

BigBrain Radio Show
March 10, 2007
Guest - Mike Kestner

(music)

D: Hey, good morning. It's the BigBrain Radio Show. This is Dr. David Stussy, you can call me Dr. D... and... there again, there's no Dr. Z. She's just traveling around the world. I can't even get her on the phone. No, we're going to have her on soon. We're going to have a big show on the brain and how it works and how it changes our lives. But today, we have ... about changing lives... we have probably one of the... the... I don't even know how to explain Michael's story. It's going to make me cry. I have known Michael for a... how many years have I known you?

MK: It's been about nine years.

D: Maybe I should have introduced you.

MK: (laughter) Yeah.

D: Michael Kestner, right?

MK: Yes. Mike Kestner.

D: Excuse me. You don't want to be called Michael... I thought...

MK: You can call me Michael. In fact, I prefer Michael.

D: Okay. So anyway, Michael is... I'll just call him a cancer survivor because that doesn't really represent anything about it, but that's just to get your attention. And then I was just talking about how... there's just things that happen in life that sort of create our destiny and represent who we can be. And the BigBrain philosophy is really about that. It is about having ... being aware that we have a physical brain that has physical consequences, and we have a physical body that goes with it. We also have a metaphysical life. In fact, life itself is metaphysical. It has no weight. There is no way they can put

it in a bottle, do anything with it, but yet it's our highest value, which is life itself. So, then when you get confronted with our highest values we'd have a lot of reactions. Um... you know people get challenged about their religions and they have serious reactions, et cetera, et cetera. But our life is about the most... for most of us is the most serious thing we can think of. Even though we could somebody else, et cetera, really it's our life. It's our largest value. And the BigBrain Radio Show is about identifying our values and then using your own authenticity... not listening to some other authority or some of the medical doctors or like... a doctor like myself... but really looking for yourself... what is your experience and what would work the best for you. It may be a combination of things. And so... that's why I like this show we're going to do today because Michael kind of represents that. And so... we were talking about the best way to kind of tell his story because Michael is also a patient of mine. And I've heard his story in different... in different order and... of course I kind of lived along with him in some of it. And I don't really... you know how to talk about it... so we were kind of going to decide... we should probably just start at the beginning... where you were leading your life and dealing with normal aches and pains and problems... and then things started to happen. Should we start there?

MK: Sure.

D: Okay.

MK: Sounds good.

D: So, Michael has a very good story. And it's really more about ... he represents a lot of us and ... and what our life can be about... in the way it ... and the way he has lived this part of his life. So go ahead.

MK: Well thanks doctor.

D: So what happened?

MK: Well, let's just start at 2002.

D: Mm hmm.

MK: Um... that seemed to be kind of when I found out about all this. I was living out of state and working... you know a pressure-filled job... something that I... you know really enjoyed working in professional sports. However, I was... you know new to the area... did not have much of a support system. There were a lot of life stressors... things that a lot of people have.

D: So you were going through the things that we all go through.

MK: Right.

D: And you were thinking about your job. And who was your job with again?

MK: Ah, that was in Major League Baseball with the Milwaukee Brewers.

D: So that was probably a high-pressure job. Right?

MK: Yep. It... working right with the players and the coaching staff everyday.

D: Yeah... and so then you had relationships and everything else...

MK: Mm hmm.

D: And making money, et cetera.

MK: Mm hmm.

D: And so... um... you know when we aren't aware of our body, we don't have a body. And I ... maybe that would be the ultimate definition of health is not being aware of your body because there's nothing going wrong. But... you know, probably dealing with physical symptoms just like anybody else... so... what happened then?

MK: Well, it was a very stressful job. And I can't emphasize enough that you know I was hired actually to design and build a system that was you know a \$400,000 digital media system. I did not have a support network there. I had a long-distance relationship. And I was kind of separated from family as well. And the stress of the job was, you know, just a given. But all of a sudden a series of events happened in a short amount of time. And...

D: So what are those events?

MK: Well, you know... a very close friend of mine just passed... passed away suddenly...

D: Oh, so you mean ... you mean additional stressors showing up in your life.

