answer is that the energy produced in the particles by the accelerator is condensed and forms new matter.”

And I continued, “The physical chemical qualities of any given substance, and therefore any possible transparency as a part of these properties, will depend on the manner in which the atoms combine their electrons, protons, neutrons, and so on, and at the same time these qualities depend on the manner in which the atoms combine with the others in order to form a specific molecule...”

I told him: “Your spirit is the best accelerator of particles. I do not know into what substance the hemoglobin and erythrocytes should convert in order to be transparent, but without a doubt, the solution lies in your unconscious.”

While I was telling him these things, two big tears fell from his eyes, and looking at my face he told me, “Ángel, I thought you had a beard...”

Up until that point he had been unable to see, ... and now he was beginning to see!

He left my office able to see, without a magnifying glass, the letters in the newspaper, and not only the big letters on the front page, but also the little ones heading the different columns inside it.

Some days later he called me to say he was able to see the figures of the footballers on the TV set. And some weeks later I received a letter from him in which he said he had bought a new car, because he was able to see perfectly and he was planning to drive it forever.

This patient, with his peculiar clinical history, was chosen by the BBC for the program “Your life in their hands”, which was broadcast in May 1991. The patient exposed his extraordinary experience, and he and I were both interviewed by the doctors that advised the BBC, before the camera.

From that first appointment he continued to be healed, and at the moment of editing this book as well.

The substances that had made his eyes opaque were now transparent, thanks to the energy of thought.

Thought is responsible for the good and the evil that appears in man's life.

If we were conscious of this, we would use our thought with great respect and intelligence.

It is necessary for us to think always in the present time and with the idea of possession **of all we need** that will be good for us: our peace, health, self-control, well-being. **We must not deny the evil** we are suffering, because when we do so, we are underlining in our brain everything that we have stored there about what we are denying.

Negation in the brain does not have the same force as the next idea, the idea we want to negate. And as the idea that follows the negation is usually about something bad that we are suffering from or that we do not want, our brain detects this with greater intensity, and we run the risk of increasing it.

The brain is a biological computer that functions with a double program, a past one, and a present one.

In the past program the inheritance of the species has its influence, acquired during its evolution, in which biological functions responsible for the preservation of life have their foundation. And the life experiences of the individual, the acquired programming, also have their influence.

In the same way, all of the life experiences of the present, the current experiences, intervene on the cerebral function, and this is what we refer to as biofeedback.

Thought is a transcendent spiritual manifestation of man, and there is no physical barrier capable of stopping it. This is something that was proven by a team of Russian researchers in the nineteen-thirties, while they were studying the phenomenon of telepathy.

Vasiliev, Tomashevsky and Doubrousky, in the times of *Stalin*, knew of the phenomena of the transmission of thought at a distance. They were commissioned to prove that thought was transmitted by means of some physical vehicle, by means of some type of waves that needed to be detected, identified.

For their research they used people with a known sensitivity to the telepathic phenomenon.

One of them was put into a hermetically sealed lead capsule, with walls that were so thick that radio waves could not penetrate them. Nevertheless, the phenomena of telepathy continued happening.

It was necessary to think that these phenomena did not happen in accordance with the known laws of physics. Since no physical barrier, nor the distance between the subjects of the experiment, interfered with or intercepted the phenomenon, the vehicle could not be a material one. What was it then, spiritual?

They were demonstrating the existence of something subtle, something immaterial, something which was inside man. And this was the reason why it took close to thirty years for these experiments to be known in the West.

PROPHYLAXIS OF ARTERIOSCLEROSIS

In each negative biological response there is a process of vasoconstriction due to the adrenaline and other catecholamines being put into circulation, which creates a sympathetic predominance, and as a consequence there is an increase in arterial pressure. It is functional at the beginning, but when it is produced time and time again, it ends up producing a degeneration of the arterial wall.

Every secondary vasoconstriction from a negative biological response produces the vasoconstriction of the "vasa vasorum", the small capillaries that nourish the arterial walls. The permeability of these small vessels is altered and some elements of blood leak through their walls and are deposited in the arterial wall, modifying their consistency and structure. Deposits of lipids are added on the endothelium as well, facilitated by the inadequate diet.

Over time, the elasticity of the arterial wall will deteriorate, it hardens, and there is a possibility of other alterations: arterial rigidity, narrowing of the diameter of the vessels as a result of the accumulation of fats; atherosclerosis, with all of the symptomatology that produces a decrease in the blood flow, lack of oxygen and other vital elements for the tissues.

In order to make a rational prophylaxis for arteriosclerosis; we need to watch our diet, of course, avoiding excesses of sodium chloride, of salt; restricting our intake of animal fats, and avoiding the use of tobacco. But we must keep in mind that this preventive medicine, or prophylaxis, begins with learning to live under a discreet vagal predominance. This vagal predominance is usually produced by each positive thought and the biological response of the same sign, which protects us from stress, improves blood flow, which thus diminishes peripheral resistance to the flow of blood, and improves the metabolism and the correct nutrition of the arterial walls in all of the tissues of the body.

In order to obtain this, we need to learn to respect the significance of each thought, capable of starting up this response and of always using it positively.

We will know we are on the right way if, when we observe the *indicator of our saliva*, we see that it is fluid saliva, vagal saliva ... Something so easy will provide us with the evidence that we are living under the effect of a positive biological response. We will be enriching our lives on every possible level, both physical and psychological.

NOESITHERAPY AND SPECIALTIES

There is not one sole biological mechanism that escapes the influence of thought and its harmonic global biological response (HGBR).

Using the knowledge of Noesiology, the results of all of the medical specialties improve their results; we are teaching man to use his natural resources correctly, to preserve health and harmony in his life, or to recover this health and harmony if it has been lost.

I am going to tell you about some of my professional experiences, which will illustrate the previous affirmation. Although the most spectacular aspect of my work is the surgical interventions without chemical anesthesia, with all the importance inherent in this, there is another series of events more important and transcendental in the lives of those who follow the path of Noesiology.

In my personal experience I have proven the usefulness of *volitive psychoanalgesia (VPA)* in different surgical interventions: many hundreds of operations on varicose veins, from the simplest venous insufficiency to the most complicated legs, with large resections of varicose packets, the classical stripping of the saphenous veins (which I have not practiced for many years now, because I discovered that it is not necessary). I have used the system in treatment of ulcers and skin grafts; hemorrhoids; inguinal and umbilical hernias; peri-arterial and lumbar sympathectomies. I could add some case of cosmetic surgery with zetaplasty of scars and dermo-abrasions. And two cases of bow-legs, or *genu varum*, one of which was filmed by the BBC.

On one occasion, after doing a suture of the small intestine, the patient got up and walked out of the operating room and asked for a drink of something. We offered him some fruit juice. His intestinal physiology was not interrupted in spite of the fact that we had manipulated and sutured his small intestine and peritoneum. His intestinal peristalsis was not interrupted, as is usually the case.

Three or four hours later he expelled the first gases and within twelve hours he defecated. He went home immediately, and he did not need any special care, except to be in touch by phone.

In *Anesthesiology*, first of all, it is necessary to overcome the fear of anesthesiologists. Our only intention is to enrich the arsenal of resources available to help their patients. It is a grave error to think that anesthesiology can only progress on the basis of chemicals. It is our goal to diminish risks and increase the possibilities of using psychoanalgesia. It is a capacity of the human being, not only of some people or of certain part of the human body.

I have placed my highest hopes in the area of *Maternity*, because of the immense possibilities of enriching this specialty with *maternofetal psychoanalgesia (MFP)*. We will see this in the chapter on Noesiology and Maternity.

The beginning of life is the key moment to use these teachings. The human being who is conceived and born in this way receives an invaluable gift from his parents that will positively condition his whole life.

I would like to insist on the possibilities of Noesitherapy as a prophylaxis for arteriosclerosis.

We know the importance of the “*vasa vasorum*” - the tiny arteriole that nourish the arterial walls- spasm due to the negative biological response.

And we know that the true remedy for this situation is to create the habit of always living with a moist mouth, because this means a vagal predominance, which will decrease the level of adrenaline in the blood.

With this simple manner we will be making a prophylaxis of this illness in general, of the heart attack and of so many other circulatory problems in the brain and in the extremities that have a common origin.

While I am operating on my patients, if they suffer from a heart condition, their heart functions better.

We have seen extrasistoles or tachicardies, arrhythmias, etc., disappear or noticeably improve. These patients are in better condition while in my operating theater than they were during earlier explorations.

I would like to tell you about something that happened in the year 1982.

I had the opportunity of meeting *Dr. Sodi Pallarés*, an eminent cardiologist who is known all over the world.

I was in Mexico, in his office, talking to him about my experience and he took a great interest in proving to himself.

During our lively conversation, he had talk one of his assistants bring in an electrocardiogram, and he told me that here was my opportunity of demonstrating the excellent results of Noesitherapy.

In the V6 derivation in the electrocardiogram, obtained after effort, a clear depression of the T wave appeared.

Dr. Pallarés was interpreting it as a metabolic insufficiency of adaptation to the effort. The first electro, obtained with no effort, had been apparently normal.

He offered me his patient. I accepted.

I overcame the initial resistance of the patient, who told me he felt like a guinea pig. Some "experts" had told him that he hopeless so far as any psychological experience was concerned. I taught him, in less than five minutes, how he had to use his thought and how he had to speak to his heart.

He produced fluid saliva in his mouth, and they did another electro under the same conditions of effort as the previous one.

Dr. Sodi Pallarés and his collaborators were amazed because the depression of the T wave in the V6 derivation had disappeared. This meant that the metabolic deficiency of his heart had disappeared in that short period of time. Dr. Sodi gave me the electro as a souvenir of our pleasant encounter.

In September of 1984 I visited him once again, this time accompanied by a Spanish Television team that recorded our new meeting. When I commented to him about the results I had been obtaining in different cardiopathies, he told me they were related to the metabolic improvement in the heart as a result of the vagal predominance of the muscarinic kind that my patients were obtaining, and that this was directly related to the reiteration of biological responses produced by the intelligent and positive use of ones own thought. With the vagal predominance that accompanies the PBR, the oxygen arrives to the heart better and is better used. The heart responds with an improved functioning.

One small detail that is highly significant about a generalized vagal predominance, is that when there is habitually liquid saliva in the mouth, persistent constipation disappears, without apparently even thinking about it, and with no additional treatment.

The endocrinous system serves an intermediary between the brain and most of the functions of each organ. Thought, with its biological response, mobilizes the hypophyseal, thalamic and cortico-suprarenal systems. Thought increases or stops the production of catecholamins and hormones.

A positive habit of using thought in the correct way balances this complex system. A negative one produces exhaustion and imbalance.

One patient who had been cured of a condition of *juvenile diabetes* told me, "I learned to speak to my pancreas in a course on Noesitherapy; I told it to work better... and it was obedient."