MK: Yes, additional stressors that...

D: So you got hit by...

MK: ... are a factor.

D: What are they? List them?

MK: Well, you know a friend of 20 years that I'd worked with, lived with, traveled with, died suddenly of aneurysm. And you know he had struggled as I did, you know, with you know ,inner 20s with drugs and you know our lifestyles and stuff like that.

D: So you were adolescent. Okay.

MK: Yeah, right. Right.

D: You went through those years, you made it. So now ...

MK: Sure.

D: ... you're officially on the record of human being, and you're a working, productive adult.

MK: And those things...

D: So who else had problems?

MK: Well, my father, who was 81 at the time, then broke his pelvis and in a short order his health rapidly declined and he passed away.

D: That is the most common ... when you have people who fall who fracture their hip they... they...

MK: Right.

D: It's not a very high...good prognosis for most of them.

MK: No, the slippery slope is what they call...

D: So that happened. Anybody else in your life?

MK: Well, my mother was dealing with her own cancer. And when my father... they were... they were separated, but they were both living in the same town and when he passed away she decided to go into hospice care and she passed away less than two months later. And um...

D: Was this a soap opera here?

MK: Yeah, see... I'm telling you...

D: You see these things on TV, but you know I'm telling you everybody lives it. We all have things happen and they keep showing up...

MK: Right.

D: And so... um... when did you start noticing something about your body?

MK: Well, that actually happened about a... the week before my father died. I would wake up in the morning and... as opposed to just

feeling you know maybe a little ache and pain, I started feeling like a toxicity... like there was almost a poison inside.

D: Really? And so... describe that. You felt like you were drugged, or what?

MK: Ah... well... it... it felt like...

D: Because I mean ... some mornings we all wake up feeling like that. Now everybody's going to think they got...

MK: No, no, no, no, no. I don't want to mislead anybody here, but this...

D: There's days that Marty woke up like that. Haven't you? Sure... he's shaking his head sure.

MK: You know now days, you know I'm a lot better at self-monitoring things. But back then, you know what I felt was beyond the nausea was... it was like... it was a poison coursing through my blood. And ... ah... and it was kind of a sickening feeling, but not one that could go away by drinking a lot of water or having a good day.

D: So... so what would you... what'd you do about it. Because you go into most doctors and you're going to say there's poison coursing through my blood and they would probably look at you a little odd.

MK: What I did was... at that time I was just trying to cope with the fact that my father was dying...

D: So you didn't do anything.

MK: My mother was dying... I had this system to install. I was you know working 12-14 hours and you know, it was a coping thing, and I just thought well, you know what, I'm going to eat well and I'm going to exercise a little bit. And I'm just going to try to do the right things that most people think they do...

D: Right.

MK: ... and I'm going to get better.

D: Yeah, that sounds very common for all of us.

MK: Yeah.

D: We get into situations... and what we call that is sacrificing our body at the altar of success.

MK: (laughter) Yeah... well at that time it didn't feel like there was a lot of success happening. It felt like ... ah... it was more than I could handle just coping with ...

D: I know, but you were being successful.

MK: Right, sure.

D: You were getting up everyday, and you were getting your job done.

MK: Sure. Sure.

D: So what about... what made you realize you had something more serious?

MK: Well, it ... it was in the process of the next three months... you know... I think I knew that I wasn't feeling well, but let's face it. When you're mother is dying, after your father just died, you need to be present for them. Or at least that's what you're thinking. And so... you know I took a little time off from work and drove to Montana. And I just wanted to be by family and my mother. And ... and I felt crummy the whole time. But there was no obvious physical pain that I could pinpoint. It was just a sickening feeling that was kind of going ...

D: So you were thinking your life was upside down, and it was really your life causing all that.

MK: Sure.

D: And in a way it was. So when did you actually see a doctor?
Or when did you actually start checking.

MK: Well remember... I worked... I worked in major league
baseball. So we have some of the best doctors available all the time...
every day. These are people who are used to dealing with, you know,
a number of things... on the physical, joint issue, whatever...

D: So what did they say? What did they say?

MK: Ah... gall bladder. Gall stone.

D: So the first one told you it was gall bladder and gallstones.
Then what else?

MK: Right. Ah... then stress.

D: Stress? Well, in a way it was. But stress...

MK: Yeah.

D: Our ability to adapt to stress is how healthy we are. So stress
only shows up as a result of us not being healthy.

MK: Right.

D: And it wears us down.

MK: Really what happened...

D: Did they recommend any way to kind of recover from the
stress?

MK: Well... I thought just going and getting a good deep tissue
massage ...

D: Okay.

MK: ... was going to handle that. Because if the trainers and the doctors are saying you know you're under a lot of stress and this might be a gallstone and it'll pass eventually, you know, they're really not saying we're going to do anything. This is going to work itself through. So...

D: Well they're like a lot of us. Somebody asks a question and we give them an answer. And if they take the answer then that's the answer to the question.

MK: Right.

D: And ... and in their minds it probably was sufficient for you at the time and for you it may or may not have been. So what's the next step that you took?

MK: The next step I took was I guess trust in what was happening, what they were saying, and try to just cope...

D: How about after that? When did you decide...

MK: ... All of a sudden pain.

D: So, serious pain.

MK: It goes from twitch to a sharpness... from the size of maybe a half-dollar...

D: Where's it at?

MK: ... to ... you know... and this is the lower right back.

D: Okay.

MK: So with... they call it the retroperitoneal area...

D: Mm hmm.

MK: And that would just be, you know, by the kidney, liver...

D: That would be right behind your...your large intestines and all that stuff.

MK: Right. And again, I thought this was just... it was a nauseous feeling that I felt and they said well due to stress and all of a sudden and now I'm feeling the physical thing... the twitch...

D: So what'd you do next?

MK: ... sharpness...

D: Because I know you had to journey through a few...

MK: Well, what I did next was ... was... try to convince these people that something else was going on. And that in itself was a struggle.

D: Who is "these people"?

MK: The people at the organization I was working with.

D: So did it... were you ever successful?

MK: Only on the morning that I woke up and felt like somebody shot me in the back and I was down in the ground gasping for breath.

D: So you were in spasms and everything like that.

MK: Yeah. And then... ah...

D: Wow.

MK: So I ... I... I made myself get into work and I said you know we've got to do a test. So we scheduled a CT scan and had that done and... um... you know...

D: Okay.

MK: ... and I guess still on the belief that this is going to be a gallstone.

D: Okay, well we're going to take a little break here. This is Dr. David Stussy, you can call me Dr. D. And I'm with Michael Kestner, and he is the... very interesting story that we're starting to unfold. So we have a BigBrain break. Brain waves to radio waves and we'll see you back.

(music)

(break)

(music)

D: Hey, welcome back to the BigBrain Radio Show. This is Dr. David Stussy, you can call me Dr. D. And I'm here with Michael Kestner and he is a ... has a beautiful story about a person who actually is... has a BigBrain moment and becomes a... well we're all BigBrains but he kind of gets to experience it a little bit more. And I think his story is really a good backdrop for all our lives. So I'd really like him to continue to share it. We started talking to Michael... he was a big time... handling the sounds and systems for the Milwaukee Brewers and under a lot of stress. His mother and father both had serious health... and eventually passed away. And his best friend did. So he was feeling kind of out of it, and he kept feeling worse and worse and worse... and nobody is listening to him. And I think we've all had that experience at sometime or another. And then he had to continue ... kind of persevere on his own... in spite of the support that he was getting. So, that's kind of where we left off, right?

MK: Yeah.

D: So then what happened? I'd like to kind of really bring us up to where you got... hey buddy, you got something wrong.

MK: Right. Well we had the CT scan finally...

D: Where'd you have that? In Milwaukee?

MK: Yeah, this was through the medical college of Wisconsin.

D: Okay.

MK: And... and... you know I went in there with the idea that... well, let's hope that it is a gallstone or whatever. And I'll never forget then a couple days later, waking up there's a voicemail. And it's the doctor. And just the... you know he's not going to tell you over the voicemail, but the tone and way he says things... you know that something's going on.