You can imagine the surprise in the laboratory where they were controlling his diabetes when they saw, incredulous, the results proving that he had been cured, repeated time and again.

The things we can do with comatose patients, in deep comas, are important. Apparently they cannot hear us, but in spite of all this we speak to them in a completely natural way, programming every thing we know that they need. Surprising results are obtained when we motivate them at an unconscious level in order to start up their desire for recovery.

I have seen patients' eyesight improve to the point of not needing the glasses they used before. This is explained by the muscarinic vagal effect of the positive biological response, which improves the mechanisms of accommodation.

I have even seen more than one senile cataract disappear, after surgical treatment of varicose veins under psychoanalgesia, or during the treatment of other diseases. The ophthalmologist who was seeing one of my patients told her that it was a miracle. It was really tantamount to saying that he had never witnessed such a change in any of his patients.

That patient had lost the sight in one of her eyes, caused by a hemorrhage while she was being operated on for cataracts. The ophthalmologist did not dare to operate on the other one, and we saw the cataract of this eye disappear without surgery.

Cancer, a terrible word, a much-feared disease... Noesiology has something to say on this subject, and not only for avoiding suffering in terminal patients through psychoanalgesia.

It is a fact that cancer develops in people who on a conscious or unconscious level have lost the desire to live life the way they are living it. They have thrown in the towel. Even children of no matter what age, influenced on an unconscious level by the pessimism of their parents or relatives, or by vital circumstances they are not capable of overcoming. The accumulation of negative biological responses is translated into a decrease of what *Dr. María Luisa Costell Gaydos* refers to as *genetic immunology*, the capacity of

nature to correct and reorder the alterations or errors in the DNA of the cells, which makes possible the disordered multiplication of these cells.

Dr. Costell says: "To find the adequate voluntary control of DNA is to discover the most general, efficient and reliable tool for genetic health."

How could it be possible to obtain this objective? There is only one way: *genetic biofeedback*... And I would add: and this can only be obtained through the positive use of thought, which translates the will of the patient to live, with his/her own creative energy, to order the re-establishment of the correct genetic information to the DNA. This is the way to the cure for cancer. This is without a doubt the mechanism for spontaneous healing.

This is the direction in which we need to go in the future. By means of a conscious mechanism of the patient, we need to teach them to truly want to live, to learn to solve or overcome the problems in their life, the problems which are responsible for these situations. They need to consciously transfer this will to their brain and from here to all of the recesses of their body in order to re-establish adequate inner control over cellular reproduction.

It has been shown that psychiatric patients, particularly schizophrenics, do not suffer from cancer.

I ask myself what the difference is between the schizophrenic and other people in relation to cancer.

I can only find only one answer. If we are all equally exposed to the environmental and dietary factors that can be considered to be carcinogenic -with the logical differences of exposure due to professional and other consideration- then we are dealing with a factor which is fundamentally psychological. And in the case of schizophrenics, this factor is the **will to live**, and this will to live conserves and maintains intact the mechanisms of genetic immunology, which are capable of correcting the errors of the DNA in case of accidental alterations.

At this point is where we find the key to a possible prophylaxis for this disease, because if all of us are equally exposed to the carcinogenic factors, and the possibility of their prophylaxis genetically exists in all of us, then the best prevention of this disease is to lead a desirable life..., or to overcome the circumstances which we consider negative, to maintain the inner control and corrective mechanisms of genetic immunology in order.

When life stops offering the necessary motivations, when problems or environmental circumstances get us down, when we stop fighting for life, the negative biological response caused by negative thoughts diminishes our defenses. Oncogene is set into motion and death is attracted, in the form of cancer or of some other disease.

I have witnessed the paralyzation of the evolution of cancer in some people, persons who understood the things I talked about with *Dr. Mariano Barbacid* in the summer of 1984 in Bethesda, USA, where he was at that time doing his research.

I cannot understand *Psychiatry* without using the bases of Noesiology.

Many patients come to me for help. They have the intuition that their problems can be overcome in this way... Depressive patients change their evolution when they learn to respect and to use positively their thoughts, when they come to understand that each thought is a program in their brains which will bring either peace or anxiety, self-confidence or fear, into their lives.

Psychopharmaceuticals can stop patients' reactions in the face of a vital situation and bring them apparent calm, but they do not get to the root of problems, the reasons for these diseases.

Rheumatology is another specialty which can greatly improve its results with Noesitherapy. It is possible that one of the points in which psychological mechanisms act is similar to that of the corticoids, but without their secondary effects. The corticoids act on the thin walls of cellular lysosomes preventing the algogen substances -able to produce pain- to go out from the cells. Inflammation and pain decrease. And to this we must add the positive effects on the circulation and cellular metabolism that accompany the vagal predominance of the muscarinic kind.

Among the many things I could tell you, one of the stories I wrote about at the end of my book "*The Will Overcomes Pain*", comes to mind: the young motorcyclist who crashed head-on into a car. He suffered several fractures of the femur, tibia and fibula in his right leg. All the tendons of his left foot were exposed to the air. He looked as if he had been gored in his left groin. He had several open wounds on his face and chest. What a blow he must have received as a result of that crash when the car was immobilized in the middle of the road!

The motorcyclist was going into traumatic shock, trembling in the hot sun of the summer, his pulse was filiform, he was in a cold sweat, crying out in pain and lying in a pool of blood on the road.

I approached him, and with nothing more than two bottles of water and a roll of cotton I helped him to come out of that incipient situation of traumatic shock, and the pain he was suffering from his wounds disappeared.

We waited calmly for the ambulance to arrive. He smiled when we moved him from the ground to the stretcher and into the ambulance, as the people around us waited expecting cries of pain... But there were none, just a smile of gratitude for the well-being we had helped him to obtain. He arrived at the Hospital in optimum condition to be operated on.

As an anecdote, I am going to tell you what a young man told me years ago.

He was suffering from a nephritic colic, and the following idea came into his mind: If Dr. Escudero has a tape that women use to give birth, and a baby is larger than the little stone that is causing the colic in my ureter, and if a woman gives birth in better conditions with this tape, then I am going to use it to "give birth" to my stone... And that is exactly what happened; the colic passed, and the stone was expelled.

But the most important application of Noesiology is prophylaxis, Preventive Medicine.

The most important thing I have seen in my patients when they use my teachings is that they learn to rescue their health and at the same time to live better and more happily. They increase the quality of their lives.

I am going to transcribe for you here below the comments of one of my patients while I was operating on her:

"Tell us something, Remedios."

"What do you want me to tell you, Angel? That I am very happy. I think I'm going to have a very good summer... My legs are going to feel very light." (I was operating on her varicose veins with psychoanalgesia) "From now on my life will change completely."

"That's right. You know yourself better... You know how to live better..."

"Of course."

"You know how to obtain your own well-being..."

"Yes, I control myself better, it seems that I love everybody more... Everything changes, your whole level of living changes completely."

-*"Correct... That's what's important, to learn to live."*

What a marvelous well-being, what profound experiences this woman had lived through that made it possible for her to speak in this way while my scalpel was working on her legs, without using any other anesthesia than that which she had programmed into her brain with her own thought, before entering into the operating theater!

ABOUT PAIN

Pain is defined as an unpleasant sensorial or emotional experience associated with possible tissue damage.

I would say *pain is an unpleasant experience accompanied by a negative biological response produced by an irritating stimulus in the body (somatocortical pain) or by a negative thought which brings on the memory of a previous pain experience (corticocortical pain).*

Acute pain has some utility insofar as it gives us some information about the cause of the pain, but chronic pain is really an added disease.

Pain has always been a usual experience in human life.

The majority of scientists that are working on the study of pain agree that pain is something necessary for the survival of the species, at least in the case of acute pain.

My professional experience advocates against this need. I believe that even though pain is today a reality in our lives, in a more or less distant future the programming of the brain could be changed, through an adequate learning process. Man needs to defend himself from painful aggressions only by having the correct and sufficient knowledge about them.

In order to produce pain, it is necessary to have a nervous system. Pain is produced in the central nervous system. And all of this in order to have knowledge (at the time that suffering is produced) that something is putting our biological integrity in danger and to be able to flee or to defend ourselves from the aggression, in the best of cases. We do not see the reason for chronic pain, which is in itself an added disease.

If we look at a unicellular being like the amoeba, we will see that it has no nervous system, and without it the amoeba is unable to feel

any kind of pain. Nevertheless, the amoeba "knows" when something is endangering its integrity... And "knowing" in order to be able to defend itself, to try to escape from the aggression, to survive, is enough for the amoeba.

Why does man, with his nervous system, with such a developed brain, so "superior", behave possibly with less intelligence than the amoeba, since it is not enough for him to have knowledge of the aggression, but he needs, in addition, to suffer pain in order to defend himself from it?

If unicellular beings do not need pain in order to survive, why is it not enough for man to know the existence of the aggression to obtain the same goal?

Pain is a fact, a reality, but I do not believe it is an irreversible fact.

*The psychoanalgesia obtained by my patients while I'm operating on them, while they are giving birth or in a multitude of other situations, demonstrates that man can obtain this insensitivity to pain, and **that in order to survive as an individual and as a species, the knowledge of the aggression should be sufficient.** My patients know very well, while they are in my operating theater, that I am looking solely for their well-being. On occasions they are able to perceive slightly discriminated tactile sensations, but there is no defense reflex; they are calm and relaxed while I am operating on them. **They know but do not suffer.***

My work is not an aggression to them, but rather the complete opposite; my work represents the remedy for some evil they are suffering from.

Depending on the starting point of the stimulus, there are two types of pain:

Somato-cortical, with the starting point in the body, and **cortico-cortical pain**, with its starting point and origin in a negative thought or in painful information previously filed in the brain, in the memory, as happens in the case of a phantom limb.

In the case of *cortico-cortical pain*, this is a negative thought, of fear, or a memory that initiates its production. The ascendant electrical impulse through the three neurons of the pain pathways is not necessary, as occurs with somato-cortical pain.

The somato cortical ascendant pain pathways: Let's review these, even though only schematically.

The *irritant stimulus* that acts on the peripheral nervous terminations of the skin or other tissues produces the liberation of *acetylcholine*, which when it joins together with certain specific receptors, (lateral chains of the proteins inside the nervous system) produces an *electrical impulse* or *nervous signal*, which travels along the first neuron, thanks to a depolarization repolarization process of the nerves fibers, until it arrives to the synapsis, to the point of union, with the second neuron. Here a new electrical impulse is produced, which will travel along to the synapsis with the third neuron, which is located in the *thalamus*, in the center of the brain. And, from here, the electrical impulse originated in the synapsis of the second with the third neurons will continue its progression, through the finest of the fibers, the amyelinic fibers, towards the *palidum*, and through the thickest of the fibers, the myelinic, towards the different centers in the cerebral cortex, as we will be seeing later on.