D: We've all had calls. I've seen... I've had... well I've had patients who... people who the doctors have called up and have left pretty drastic diagnoses for them. And then kind of says... and then say we'll see you in three weeks. So I'm sure it was something like that. So then when you went in and saw him, what'd he say?

MK: Well, it was... it was pretty much immediately that day... we met. Walk into a room and he's got the... the scan under light and he just says, "Mike, I don't really know how to tell you this, but you have a very large mass, about the size of a softball in your lower right back and we need to get this thing out immediately..."

D: So he was recommending cutting it out, right?

MK: Well, yeah, right. We're going to put you on ...

D: So where'd he tell you...

MK: ...the schedule to have surgery.

D: Where was that at?

MK: Well he was recommending that they do it... first consultation and then do it right there at the medical college.

D: But you ended up at Mayo Clinic too.

MK: Well... because... you know... if he's telling you you've got a mass, my thought is I want to get more than just one thought...

D: Okay, so you went to Mayo Clinic ... considered one of the best health centers in the world. So what happened when you went to Mayo Clinic?

MK: Well, at the Mayo Clinic, you know... another consultation with another surgeon. And... and... you know he brings in a team and they're all dressed up very nice in pinstripes... and... and... but what was striking about that is when they're telling me about... You know, you'll look healthy so I think you'll do all right. You know, it was kind of along those lines. And I wanted more information and more about that and he was just basically saying you should be doing okay. And I said well what can I do to prepare for this, and what can I do to recover from this. And it was like... no, just nothing... whatever you're doing now is fine.

D: So here you had one probably the most serious health problems a human individual can be given ... told... that there's a mass and it may be cancerous. And they said you didn't have to prepare, you didn't have to get in better health. And ... the reason we want to say that is because really that's kind of a lot of surgeries are handled. In fact, it's one of the things we work with. And I know you told me that you were kind of taken back by their whole attitude and that... they kind of just wanted you to go ahead and sign up for the... sign the contract and go ahead with it.

MK: Well basically...

D: And you went back and did some research. Tell me about that research you did.

MK: Well basically... there... he had an 8-1/2 by 11 white piece of paper and a pencil. And he drew a sketching of the abdomen and he said we're going to cut you from side to side and table your abdominal organs and we're going to... we're going to trim your liver, your kidneys, your... cut out your duodenum.

D: Don't need that.

MK: Your gall bladder...

D: Throw that away.

MK: A third of your pancreas and we're going to cut out part of the vena cava and put in a splint...

D: The vena cava is the large vein in the back of your body... it's very important.

MK: Right... incredibly important. You know a main support vein for all your blood from the lower body.

D: Yes.

MK: And... and so... you know I guess I was kind of taken back by their presentation. Here's these guys in suits and they're throwing out a piece of paper and saying you know you don't need to prepare for this. And yet this is going to be a traumatic surgery with 40% chance of complications... and...

D: 40%... well then you told me you did something. You went home and you did something. What was that?

MK: Um... well... I...

D: You said you looked this group up...

MK: ... What I did is... what I did is immediately made phone calls to people that I knew in the holistic community that I felt might have something else to say...other possibilities. So I found myself in Chicago. And I was receiving what you know you might call energy medicine ...

D: Yeah, but didn't you make a decision not to have the surgery?

MK: Sure, but...

D: Tell us how you decided not to do that.

MK: Well I went online after this treatment... and it was the first time...

D: Oh, after you'd had the energy treatment.

MK: After the energy treatments... that same night..

D: Mm hmm.

MK: And I went online... it was the first time I did a search. And multiple pages turned up under retroperitoneal sarcoma, which is what they told me I had. And I went... I wasn't even on the first page... it was like maybe the second page... and there's something about it... I said, let's go look at that one. And it turned out to be a group... radiation therapy oncology group of which both surgeons who I consulted with belonged. They had just had conference a month earlier in which they laid out 15 years of statistics on this type of procedure... this surgery...

D: The one they wanted to do on you.

MK: Right. And... which is called the Whipple. The Whipple was developed in 1930...

D: By Dr. Whipple.

MK: (laughter) Who knows?