Electrical impulses or nerves signals travel along the neurons, as a result of changes in electrical potential produced by the repolarization and depolarization process of the nerves fibers, in which the active movements of the sodium and potassium ions play a decisive role through the neural membrane. These impulses are transmitted fundamentally through two types of fibers:

-**The A fibers, the myelinated fibers**, are thick and are covered with myelin. They drive the electrical impulse at the speed of 12 to 120 meters per second. Through them, the impulse rapidly reaches the brain. They are responsible for **epicritic pain**, which I would call **noetic pain**, the pain that brings us the knowledge of something disagreeable.

-**The C fibers, the unmyelinated fibers**, are thinner, and they drive the electrical impulse at a rate of only two meters per second, at the most. They are responsible for **protopathic pain**, a disagreeable feeling accompanied by strong emotional content.

Pain is a phenomenon with a central origin that only occurs from the moment in which the ascendant nervous signal is decoded, or interpreted in the brain. From this information, the response to the pain is initiated, beginning with the defense reflex.

-**Mesencephalic reticular formation** plays a very important role in the *modulation of pain*. It is like a filter for ascendant impulses that arrives from the periphery of the first synapsis in the *Rolando's gelatinous substance*, in the posterior horn of the spinal cord.

When descendant impulses of this *reticular formation* arrive at the presynaptic level of the first neuron, they depolarize the first neuron, so the following impulses going up through it find the first neuron, at this level, in a refractive phase, and the impulses cannot pass through the synapsis to the second neuron.

We shall list here, due to their extraordinary importance, other well-known functions of the *reticular formation*.

The *reticular formation* forms centers of sensory and motor coordination which are situated in the cerebral stem, and these centers receive connections from several origins and send their fibers towards the diencephalon and also towards the spinal cord.

Reticular formation acts through its connections with some of the cortical zones, over the regulation of the states of consciousness and over the awake-asleep cycle.

It co-ordinates the muscular activity, the action of the agonist and antagonist muscles.

The brain and muscles of the extra-pyramidal system show their activity through their connections with the reticular nucleus.

The action of adrenaline is also produced on the hypophysis in order to stimulate the production of ACTH through the reticular system.

Cells of this formation, in the cerebral stem, intervene in the co-ordination of breathing and in heart activity and vessels (respiratory and vasomotor centers).

The reticular formation functions as a filter of afferent stimuli, ascendant, decreasing its action on the cortical activity. This is the reason why we believe that while we are programming psychoanalgesia, we are also stimulating the reticular formation.

This formation makes it possible for us to concentrate our attention on something in particular, inhibiting stimuli different from those stimuli which are the objective of our attention. This function is of the utmost importance in the behavior of our patients while we are operating on them.

This is the reason why it is important for our patients to occupy their time speaking about anything that is pleasing to them; it is a real help in obtaining a perfect psychoanalgesia.

The change of the alpha rhythm of the electroencephalogram, during complete mental rest, into beta rhythm (more rapid and with less amplitude than the alpha) in passing from one state of attention for external stimuli or intellectual situations, is also due to the activity of the reticular system.

Morphine and endorphins have their analgesic action through the stimulation of the reticular formation, which depolarizes the first neuron before synapsis with the second one, leaving that point in a depolarized phase before ascendant impulses that can continue to come in from the periphery, thus stopping their passage to the brain.

ASCENDANT PAIN PATHWAYS

The **first neuron** of the pain pathways goes from the periphery to the dorsal horn of the spinal cord. In this zone, in the so-called *Rolando's gelatinous substance*, the synapsis between the first and the second neuron takes place.

The **second neuron** starts in the Rolando's gelatinous substance and from there its fibers cross the spinal cord diagonally to leave through the anterior horn, from where they go up towards the brain, until arriving at the *thalamus*, forming the *spino-thalamic bundle*. *The fat myelinic fibers* arrive at the thalamus peripherally, and fundamentally they have connections at the second synapsis with three main nuclei: *ventro-caudal, thalamic, and middle geniculate*.

The amyelinic fibers also arrive at the thalamus together with those of the spino-thalamic bundle, with which they unite in the cerebral *peduncle*. These slow conduction fibers are distributed more centrally and arrive to the *limiting and intralamellar nucleus*, where they have synapsis with the third neuron.

Third neuron. Myelinic fibers of the second neuron have their synapsis with the third one in the thalamus, and from the ventro-caudal, thalamic and central geniculate nuclei, the third neuron sends its axons towards the cerebral cortex where they have connections with different *cortical centers*. Here the ascendant impulses are interpreted, decoded, and with these interpretations another descendent one will be produced, which will determine the reaction of the *epicritic pain*, including the defense reflex against the irritant stimulus.

Some of the fibers of the third neuron pass through the *reticular substance*, before connecting up with the cortical centers.

Amyelinic fibers reach the thalamus together with those of the spino-thalamic bundle. The third neuron starts from the *limiting and intralaminar nucleus*, whose axons go to the *limbic system*, where sub-cortical or *protopathic pain* is produced. This sub-cortical pathway of the protopathic pain is subject to the inhibitor control of the cortical pathway of pain.

In the *limbic system* and in the *paleocortex*, the oldest zones in the brain -phylogenetically speaking- the most disagreeable aspect of pain has its origin: the elaboration of emotion and anguish, and also the memory of these as well, for which –just as for every process of learning- the synthesis of ARN is produced.

In order to have normal consciousness and for the elaboration of pain it is necessary that the electrical signals (produced by the union of acetylcholine with specific cholinergic receptors) circulate freely. It is very important to keep this in mind, since both chemical and psychological anesthesia are going to be acting, with greater or lesser degree of selectivity, on this mechanism, modifying the circulation of these impulses.

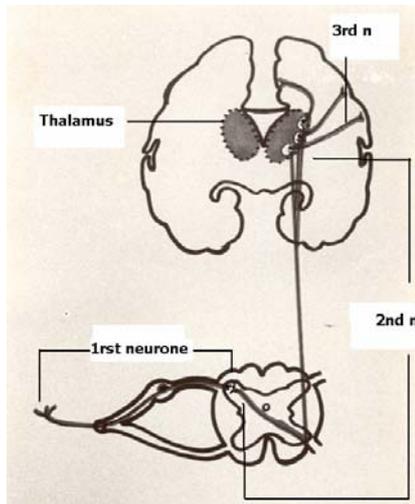


Diagram. Ascendant Pain Pathways. 3 Neurons

A SINGULAR EXPERIENCE

Dan was a beautiful one-and-a-half-year-old boxer dog of. He had great vitality.

It all began as a gastrointestinal infection. For three weeks he was treated with serums.

At first he was not able to eat, and when he tried to, he could retain nothing in his stomach. He was all skin and bone.

If the look of a boxer is characterized by its sad expression, in that situation his look inspired grief.

Finally one day we observed a strange object inside his belly; up until that moment we had not been able to diagnose using X-ray or echography. Only when it began to become apparent from behind the ribs were we conscious that a foreign object was causing the intestinal obstruction he was suffering from.

It was necessary to operate on him. But in such a debilitated condition, how could he be able to support a general anesthesia? How could the operative wound heal? The prognosis was grave, so I decided to free the veterinarians who had been treating him from the responsibility of operating on him.

I would operate on him without using chemical anesthesia.

If I operated on all my patients with psychoanalgesia... what was there to stop me from doing the same with the animal?

I recalled a previous experience I had had with animals. A duck, which had been bitten on the neck by a dog, had its jugular vein exposed to the air, but miraculously untouched. When I finished the suture on the duck's neck, I realized that the person who had been helping me had left one of its wings free, and the duck had not moved it at all; there was no defense reflex.

On another occasion I had sutured a wound on a dog's foot, which had been produced by a cut from a piece of glass, and the animal did not protest at all.

At that time I was sure that Dan "knew" that I was helping him and that he would cooperate in everything... And so it was.

When, in the morning, before starting my work I went to see him in the garden, I told him that as soon as I finished I would operate on him. The dog seemed to be pleased.

After finishing my work I prepared an operating table in the garden, close to my studio where I make my etchings on grey Italian marble, under the cool shadow of a tree.

The dog was lying down on his right side and I was behind him. First of all I had set up a video camera to record everything that was going to happen on the operating table.

The dog was completely unfettered and without any chemical treatment. A young vet assisted me.

I made an incision like the one we use on human beings for a lumbar sympathectomy, in order to enter the abdomen without cutting any muscle; I separated the muscle fibers until I reached the peritoneum.

The scalpel cut through the skin of the animal, which neither moved nor made the least sign of displeasure; he did not even grunt. The operative wound was enlarged and we put in two separators. We could see the muscular plane. I cut through the aponeurosis and pierced the three layers of muscle. I was now able to see the peritoneum.

Holding it between two pincers, I cut it with the scalpel. We heard a characteristic sound when air entered into the abdominal cavity.

I enlarged the wound to more easily explore inside. My fingers soon touched the foreign object. I took the intestine and pulled it until it came out.

I heard the expressions of amazement from the people surrounding us.

It was one of those little plastic brushes about thirty-four centimeters long and five centimeters in diameter, used to clean toilets.

I had enlarged the incision of the small intestine to extract the larger extremity of the brush...

It seemed unbelievable. How had the dog been able to swallow it?

We had been recording all of this on a video-camera. Without this very graphic document, we would have run the risk of thinking we had all been suffering from a collective hallucination.

And Dan was completely unfettered and had not protested in the least. While I was suturing the operative wound, the dog caressed Vicente with his left front paw; Vicente was the young vet who was helping me.

Since I was behind him, Dan could only send his warm and sad look full of gratitude to me. I caressed his head with my right elbow.

Jaime, my part time assistant's father, whom we had called by phone, also a vet, arrived in time to be able to witness a part of that surgical intervention.

The exclamations of both vets showed their admiration for what they were seeing.

I finished the suture of the skin and I put the dog on his feet. I offered him some food, and he ate.

His recovery was rapid.

Some months later I showed this video-tape at the Veterinary Association of Valencia, and asked these professionals to consider the following question: Is an animal able to feel pain?

I started from one previous affirmation. Pain is produced in the central nervous system. Therefore beings without a nervous system cannot suffer pain; they "know", however, when they must defend themselves and from what, e.g. when an aggression exists which can be dangerous to their physical integrity.

Why, I asked myself over and over again, does man need to suffer in order to know that he has to defend himself from something?

The answer is clear. Man through his evolution as a species has suffered inadequate programming in his brain, which has impoverished him instead of enriching him in his knowledge of himself and in the way of defending himself against certain aggressions.

But, do other beings suffer pain as humans do? Are they able to suffer epicritic pain, noetic pain, the pain produced immediately after the aggression and which signifies the first information about it? Do they perhaps suffer protopathic pain, which they feel later, accompanied by a strong emotional content, the most disagreeable aspect of pain?

Dan was answering these questions for me by the way he was behaving... Dan knew I was helping him, and, of course, he accepted all the surgical manipulations as help, not as an aggression. This is why he did not move at all, and this is why he rewarded us with his caresses... And he showed neither the slightest frown of disagreement nor of suffering on his face; there was not the least sign of negative emotion, nothing that could correspond to protopathic pain in man.

All of this permits us to think that when an animal bites, runs or barks due to a single prick, it is not because it is suffering pain like the human experience, but because it knows or feels that this is an aggression and it defends itself from that aggression. And during that reaction, signs of sympathetic predominance are produced, by the corresponding discharge of adrenaline, which from the suprarenal glands passes into the blood.

This is a defense reaction against the aggression, necessary in order to prepare the organism to fight or flee. It is the equivalent to epicritic pain in man, but without feeling pain in the strict sense of human suffering.

However, I opened Dan's abdomen, and he did not protest; he knew I was helping him and he had no need to defend himself. He was calm and relaxed, with an evident vagal predominance, like my patients while I am operating on them. But the animal obtains it without needing any previous training; its instinct is enough.

In a video surgery congress, which took place some time later in Barcelona, I showed this surgical intervention to my colleagues. And in the discussion, they asked me what I had taught that dog. Nothing at all, I answered; only human patients need to learn, because they have lost the ability animals preserve to distinguish between help and aggression. Animals have no need to suffer due to this knowledge. Even though the knowledge I give my patients proves that these capabilities are still inside them, that what has been lost is the ability to use these capabilities, it is necessary and possible to recuperate the ability for using these capabilities.

PSYCHOANALGESIA

It arrives to invoke

And it tells us all.

Its impulse

Recharges the soul.

Everything changes:

The weight lightens

Like a light flame.

God...

Speaks to us again.

From our solitude

New company emerges.

Light is breathed.

Someone moves the wings.

As a silent

White seagull

The soul stretches.

MECHANISM OF PSYCHOANALGESIA

In order to understand the mechanisms of psychoanesthesia we will start from the knowledge we have about chemical anesthesia.

In the case of local anesthesia, the injected anesthetic unites with the cholinergic receptor of the first neuron of the pathways of pain and it is blocked. Thus, the acetylcholine liberated by the irritant stimulus in the point at which it acts cannot find free cholinergic receptors, and the electrical impulse or nervous signal cannot be produced.

In the case of general anesthesia by inhalation or intravenous injection, the anesthetic impregnates all the nervous system, in a global manner, indiscriminate, to the point that the abolition of all the sensitivity can be produced; consciousness is lost, to the point of arriving at narcosis, or chemical sleep.

From the study of all the theories dealing with the mechanisms of chemical anesthesia, we come to the conclusion that, one way or another, the free circulation of electrical impulses within the central nervous system is impeded.

We are going to attempt here to explain the possible mechanisms of psychological anesthesia.

I have been able to prove two fundamental things in respect to psychological anesthesia:

First of all, that we are dealing with a central, cerebral process; it is not conduction anesthesia, which is produced by the interruption of the nervous signal that circulates towards the brain through the pathways of painful sensitivity.

Second, the selectivity of psychological anesthesia for area and circumstances, which is its most important quality, the quality that makes it totally inoffensive.

The selectivity of psychoanesthesia and the possibility of deprogramming at will and at any moment, allows us to suggest the following hypothesis:

That the substance that starts it up can be rendered inactive at any time and when we need, and at the time that its production or availability is permanent.

In my patients under psychoanalgesia we can note:

- Signs of a vagal muscarinic type.
- The substance, produced in the central nervous system, has the capacity to suppress epicritic (noetic), and also protopathic pain.
- At the same time, anti-inflammatory effects can be observed; detected in the process of healing, or cicatrisation, of the operative wounds.
- The healing process of operative wounds is accelerated by the improvement of tissue metabolism.
- All of this, accompanied by a vigilant state of consciousness with perfect lucidity of the patient.

The substance which is capable of producing the effects of psychoanalgesia or psychoanesthesia is very likely found in the neocortex and in the diffuse thalamus, and as *E. Laborit* proved a long time ago, it has acetylcholinergic and muscarinic capacity.

It is likely that this substance acts, not only by depolarization of the first neuron, immediately before the synapsis with the second one, in the *gelatinous substance of Rolando*, but also at certain points of the third neuron, in the neo and paleocortex, avoiding the interpretation of the electrical impulses.

Or by interrupting, also at the level of the third neuron, the arrival of these ascendant impulses, coming from the assaulted zone, to the centers where they should be decoded, interpreted, so the elaboration of pain is not produced.

I could well call this encephalin produced in the brain by the starting of thought, due to the action of thinking, *noesin*.

And *noesin* will possibly be a molecule with acetylcholinergic and muscarinic, selective analgesic, anti-inflammatory capacity, and capable of producing all these effects, preserving the patient's alert consciousness. And, coinciding with the liberation and with the verification of its effects, a harmonic global biological response (HGBR) is produced, in which the capacity of increasing the immune state, cicatrization, tranquillity and the patient's relaxation would increase, at the same time his general state at all levels improves.

The *noesin* activation depends on the incidence of a series of energies on the cerebral substance, capable of producing or inducing the necessary biochemical changes. These energies, the final barrier, the impassable barrier for biochemical researchers, would be mobilized by the action of thought on the brain, expressing a desire of the patient, in the present time and with the idea of its possession. Sometimes the patient is alone, and at other times his desire is being reinforced with the help of the therapist.

An energy that unquestionably acts in this process, when the therapist's action exists, is **love**; an energy that emanates from a clean feeling that unifies both and helps the patient to obtain what he/she needs.

I think that *noesin* can act in the following way: *noesin* combines with some cholinergic receptors, in *specific* areas of the nervous system, and steals them from the action of the acetylcholine, which should join with them in order to produce *specific* electrical impulses. Or avoiding their decodification, in the case of its arrival to the brain, with which the elaboration of the pain is not produced.

And all of this, without interfering with the free circulation of other returning impulses, which are referred to other parts of the organism or to different circumstances from those that were programmed for the psychoanesthetized zone.

On occasions we have noted real, true anesthesia in the programmed zone, even with loss of tactile sensations, although the most frequent is to obtain an *analgesia: lack of painful sensitivity, with the persistence of other tactile sensations of pressure, etc., which are generally not very discriminatory.*

There is hope that in the future pain will be able to be controlled by the will of man. And not only chronic pain, which in itself is a new negative load without any useful meaning for the organism that is suffering from it, but also acute pain, *increasing the knowledge* of the fact of aggression, which would permit us to defend ourselves from it without any need to suffer.

In order to bring this about, some of the programs that have been filed away in the human brain throughout evolution of the species need to be changed. This is a job that must be entrusted in particular to mothers and educators, because they have the advantage of being the initiators of education, those who set down the bases for it.

Mother and child need to benefit from maternofetal psychoanalgesia, which as we shall be seeing further on, can be an invaluable gift for the rest of the lives of those who are born under its protection. This can be the best starting point for this change which is so necessary in the programming of the brain with respect to pain.

CHARACTERISTICS OF PSYCHOANALGESIA

We will run through these subjects briefly, trying to make some of the basic concepts clear.

No previous relaxation exercise is necessary in order to achieve psychoanalgesia. It can be obtained with or without this condition. Nevertheless, psychoanalgesia is always accompanied by what I call an *indirect relaxation*, fruit of the positive thought that programmed it.

It can be achieved with a brief training or without it, if the patient receives the adequate help.

It is of *central* type. The mechanisms producing the psychoanalgesia act on the central nervous system, at a cerebral level, stopping in a selective manner some electrical impulses so that the perception of pain is not produced. This affirmation is supported by the fact that it is possible to be able to obtain a psychoanalgesia for a specific zone of an arm, for example.

Let's imagine a strip like a bracelet a few centimeters wide on an arm. We can check that the electrical impulses produced by irritant stimulus acting distally, at a more peripheral level, on the hand, will cross through the psychoanalgesed zone and are able to be converted into pain. The impulses pass through this zone as normal, something which does not happen with a local chemical anesthesia.

Psychoanalgesia has great *selectivity for place and circumstances* for which it was programmed. I will illustrate this affirmation with an experience lived through in my operating theater and repeated several times. I was operating on a leg. I had programmed the psychoanalgesia the patient was enjoying during the surgical intervention. He was calm and his well-being was evident... At one moment during the operation he said to one of my assistants, "Please, take your elbow off my leg, it's bothering me "...

He did not feel any discomfort at all in his operative wound where I was working... but he complained about the pressure produced by the elbow on his leg.

The psychoanalgesia was not programmed for this circumstance. He needed to know what he knew, but as the sensation of having an elbow on his leg was not necessary, the discomfort appeared. However, when I had to make another incision precisely where my assistant had put her elbow, the psychoanalgesia worked.

*Selectivity is the most important characteristic of psychoanalgesia, which gives to it its most important quality: it is **innocuous**.*

Psychoanalgesia can be programmed *intermittently*. It had occurred to me to program it in this way when I was still not aware that it was selective and innocuous. This happened with a young man who had suffered a laparotomy due to an inoperable cancer of the liver. He was suffering terrible pains in his abdomen, and fearing that the psychoanalgesia could hide some possible complication, I thought of programming it intermittently.

At each predetermined time, the psychoanalgesia would stop for ten minutes, after which it would re-connect itself automatically.

Some times he would go from a state of well-being to suffering severe abdominal pain, which would suddenly cease after the ten minutes that we had programmed for its disconnection.

Today I would not think of programming it intermittently because I would consider it unnecessary, as I am now aware that it is selective and innocuous.

I still have a recording of the voice of that patient. He died some time later comforted by the psychoanalgesia. It is an impressive testimony, which ratifies what I have just told you.

Another one of the qualities of psychoanalgesia consists in the *possibility of being voluntarily cancelled* if it is believed to be necessary.

Psychoanalgesia is *obtained in an alert, conscious state* and does not need any kind of sleep in order to be initiated.

We might ask ourselves, “But couldn’t the patient be harmed if the pain is eliminated and the process of the disease continues?”

No! This does not occur with psychoanalgesia, because when it is obtained, all of the natural mechanisms of healing are mobilized, thanks to the positive biological response that accompanies it. This facilitates the recovery of health and harmony, when possible, at the same time as well-being is increasing thanks to the psychoanalgesia. And if because of the psychoanalgesia the patient could, for example make some movement that would aggravate the existing lesion, it would disconnect, and in this way advise that this movement should not be done. This is applicable to fractures. In any case, in a situation of “irreversible” disease, perhaps its regression cannot be avoided, but the quality of life can be appreciably improved.