D: Mr. Whipple wasn't the guy with the...

MK: Right, "Don't squeeze the Charmin".

D: Don't squeeze the Charmin, yeah.

MK: And... and... they basically were throwing out the survival rates and the survival rates were 18 months after surgery. No matter what happened in the surgery, the median time survival was 18 months. And the longest they had had was nine years, but that was one person and most of the people...

D: Right... so I know you told me you called him up... and you couldn't get him... you couldn't get him to confront right away so you

finally did some PR work and you got them to finally call you back and you asked the doctor and the doctor actually confirmed that he was part of that group and that he agreed that that was the prognosis for that surgery. And then you hung up. Now, what happened after you hung up?

MK: Well, before, during and after that time I had started moving forward with this plan. Basically, in talking to a cousin of mine in...

D: So what was your plan?

MK: ... I understood the analogy very well. He said you know it's like going to the racetrack. Instead...

D: Oh right.

MK: ... of playing big money on one race horse, why don't you just throw a smaller bet on every horse and something is going to win, place, show and along the way you might find something you like. So I decided to do that. And that path was the type of chiropractic that you do, which is you know... you know boost immune system, acupuncture... again from that perspective. I went to a naturopath to you know determine what the chemical sensitivities are in my body. Participated in energy medicine, which is a whole other thing. Continued, and in fact upgraded what I was doing in fitness... quite a bit of diet restrictions. I mean I cut out dairy, wheat, red meat, processed sugar, caffeine, alcohol. I lost 27 pounds in the process in just a couple months. And homeopathy, supplements. I mean it's a huge...

D: But you studied this and change...

MK: Sure.

D: ... and kind of tweaked it as you went along.

MK: This didn't happen... this didn't happen overnight...

D: Well I think what's interesting is you decided to take a... you had a strategy, which we said is important. In order for you to survive

we have to have strategies and they have to be based on our values. And you and I were talking earlier about your value really made you move in this direction, whether... like you almost had to do it because this is the way you looked at things. And... this is really where we all are because the BigBrain Radio philosophy is that we really know what our values are so that we can do what is appropriate for our values. Or if it isn't one of our top values how we wire it into our values to make it so we're motivated to follow through... because we only do what our top values are. Those things you never get done? They just aren't your top values. But I think probably life itself and health... pretty high top value. I think it's the value of all values.

(music)

D: So, let's listen to this... I think it's important.

(music – Tim McGraw – “Live Like You are Dying”)

D: All right... this is Dr. David Stussy. Brain waves to radio waves.

(music)

(break)

(music)

D: Hey, welcome back to the BigBrain Radio Show. This is Dr. David Stussy. They call me Dr. D. And we're with Michael Kestner who has been telling us about his real-life adventure with cancer. And you know we just played that song... and I knew he had never heard that song before... and it got him a little... got his face a little... perspective coming in. And you know the thing... at this point I just want to point out is that the BigBrain philosophy is that it's our sensory... you know we have sensory motor systems. We use it for our body all the time. But it's our sensory ability to pay attention to what's happening in life... that's the metaphysical component of sensory. We pay attention... we are present... to what's going on. And then we come up with an intention and that intention might not lead to exact, but it leads to where we need to go to have the next

intention and we create our life that way. And we can do it at different levels. Sometimes we get to choose those levels. Sometimes, you know I actually think and I ... I think Michael feels this way too that many of the things that happen to him early in life created the personality and wherefore all and whatever it took for him to kind of move in this direction... because it's not what most people would do. And... but he used his... he just stopped to think and he paid attention to what he knew. So... I think it's a fantastic story. So we're kind of up to where you took your ... your route with alternative health care. And you had some insights about that whole prof...you know the know organ... the whole concept of alternative healthcare... outside of the medical establishment. And then your own ability to kind of look to see what worked for you. And your ability to run into the right resources. You know you said ...you know you're just looking at that page and it kind of showed up for you. And I think you had a lot of those experiences.

MK: Many... many.