A series of subtle energies influence in the obtaining of psychoanalgesia. These subtle energies are mobilized by the creative power of the patient's thought. And by affection, love, understood in the most noble of its meanings, which makes two people vibrate at the same frequency. This is what psychoanalysts refer to as *transference*, and which is simply the *correspondence* to love that the patient feels he is being treated with, and which in turn helps him to obtain the good he needs.

Regarding the possibility of obtaining psychoanalgesia, I can tell you that, according to my own experience, this is totally different from what is reported in terms of the percentages of persons who are susceptible to reaching it with other systems such as hypnosis.

**NOESIOLOGY AND MATERNITY
MATERNOFETAL PSYCHOANALGESIA (MFP)**

When I transferred my experience with volitive psychoanalgesia in Surgery into maternity cases, I was able to observe how everything in relation to pregnancy, childbirth and post-childbirth improved, and also the affective links between mother and baby.

In order to obtain a normal childbirth it is necessary that an adequate neuromuscular harmony exists, and that the woman is psychologically balanced.

The innervation of the uterus depends on: the sympathetic nervous system, which is an inhibitor of the uterine contractions; the parasympathetic nervous system, specifically the vagus, activator of the contractions; and a local innervation, which is also an activator.

Everything which is able to activate the adrenergic system, the sympathetic, such as a negative thought or fear, is going to be inhibiting the contractions in the uterus, extending the time of childbirth and making it more unpleasant and painful.

In the opposite way, everything able to produce a parasympathetic predominance, a vagal one, will result in a more normal, pleasant and physiological childbirth.

Maternity wards all over the world would change so much the day women are taught something so simple, but also so effective, such as keeping the mouth with fluid saliva during the childbirth. The same mechanism that produces this effect -a vagal predominance- is general all over the body and, of course, its effect reaches the uterus and makes everything to do with the childbirth happen more physiologically and with greater well-being.

All women should be aware of this truth which is so elemental, but also so important for them.

My experience has shown me that the uterine contraction is not necessarily painful, but that it can change into something really pleasant.

Some people talk about affective factors, conscious or unconscious, to justify the pain of childbirth. But these affective factors can be modified in a positive way, in order to make childbirth a wonder of happiness.

Some people talk about a possible psychological regression to infancy, with the need for protection... and I can talk to you about the complete opposite, about a psychological maturity of the woman, fully conscious of what she is doing: helping her child, at the same time she is helping herself. This means that there is no justification for pain during childbirth, when the woman discovers the human capabilities available to her.

This pain is a real fact today, which produces serious complications. The negative biological response that accompanies the pain, the suffering and the fear increases stress, increases the production of adrenaline, and slows down the mechanisms of uterine dilation. The metabolic mechanisms are altered, and this affects both the mother and the baby physically and psychologically.

Read and Velovski have stated that normal childbirth can and should be painless, that conscious fear is the fundamental cause of this pain. To this conscious fear the psychoanalysts add unconscious fears.

We are going to start from a fact, and this is that woman has given birth with pain throughout history.

There are some exceptions to this rule, but the usual is the suffering associated with childbirth, and this includes primitive peoples.

What really happened was that these women had more resistance to pain. However, between this and obtaining a happy childbirth there is a great difference. There is a long road that we are walking for the benefit of future mothers.

Our attitude about pain in childbirth will be to exchange fear for self-confidence, and pain for psychoanalgesia and well-being, and thus avoiding all possible trauma for the baby.

Ordinarily everybody is born suffering and losing the protection they were afforded by their mothers. This remains recorded into the unconscious, and when life presents us with a situation of possible change, the fear of suffering and of losing something rises up. This is one of the main causes of the majority of evils afflicting man and humanity: fear, which grips hold of us and impedes us from living in search of the good and avoidance of the bad.

How many bad things are done out of fear and how many good things are not done for the same reason!

With **maternofetal psychoanalgesia (MFP)** we have made what mother and child need at the time of birth a reality. And with this, a new generation of children is emerging, a generation which will be freer adults, adults who will not be unconsciously afraid of the changes in situations that they are faced with in their lives. They will be free to choose what is best for them, without the coercion of unconscious fears.

There are many thousands of children who have been born in this way in Spain, in America and in other places in the world. The news that reaches me about them is highly satisfactory.

The first to be born under my method was a girl, my niece Mercedes. She was born on Wednesday, 14th of February 1973, on Saint Valentine's Day.

The most well-known and used psychoprophylactic methods are those that are used in the following schools: the English Read

method, the Russian Velsvovski method, from which the French Lamaz is derived, and from this one, the Aguirre de Cárcer (Madrid) method.

Other tendencies are: childbirth without violence, advocated by Leboyer in France; childbirth in the bath, with warm water; childbirth referred to as ecological, in which they try to respect the natural evolution, even though the woman continues suffering unnecessarily. And in the US, the trend in which the father assists his wife during childbirth, after having received adequate instruction, has spread.

Independent from all of these schools and without any influence from them, I have started in Valencia my own school using maternofetal psychoanalgesia (MFP). I teach the woman to change suffering and helplessness into conscious self-control so that she herself is going to have control over her physiology, for her own well-being and for that of her child. I also teach the father the basics of the system, so that he can become an active collaborator during the childbirth.

MFP provides the woman with adequate preparation for a better self-control during childbirth: starting the process, its dynamics, for setting the date of birth, when there are reasons for doing so, and to provide a psychoanalgesia which lasts all during the pregnancy, and postpartum period, for the mother as well as for the child.

And all of this with only one training session in any month of pregnancy. Without any previous training session, as the midwives in the Social Health System who follow my teachings have demonstrated, with the sole condition that they accept the help a well-prepared professional brings her.

I am going to tell you how I proceed in this single training session that I dedicate to teaching the pregnant woman how to program her own psychoanalgesia and how to control the mechanisms of the childbirth.

Accompanied by her husband, I write up her clinical history. One thing I always ask about is the degree of acceptance of the child that she is expecting, and if the pregnancy was planned, desired, or non-avoided.

Several couples receive my teachings together.

I explain to them, the importance of having their mouth moist, with fluid saliva, vagal saliva, in order to obtain the desired well-being. From the explanations I have been giving throughout these pages, you are by now well-aware of what this means.

I will only remind at this moment that, in order for the uterine dynamics to function adequately, it is necessary to have a vagal predominance. For this, they must acquire the habit of always maintaining their mouth moist.

Later on, they see how they can anesthetize one of their arms, with only one thought, and they check it by piercing their forearm with a needle.

They come to realize how they can obtain or withdraw the psychoanalgesia at will.

Then, they program a psychoanalgesia for their whole body and for the body of their baby... And they realize that all the discomforts that they had been feeling, including those produced by the increase in the size of the womb in the final months of their pregnancy, in their legs, produced by the venous circulatory overload. Their bodies feel as if they were floating.

I show them a recorded childbirth, and they see how everything programmed is accomplished. They see that woman on the video smiles while she is doing the work of expulsion and that she leaves the delivery room with her baby in her arms, walking with total normality, with happiness reflected on her face. Her husband accompanies her all the time.

They receive the teaching in order to know when the right time is to enter the hospital, once labor has started. It is a good idea to hold back on going to the hospital in order to avoid some of the routines of the health care professionals, who seem to be in a hurry to finish something that needed nine months, and now they want to accelerate or manipulate it to their own convenience.

The dynamics of the uterus is always artificially accelerated, and this is the cause of the worst discomforts for the woman, who will later need a series of medicines (which would not otherwise be necessary) in order to compensate for the artificially produced discomforts, until the arrival of the chemical, general or epidural anesthesia.

They are given very specific instructions about these subjects, and particularly how not to let themselves be negatively influenced by the negative language and forms of expression of the health care professionals who assist them without knowing our method.

They need to defend their right to a natural childbirth, without any unnecessary chemical manipulation. In order to avoid all these inconveniences, the best way to enter the hospital, at this moment in time, is with the dilation process well-advanced, except when there has been a previous and spontaneous rupture of the water bag. If this happens, or any other circumstance that the doctor should be made aware of, the gynecologist or the midwife need to be notified right away.

Sometimes we do an echography. The mother always enjoys seeing her baby's heart beating on the screen, the body, the head, the limbs, how he is moving, how he reacts to the external stimuli... More than one woman has been helped by this experience to accept her pregnancy and her baby, which perhaps she had not yet come to accept.

In countries in which abortion is legal, the mother should be shown her baby on the echograph before making any decision on the possible interruption of the baby's life.

And the big moment comes, the time to use and program the things that she and her baby need.

Every mother programs, with surprising ease, everything she saw on the video tape.

Surprise and joy are usual. All of these mothers benefit, to a greater or lesser degree, from the psychoanalgesia achieved through their own thought... The rest of their pregnancy goes by with a feeling of well-being previously unknown. This is doubly perceived by those who have had an earlier pregnancy without the system, and thus have a point of reference with which to compare.

As a reinforcement of these teachings I advise them to listen to my tapes every day: "**Learn to be relaxed. Know the creative power of your thoughts**", and "**Healing by thinking (Noesitherapy)**". And in the last month of their pregnancies they must add, especially at night, when they go to bed: "**Direct your own childbirth**", which is a summary of the teachings received in the training session.

The most important thing is for them to learn that their childbirth will be as good as they think it will, and that I have provided them with the knowledge to make them autonomous in order to program and bring in to their lives all the well-being they need, for themselves and for their babies.



NOESIOLOGY AND LIFE

Once we have come to understand the significance of thought for our lives, we try to use it to enrich everything possible from the very beginning of life.

We must teach the woman to know and regulate her menstrual cycle as much as possible and her ovulation as much as possible, so that something so important as the starting of a new life is not left to chance.

Each ovule has an X chromosome. On the other hand, there are two types of spermatozoids: some carry the X chromosome, and others the Y.

From the union of two X chromosomes, the maternal one and another X chromosome from the father, we will have a female (XX). And from the union of one maternal X with another Y from the father, we will have a male (XY).

It is known that the speed of displacement from the spermatozoids bearers of a Y chromosome is greater than that of the X, but that the Y live for a shorter period of time than the X's. The sex of each new being depends on these qualities of the X and Y chromosomes, because these qualities will facilitate the union of one or another paternal chromosome with the Maternal X.

It is very important to know the significance of the variations in the cervical mucus in relation to the detection of the moment of the ovulation, which is what the Billing's method for controlling fertility is based on.

The use that the woman can make of this knowledge about the physiology of reproduction allows her to exercise an intelligent control over her fertility, and this can provide her with the confidence of being able to decide when she wants to be a mother. It can even influence, naturally, in the determination of the sex of the child she wishes to conceive.

During gestation we must teach the mother to use her capacity of thought intelligently in order to program everything good she wants for her and for her baby.

Pregnancies which are considered by gynecologists to be normal are a very long way from enjoying the well-being of pregnancies programmed by the woman with Noesiology.

Several studies about the influence of the mother's thought in the development of the child have been carried out. The repercussion of the mother's attitude in relation to her pregnancy is evident. It is so clear that the main cause of abortions without any apparent known cause is the non-acceptance of the pregnancy by the mothers. Even the love or lack of love received during the gestation acts in a positive or negative way on the baby's life, helping him to live better, or creating negative circumstances which can remain with him all his life.

The children's education starts inside the mother's uterus.

For me it is a fact that the intrauterine being perceives, in some manner, the thoughts and the feelings of the mother.

In respect to the influence of the mother on the intrauterine development of children, *Robert Tocquet*, in his book "*Healing by thinking*" tells about the influence of the mother on the intrauterine development of children. A mother cat gave birth to its kittens in a baker's shop in Nice, in the year 1921. One of the kittens had on its front some stars and the date 1921.

This phenomenon was studied by all kinds of scientific commissions, and they verified that this was the natural color of its hair.

They arrived at the following conclusion: one fine day, when the mother cat was pregnant, according to the baker woman, she was chasing a mouse, which went behind a sack of flour. To protect the sack, which was open, the baker woman threw another empty one over it. The empty bag had some stars and a date printed on it.

The cat knew that the mouse was there and remained a long time watching.

In front of its eyes, some stars and the date 1921.

Through the cat's eyes, these images arrived at its brain and from there to the uterus, and were recorded on the fur of its children, like a photographic plate.

Curious mechanism. In the Bible we can read about what happened with Jacob's flocks. It so happened that Jacob accepted from his father-in-law, Laban, in payment for caring for his flocks, to have any young that were born with spots or stripes.

Laban separated all the animals with these characteristics, and gave them to his sons so they could take them away to a place several days' journey away.

But Jacob wasn't unnerved in the least, (Genesis, 30, 37-43): *" Then Jacob took fresh rods of poplar and almond and plane, and peeled white streaks in them, exposing the white of the rods. He set the rods, which he had peeled in front of the flocks in the runnels, that is, the watering troughs, where the flocks came to drink. And since they bred when they came to drink, the flocks bred in front of the rods and so the flocks brought forth striped, speckled and spotted. And Jacob separated the lambs, and set the faces of the flocks towards the striped and all the black in the flock of Laban; and he put his own droves apart, and did not put them with Laban's flock. Whenever the stronger of the flock were breeding Jacob laid the rods in the runnels before the eyes of the flock, that they might breed among the rods, but for the feebler of the flock he did not lay them there; so the feebler were Laban's, and the stronger Jacob's.*

Thus the man grew exceedingly rich, and had large flocks, maidservants and menservants, and camels and asses."

The spots that appeared on the fur of those animals, as a result of a visual stimulus, were genetically transmitted to their offspring.

In the New Testament there is also a singular story in relation to the influence of the mother on her baby.

When Mary went to visit her cousin Elisabeth to tell her about the good news that she was expecting a son, Elisabeth told her (Luke, 1-44): *"For behold, when the voice of your greeting came to my ears, the babe in my womb leaped for joy."*

The child was sharing the joy of his mother.

Undoubtedly, the mother has a transcendental influence on the intrauterine development of the child.

It is necessary to use this knowledge to the benefit of the new being.

I usually tell pregnant women that, in addition to thinking about every good thing they want for their babies, they must fill their thoughts and senses with every beautiful thing they are able to find inside and around them in nature. They need to enjoy the colors of the flowers, the songs of birds, and works of art from the hand of man. When they close their eyes, they must re-create all this with a thousand positive thoughts, and they must tell about all this, just as they are living it, just as they feel it, out loud to their unborn child, saying something like, "My child, everything I am telling you about now, you are receiving through my senses and my own experiences, but soon you will be able to enjoy it all for yourself. All of this will allow you, my child, to be happy in life, without the need for strange things; you will be able to live happily without drugs, without such complicated experiences. You shall live with your senses clear and you will not know what boredom and apathy are.

And later on, the mother needs to be taught how to obtain maternofetal psychoanalgesia, which will bring her a great well-being that she will share with her child during pregnancy, childbirth and post-childbirth.

This knowledge will also permit the mother to control and to conduct the dynamics of the uterus and even to fix the date of the childbirth, when it is convenient.

All of this will avoid that the seed of fear of the changes of situation is sown in the newly born.

This will permit him, when he grows up, to be freer in making decisions in life; it will permit him to approach his fellow man with his arms open and to love them with greater ease.

At an extrasensory level a great communication is established between mother and child; a kind of umbilical cord is established which unites them in any circumstance, inside and outside of the uterus, and it cannot be cut by the doctor or midwife's scissors. It will be a via of communication that will permit the mother to continue the education and protection of her baby after being born. She will make him understand the meaning of the creative power of thought, so that the child learns to obtain his own well being and the good of the people that surround him. This will let him live happily, with better self-control and better health. Life, in this way, will be more positive.

Noesiology will teach the child and the adolescent to live and to develop all his potential, all his capacities as far as possible, to improve in studies, in sports, in work and in human relations. *And when death arrives, he will try to find its great positive meaning.*

We would like to teach man that his future is in his spiritual evolution, and that it is a much more simple possibility than could ever be imagined. To use the creative power of thought positively is to tune in to the good that one needs, to know oneself better, to live more intelligently, to elevate one's life to an intellectual level. And from there to the spiritual there is but a step.

And as we always will desire a greater good, this means that within man there is a yearning desire for infinite happiness.

What fear death produces!

Ordinarily, no one lives as long as he should be able to in accordance with his genetic capacity.

Man shortens his life in a suicidal manner, through his inadequate way of living. He contaminates everything: air, water, food, his own social surroundings and the psychological atmosphere around him. And he burns his life like a candle within a fire, consuming his possibilities without having illuminated with his flame all the time that corresponds to him.

If we live controlling our thought, using our energies appropriately, we are coming closer to our life light and happiness, and we are enriching our lives.

But today, unfortunately, the civilization we are suffering induces us to the opposite. Unnerving news, advertisements of the press, radio and television, all of them are invitations to anxiety; they invite us to possess material things or corporal sensations on which happiness is made to depend... and this is not the road.

This is the road to dissatisfaction, to boredom, apathy, drug addiction, crime, suicide, to so many negative things that are destroying our society.

But fortunately, all of this can be changed to positive. This is truly a challenge for our society.

It is necessary to look at death in a different way.

If you realize it, each time you satisfy a biological need, you experience pleasure. Isn't that right? If you drink when you are thirsty, you feel pleasure; if you are hungry and you eat, you feel pleasure; if you are tired and you rest, you feel pleasure... I teach pregnant women to bring their babies into the world with true pleasure when they feel the need to give birth.

If man learns to live more in accord with nature, he will not commit suicide; he will not shorten his life; he will fulfill his biological cycle as it genetically corresponds. And then, when death comes he will feel it as a biological need; he will have accomplished his cycle and mission in life. Then he will receive death in another more positive way.

I am going to transcribe, from my first book, the story of my father-in-law's death. I'm going to select some paragraphs from the story relating to his last moments: "At a certain time on that Saturday morning, he asked my wife, his daughter: "Maria Jesus, how does death come?" And Mamatús replied to him, "Wait for a moment. I will call Ángel, and you can ask him about it."

"He repeated the question to me, and without doubting for an instant, I told him, "Look, you will be conscious that a moment comes in which you feel a great calm, a great peace, you will stop feeling your body, your body will no longer be disturbing you. What is happening is that the true realization of your being is taking place: your soul is leaving your body (today I would say: you are leaving behind the matter you do not need to continue along your path) and you are going to meet God."

"I did not tell him anything else and he rested peacefully.

"...The truth is that when the hours passed by, and in the middle of the afternoon he was becoming calmer, he was at peace after having received the sacrament of extreme unction."

"At a certain moment, with the cross in his hand, he intoned the "Miserere mei Deus", which was chanted in unison and continued by the two priests attending him during those moments together with ourselves."

"...His peripheral pulse had been imperceptible for some time. I was at his right side with my fingers on his neck looking for the pulse in his carotid arteries."

"He looked so peaceful, he seemed so resigned, that I told him: "I envy you", and he answered: "Why?"

"Hours before I had said to him with total clarity, "Do you realize, Papa, that the road before you is smoothing out, that it is changing into a motorway? Do you realize that at this speed, you are going to take off very soon?"

"Do you realize that your soul will be leaving your body rapidly?"

"More time was still to go by. I do not know how much; an hour, two... in a situation of total calm, of total peace, with an immense tranquillity and without feeling his body. He no longer moved, and he did not complain of anything."

"From time to time he would ask me: "How is my pulse?" And when I answered him, he replied: "My heart is still strong! Do I still have those heartbeats?"

"He wanted his last heartbeat to come so that he could arrive to the point of attaining perfect peace, which is the beginning of eternal life: death."

..."Do you realize now why a short while ago I told you I envied you? "

"And then, with that immense peace reflected on his face, he did not ask me again why. He was clearly feeling it."

BODY, SOUL, ENERGY, SIN, LOVE

The following phrase is attributed to *Virchow*, one of the great physiologists and pathologists of the nineteenth century: *"I have dissected many bodies of animals and men, I have dissected their brains, hearts, livers, and I have not found the soul anywhere, not even so much as remains nor any manifestations of it."*

Virchow was not able to find the soul, but he did realize that something substantial had disappeared from those beings, alive a short time before, which had made them stop functioning, and even the structure of the cells, tissues and body would soon disappear, unless they were maintained in some artificial way. So the anatomic appearance, and to a certain point some of the biological functions, could be conserved, but never the conscience itself, unattainable to all technology.

This energy that was capable of preserving the structure of the cells and tissue, the shape of the body, its functioning, life and conscience itself, was in the soul, which when it departed, it left only a corpse, where before there had been a *being*.

In contrast to Virchow's statement, I wrote the following in *"The will overcomes pain"*: ***"In each surgical intervention with psychoanalgesia I find in front of my scalpel the man's spirit, the human soul"***.

When I say that in front of my scalpel I find a person's spirit, the human soul, I am referring to its manifestations.

If through the creative power of thought man can modify or inhibit the habitual functioning of the brain and control painful sensitivity, as well as harmonize his own physiology, it is because a superior energy controls and orders matter. This energy acts on the brain telling it how it should act or stop acting.

The fact that man functions as a unity is due to this energy. Organs, systems, tissues, cellular groups, molecules, and atoms are harmonized by that vital puff.

When a patient receives an adequate dose of love from the people who are treating him/her, he/she is closer to obtaining the good he/she needs, whether this be psychoanalgesia or the start-up of the healing mechanisms... It is not only a technique, some marvelous words to substitute chemicals; it is a conscious vital attitude from a professional facing up to the patient's need.

Remember that at the beginning of these pages I wrote: *Disease is ordinarily a lack of love in human life, which is translated into a psychosomatic disharmony. Psychologically and physically disease is a request for love.*

Love is an energy capable of moving those that receive it to obtain with greater ease what they need. If the patient, being alone, perhaps could be in doubt, could find it difficult to obtain his own good, our company in an adequate situation of affective relationship, attracts the good to him... which is close to or rather inside those who need it.

All the knowledge of the pre-scientific epoch is condensed in the sacred books of religions and philosophies, which down through history have provided a series of data which are universal truths of knowledge, and also norms and precepts of hygiene, physically, and psychologically. Today science goes on explaining this to us.

For example, nowadays, we know that there was a reason behind the Koranic precept of not eating pork: to avoid the ravages that in those time trichinosis would have produced. This disease was undetectable with the knowledge of those times, but today it is easily avoidable with an adequate examination of meat by veterinarians before it is consumed.

And, what about the prohibition on alcohol, which is possibly the drug that causes the greatest number of illnesses and deaths in our society?

The rules related to fasting and eating meat that we find as religious precepts are also hygienic norms.

We read in the Bible that the Israeli people, during their escape from Egypt, through the desert, received as a divine precept not to keep manna from one day to the next. They were receiving a teaching about a kind of food which must be eaten fresh, because within a short period of time, and at the high temperatures of the desert, it became a perfect medium for the cultivation of many pathogenic germs. This precept would not have been necessary if the Israeli people had had refrigerators to keep it in!

In Exodus (16, 19-24) we can read that Moses said: *“Let no man leave any of it till the morning.” But they did not listen to Moses; some left part of it till the morning, and it bred worms and became foul; and Moses was angry with them. Morning by morning they gathered it, each as much as he could eat; but when the sun grew hot, it melted.*

On the sixth day they gathered twice as much bread, two omers apiece; and when all the leaders of the congregation came and told Moses, he said to them, "This is what the Lord has commanded: "Tomorrow is a day of solemn rest, a holy Sabbath to the Lord; bake what you will bake and boil what you will boil, and all that is left over lay by to be kept till the morning". So they laid it by till the morning, as Moses bade them; and it did not become foul, and there were no worms in it".

If we consider, for example, some of the contents of the Gospel we can find things that today we understand better under the light of science and of our experience.

We can read in Saint Mark (11, 24): *"Therefore I tell you whatever you ask in prayer, believe that you have received it, and it will be yours."*

Is this not what my patients do before entering my operating theater? They say they have the psychoanalgesia they need and when they finish saying it, they have it, and enjoy it.

I understand that these words serve for the isolated individual, one of whom a condition is required, who believes that it is possible. But Christ says in Saint Matthew (18,19): *"Again I say to you, if two of you agree on earth about anything they ask, it will be done for them by my Father in Heaven."*

And I say to you that Jesus Christ was farsighted, because this was, to my way of thinking, thought of for when one cannot obtain the good he needs by himself, because he does not believe that it is possible. Then the possibility of giving or receiving help arises, so that the patient, who has a need, with this help and with the desire to fulfill his need has enough, even though he does not believe ... The faith, belief, knowledge, experience and desire of the therapist works for him .

That is why I find in these words the basis of what the noesitherapist can do with his patients... **To believe** that the good the patient needs is possible, **to want** them to have it...and **to know how** to teach them the necessary things to obtain it.

I understand that Jesus Christ made belief a condition in order to obtain what we ask for in our prayers. But it is not, from my point of view, faith in the religious sense; **it is, simply, knowing how nature functions**. That is the way of adequately using the energies we have at our disposal, inside and outside us, with which we can program our brains and through its mediation obtain the good we need, the psychoanalgesia, the starting-up of the natural mechanisms of healing, and so on. If you wish, you can call these energies in the religious sense, Providence.

The creative power of thought, used with the condition established by Jesus Christ, is a fact.

In John (14, 12-14) I find the hopeful words: *"Truly, truly. I say to you, he who believes in me will also do the works that I do; and greater works than these will I do, because I go to the Father. Whatever you ask in my name, I will do it, that the Father may be glorified in the Son; if you ask anything in my name, I will do it."*

If the isolated person does not believe what he is thinking possible (what he is asking for in the prayer), he is not using his capabilities, because he is not accomplishing the necessary conditions...And for this reason: *"If two of you agree on earth..."*

Why? When two people agree about anything, the belief, the thought of one helps the other. Thought is a subtle and transcendental energy, which goes out, and is necessary in order to make real the things the other person did not believe possible, like psychoanalgesia or the adequate mobilization of the mechanisms of healing.

This is why I say to the professionals of medicine that **the patient has enough with his need**, on the condition that he wants his own good. If, in addition he believes, he knows that it is possible, better still.

The professional is the one who needs preparation, the one who must believe that what the patient needs is possible, from his own or through somebody else's experience. In this way his belief, his thought, this subtle energy will activate the brain of his patient; it will mobilize the adequate mechanisms in him.

I understand that all of Jesus Christ's life and deeds, including his miracles, had a reason for being, in addition to giving credibility to his words: To teach us to use the resources, the mechanisms of nature, so that man can change the wrong course of his life and his species' evolution, so that he can begin to de-program the evil and sickness out of his brain, and in its place put the good and the health he needs.

If he does that, man will be able to change the hell on earth into a terrestrial paradise, in which love reigns instead of fear.

It is necessary to clarify many religious concepts in order to make them more understandable.

Who can offend God? How is it possible to offend the Infinite?

Thus, in addition to a lack of correspondence to His Love... what is sin? Is it not perhaps a deviation from the correct use of man's capabilities, a use outside the elemental rules of prophylaxis in human nature? Is it not an inadequate way of using the creative power of thought, which instead of being used to generate good is being used for the opposite?

And, naturally, negative consequences are produced in the life of men, as individuals and collectively, because of sin being understood in this way... It is the logical consequence of the bad use of energies that are capable of producing good and evil.

And, what about original sin?

The Sacred Scriptures speak about the forbidden fruit, about the tree of science, of good and evil...

I ask myself, where is the tree of science? Is it not, perhaps, the brain, which even in its microscopic structure could be compared, not only with a tree but also with a real forest of neurons? **The fruit of the tree of Science (the brain) is thought**, with its creative power for producing good and evil.

Could original sin be understood as the inadequate use of human thought, which with its creative capacity generated evil, pain, disease and death, with its present-day negative consequences?...

And as thought leaves its “footprints” in the brain, which is somewhat like a program in this “computer”, its consequences are transmitted to the species through its descendants.

Even though it were only by pure genetic biological inheritance, would not the consequences of sin be transmitted down through the different generations?

For the first men, the great temptation could have been the desire to experiment, using the freedom of thought that the Creator had granted and respected, together with evil, something that in essence God Himself could not do.

They thought of evil and they were recording it in their brains, with all its negative consequences for them and for their descendants.

But because of the fact that the need to use evil as a measure for everything we suffer in our culture continues to be transmitted, what could have been the original sin has been converted, out of habit or custom, into actual sin: the negative use of the creative power of thought.

Man took the wrong road in his evolution; he chose the road of his destruction at that stage of his life on earth.

But wouldn't it be possible for us to retrace our steps following the indications of the Gospel, which even scientifically is explaining to us what to do? Could we de-program our brain out of so much negativity, and modify its negative contents into other positive ones?

My patients seem to be demonstrating this with psychoanalgesia and with the radical complete change which we so frequently observe in their lives...

Man can find the road to return to Paradise, understood not to be like a place on Earth, but rather a state of unimaginable possibilities for good things within the reach of the human being.

In the Greek texts of the Holy Scriptures there is a word which is repeated over and over again: **metanoia**. It has had a rather unfortunate translation, and was rendered into *conversion, doing penitence*... Its correct etymological significance, however, is **change of thought, mentality, purposes**... (Liddel and Scott Dictionary).

This is more in line with my experience. All of the positive things that my patients obtain for themselves when they understand my teachings begin to change their negative thoughts into the opposite...

And they find the psychoanalgesia they need; they start up the natural mechanisms of healing and learn to live more happily... Will this be the **new man of the Gospel?** ...

Man needs to understand that he harvests in his life what he has sown in his brain with his thought.

It will be more or less difficult, but man can find solutions to his individual and collective problems... Medicine would be able to make true prophylaxis; Politics would be the vehicle of understanding and harmony among countries... Armies could be mobilizations for the use of human, economic and cultural resources in order to save the world... Their only weapon would be Love, capable of solving each and every one of the unresolved problems among human beings.

Many prejudices about the precepts of the Gospel must be clarified. It is necessary to understand them, in addition, as advice on pure hygiene for the total physical and spiritual life of man. We need to understand the Gospel as being the best Medicine: prophylaxis. And there is no better prophylaxis than that which is started up by this marvelous energy which is Love, and learning to use the creative power of our thoughts...

Love and the positive use of thought both produce the same effect on human life: they make human beings live in a positive biological response, with all its positive connotations for health. This is the remedy for all of the evil in Mankind.

Men will only find solutions to the problems they face when they understand these truths.

THE THIRD CHILDBIRTH IN HUMAN LIFE

In his origin man inhabits a small, round, limited world, the maternal uterus. He lives and grows submerged in the weightlessness provided him by the water that surrounds and protects him.

He depends on his mother for everything, physically and psychologically.

In this small and limited world he has everything he needs during this stage of his life... He is anchored to the mother by the umbilical cord through which he receives the necessary sap of life to grow to his genetic potential.

Man is born, and when the umbilical cord that united him to his mother is cut, the limits of his existence expand. New horizons appear in his life.

Inside the woman his world was round and he was inside.

His new world is much larger. It is also round, but now he is outside.

The umbilical cord that tied and limited him was cut... Now he has a new umbilical cord: his respiratory tract. The sap of life continues to arrive to him, and also the air, the oxygen he breathes, but now through this new umbilical cord. It is a more very subtle bond, one that allows him greater freedom, but still a bond.

Before he was surrounded by water; now he is surrounded by the air on which his existence depends.

The earth is his new mother, and in her he also finds everything he needs in order to survive... But if he leaves the breathable atmosphere towards outer space, or if he goes deep down into the sea, he will be introduced into a kind of artificial uterus and he will need a new umbilical cord: a spaceship, a space suit or a wet suit, the tubes that will supply him with oxygen, the air he needs to breathe.

Man, inside the bosom of his mother the earth has gained spaces, freedoms, possibilities of developing in the search for his destiny.

Man is a body, matter, and soul, spirit... and he will always be matter-spirit. Only that the material support of the soul when he dies will be different, more like energy... Or is matter something more than condensed energy?

Nothing that exists can cease to exist. A molecule of any given substance could disintegrate and become energy, but it will always be something.

The body, with death, can disintegrate into its various components; it will return to the earth, return to be what it was before: stardust.

But one part of that matter, now energy united with the soul, will continue being a part of the same man, who is now perfected, liberated from his coarser material bonds.

He will no longer need to nourish himself, no longer have to renew the organic and mineral components that before he had in his body, He will no longer need water, something that was essential for his life. He will no longer need the air that once penetrated through the umbilical cord of his respiratory tract. He will be born of his Mother Earth in order to extend his horizons into the immensity, into the Infinite...

His new mother will have no limits. His new umbilical cord: The Love of the Creator, which irresistibly attracts him..., that will fill his existence to the full.

And man, in this his third childbirth, will be liberated from the last of his limitations: the need for the brain in order to know, to overcome the limitations of his senses and of his brain, which has been badly programmed down through the evolution of his species. With his badly programmed brain he changed Humanity into a purgatory, into a hell of pain, disease, unhappiness, fear and fratricidal wars.

He used the gifts of nature to make his own evil and with it his punishment and the punishment of his descendants.

He will at last find what he has been longing for ...

"Father, forgive them, because they know not what they do" (Luke 23, 34). These were Jesus Christ's words from the cross.

And, of course, nobody fully knows everything that he should know about his origin, about his present and his destiny, until he is liberated by death from the servitude of the brain.

Nobody is completely responsible or completely free without the plenitude of knowledge.

This knowledge can only be given with the liberation which is death and no longer depending on the brain to reason.

After death, we know... And then we have total freedom and the responsibility for choosing.

And I ask myself... even if this were possible, would there be anyone who, being completely free would choose another way than that which would bring him to the Infinite Good, always desired and never, until this moment, understood nor achieved? Even if this were possible, because of this complete freedom, recently obtained, would there be anyone whom the use of this freedom would bring, after coming to know God, in any other direction than that which leads to God Himself?

Man at the time of his death is born for the third time: he was born in his mother at the time he was conceived... On earth when he was born by woman... And in The Infinite when he dies... He finds himself inside the **Father's Love**, in which everything has its origin and its destiny, its beginning and its end.

THE MEANING OF:

Acetylcholine: Neurotransmitter. A substance which facilitates the nervous signals passing between two neurons.

Acetylcholinergic: The substance which starts the production of acetylcholine.

Adrenaline: Or epinephrine. The hormone secreted by the medulla of the adrenal glands, which produces sympathetic predominance, i.e. the increase of the sympathetic activity.

Agonistic muscle: The muscle that has the same effect as other muscles.

Algogenic substance: The substance able to produce pain.

Amyelinic fibers: Nerve fibers not covered with myelin.

Analgesia: Abolition of painful sensitivity, retaining tactile and pressure sensations.

Anesthesia : Lack of all kind of sensitivity.

Angiology: Specialty that studies the vessels: arteries, veins and lymphatics.

Anisocoria: Pupils of a different size in the same person.

Antagonistic muscle: The muscle that opposes against the effect produced by others.

Aponeurosis: A thin fibrous membrane that serves as a fascia to bind muscles together.

Ascites: An abnormal accumulation of serum fluid in the abdomen.

Atheroma: Plate of fat in the interior of arteries.

Atropine: An alkaloid obtained from the belladonna. Used to dilate the pupils of the eyes, as an antispasmodic and to maintain the respiratory tract dry during general anesthesia .

Barbituric: Substance having sedative and hypnotic effects.

Brachiation: To move by swinging with the arms from one branch to another as the monkey does.

Bradycardia: Slow rhythm of heartbeats.

Catalyst: The substance (person or thing) that accelerates or delays physical or chemical processes.

Catecholamins: The group of amines derived from catechol that has important effects as neurotransmitters and hormones and include epinephrine, norepinephrine and dopamine.

Center geniculate nucleus: Thalamic nucleus, related with the pathways of pain.

Cerebral peduncle: The white voluminous part of the nerve bundle which are the ventral part of the mesencephalon. They go from the cerebral hemispheres to the basal protuberance when they penetrate.

Chickenpox: Also called varicella. An acute contagious disease, primarily in children, that is caused by the varicella-zoster virus and characterized by skin eruptions, slight fever and malaise.

Cholinergic: Capable of liberating acetylcholine.

Cicatrization: The process of scar formation, the healing of a wound.

Cortico cortical pain: The pain started in a memory or thought about pain without an irritant stimulus in the body.

Coxofemoral: the articulation of the hip.

Decoded: Interpreted, translated from a cryptic message.

Deontological Commission: The Commission which works in order to preserve the ethical procedure of the people who work in a profession: doctors, architects, lawyers, etc.

Dermaabrasion: To rub the skin with sandpaper.

Diencephalon: Also called between brain. The posterior part of the forebrain that connects the mesencephalon with the cerebral hemispheres, encloses the third ventricle and contains the thalamus and hypothalamus.

Distocia: A wrong position of the fetus or alteration in the functioning of the natural mechanisms of childbearing.

Echogram: Diagnostic by image in which ultrasound is used to visualize an internal body structure or a developing fetus.

Enkephalin: Proteins of the brain with important biological effects.

Endoplasmic reticulum: A membrane network within the cytoplasm of cells, involved in the synthesis, modification and transport of cellular materials.

Endorphin: Peptide hormones that bind to opiate receptors and are found mainly in the brain. Endorphins reduce the sensation of pain and affect emotions.

Endothelium: Thin membrane on the surface of serosas, synovials and inside the arteries

Epicritic pain: The perception of slight differences in the intensity of stimuli, especially touch or temperature.

Episiotomy: Surgical incision of the perineum during childbirth to facilitate delivery.

Evipan: Intravenous anesthetic used for the induction of the general anesthesia .

Extrapyramidal: Out of pyramidal pathways.

Extrasystole: Premature contraction of the heart without relation with the normal rhythm, produced as a response to a stimulus in a different part of the sinu-auricular node.

Flebology: Science that studies vein diseases and their medical and surgical treatments.

Genu varum: Bow-legs.

Glossopharyngeal: Ninth cranial nerve.

Hemostasia: The stoppage of bleeding or hemorrhage.

Hypertonic serum: Serum with higher osmotic pressure than blood.

Hypophysis: Endocrinous gland in the basis of brain.

Iatrogenic: The side effect induced in a patient by a physician activity.

Innervation: To supply an organ or a body part with nerves.

Intermittent claudication: A halt or lameness in a person's walk due to a lack in the arterial flow of blood.

Intralamellar nucleus: Thalamic nucleus.

Laparotomy: Exploratory surgical incision into the abdomen wall.

Limiting nucleus: Cellular nucleus in the thalamus.

Masticator muscles: The muscles used in the work of mastication, or chewing.

Maternofetal Psychoanalgesia: Psychoanalgesia programmed by the mother, which protects her and her baby.

Mesencephalic reticular system: Important structure inside the central nervous system.

Mesencephalic: Related to the mesencephalon.

Mesencephalon: Midbrain. The small central part of the brainstem, developing from the middle of the primitive embryonic brain.

Metanoia: Greek word meaning changing of thoughts.

Micra: A unit of length equal to one millionth of a meter.

Mitochondrias: The spherical or elongated organelle in the cytoplasm, containing genetic material and many enzymes important for cell metabolism.

Mucopolysaccharide: Some substances present in the composition of the membrane of cells. Group of polysaccharides containing hexosamine.

Muscarinic: The biological vagal effect observed under psychoanalgesia. The opposite effect to that produced by atropine.

Myelin: The substance covering certain nerve fibers.

Myelinic fibers: The nerve fibers covered with myelin.

Neocortex: The most recent part of the human brain.

Neurotransmitter: Facilitates the transmission of electrical impulses between two neurons.

Neutrophils: A type of leukocyte in the blood.

Noesibaby: Born under maternofetal psychoanalgesia protection.

Noesin: The name that Dr. Escudero gave to the hypothetical enkephalin that produces psychoanalgesia.

Noesiology: Science that studies the effects produced in life by the start up of thinking.

Noesis: The action of thinking. Greek word.

Noesitherapist: One who uses Noesitherapy teaching in his/her therapy.

Noesitherapy: Healing by thinking. From the Greek: *NOESIS* + *THERAPY*.

Noetic pain: The term Dr. Escudero uses to refer to epicritic pain.

Nucleolus: A small structure inside the nucleus of the cells.

Obstetrician: Specialist in Obstetrics.

Obstetrics: The branch of medicine and surgery concerned with childbirth and midwifery.

Ombredanne: The name of an old apparatus used up until the 1950's for general anesthesia by inhalation of ether.

Omer: A kind of vessel used by the Israeli people.

Oncogen: Abnormal gene responsible of cancer.

Paleocortex: The oldest part of the human brain.

Parasympathetic: One of the two parts of the vegetative nervous system.

Parotid: Salivary glands between the ear and the jaw.

Pathologist: Specialist in diagnosis of micro and macroscopic alterations of anatomy.

Pathoanatomy: Specialty that studies the micro and macroscopic alterations of anatomy.

Perineum: Muscular zone related to the genitals and anus.

Peristalsis: An involuntary muscular wavelike movement by which the contents of the alimentary canal are moved along.

Phylogenetically: Related to the evolution of the species.

Physiology: The normal functioning of the body.

Portacaval anastomose: Surgical intervention in which the portal vein is cut from the point of its arrival to the liver and anastomosed with the caval vein to avoid the flow of the venous blood through the liver. This surgical intervention is used in cases of portal hypertension.

Prognosis: A forecast of the course of a disease.

Prophylaxis: Preventive treatment against disease.

Psychoanalgesia: Analgesia produced by the action of thought.

Psychoanesthesia : Anesthesia produced by the action of thought in the brain.

Retinopathy: Alteration in the inner stratum of the eye in which the process of vision starts.

Ribosome: The site of protein synthesis inside the cytoplasm of cells.

Rolando's Gelatinous Substance: The place in the posterior horn of the spinal cord in which the first and second neurons of the pathways make their connection.

Sofrology: School started by Dr. Caycedo.

Somato: Related with the body or soma.

Somato-cortical pain: Pain with its source or beginning in an irritant stimulus in the body.

Spino-thalamic bundle: It is formed by the second neuron of the pathways. It starts in the Rolando's Gelatinous Substance and arrives to the thalamus.

Sublingual gland: Salivary gland.

Submaxilar gland: Salivary glands.

Succinilcholine: Muscular relaxant used in Anesthesia.

Sympathectomy: The surgical cutting of the sympathetic nerves.

Sympathetic: One of the two parts of the vegetative nervous system.

Synapsis: The point of nearly contact between two neurons.

Thalamic: Related with the thalamus, important structure inside the brain.

Tiobarbital: The barbituric used in the induction of chemical anesthesia.

Ureter: The conduct through which the urine passes from the kidneys to the bladder.

Vagal: Related with the vagus.

Vagus: A part of the parasympathetic system.

Ventrocaudal nucleus: Thalamic nucleus.

Volitive Psychoanalgesia (VPA): The psychological analgesia produced by the action of human thoughts, in which the most important is the will of the patient in order to obtain it.

Zetaplasty: The resection of pathologic scars using an incision in Z.