D: And I think we all do... if we're paying attention. So we need to pay attention to what's happening to us. And our judgments tend to what cut us off. Making a judgment is about something we actually fail to see sometimes what it has to offer us. And... you know... so the more we're paying attention the more we're looking at what's being given to us... what we need to do... who we are. That's what you're doing so keep going.

MK: Well, intention is ... is exactly what it's about. Because you can't... when told that you have this rare and mostly deadly disease...

D: Rare and deadly – that would get my attention.

MK: And they're giving you time limits. They're basically saying you need to have this surgery within three weeks because we're not going to get the type of margins we want and we don't think that you're going to make it if you go a little further than that. So at a certain point you're under such pressure and such a time constraint, you need a lot of information in a hurry...

D: Mike, I've seen that with... in fact, I just had a couple who I know really well came in and he had... the tumor came on so fast and so quick... and they were just kind of given their options. And they even shared you know... they wanted... they'd like more information... they'd like to go around and look... they just... they don't really know... but they get this pressure put on them and they have to make a decision. And that's very difficult because it isn't like you sat around kind of planning what you're going to do if you got cancer. We never think about these things so we have to respond in the moment... the time we have. So it's tremend... I mean ... just in... it's tremendous.

MK: Well you know...

D: I could feel it... if it happened to me I'd feel that way...

MK: At this...

D: And I know where to look.

MK: At this point where I'm in my fifth year... in July it'll be five years since I was told that. And I have not had surgery. I did not get chemo or radiation. I have had seven scans. I've had... ah... you know comprehensive blood work and the blood work has gotten better and better and better. We've had... showed 9% shrinkage of the tumor. So it's still there, but it's no longer a softball. It's like...

D: You've included it in your life.

MK: Yeah. The thing about it is, is that I can look back now and I can say "gee, this is all by design, you know... and... how smart am I?" But the fact is, back then, to even get to a point of intention you need to call on another power. So for me, I looked at it as a hierarchy. There was spiritual, emotional, mental, physical. Physical is last. And so I needed to go... before I even went and laid down on a table, let somebody treat me in a practice that I wasn't familiar with, I needed to trust... and that's where faith came in and...

D: So you developed ...

MK: ...a lot of intentions.

D: ... the strategies of ... a little more introspective than you probably had been up to that time.

MK: Well yeah. I mean... I'm not going to say that I hadn't had some exposure to alternative and holistic care, but...

D: I know, but our motivations change under these circumstances a lot.

MK: Sure. But then all of a sudden you have to trust. And trust is something that doesn't come easy and that's why it's easy to make a decision based on fear rather than fact. And you're going to... you're gonna say that "Hey, I'm going to die, so I need to go under the knife" versus I might have other options.

D: Well you know you told me you made an interesting decision. This particular type of tumor is encapsulated, which means it has like a wrapping around it. And not all tumors are that way. And they wanted to do a biopsy, which is what I think most people would just want to have. I want to know what it is. But you pointed out something very interesting and since then you have substantiated that by your further observations... about what a biopsy might actually do. So go ahead and tell us that.

MK: Well... you know they... they just wanted to get me in and have the surgery. And I said, "Wait, isn't there a step in between?" Of course there is. There's an oncologist. And an oncologist is going to say let's do a biopsy.

D: Okay.

MK: And... and... I insisted that we explore some of these things. But when the only alternative in between now and surgery was a biopsy just so we can study, you know, what grade it is and you know... histology and all that... I said wait a second... this thing is encapsulated. Why would we poke a hole in it and risk the cells coming out. And so I was determined that, you know let's try to see progress in seeing we can reduce the size or at least get it into a

holding pattern because it had been growing... this encapsulated tumor.

D: So you said... you said that to them?

MK: I did.

D: That's pretty good. Hey doc, let's get together and let's develop a plan. That's pretty good. And so what was their reaction to this?

MK: Well... ah... you know... they... they really didn't have much of a choice.

D: So they have...they've been supporting you and they have been... and you've been working with the same...

MK: Well... well, again...we're... you know different doctors, different reactions. You know the surgeons were not so supportive. I got phone calls at home...

D: Oh, the oncologists were more supportive?

MK: No. No... Oncology wasn't really a part of that. You know... basically what it came down to... I called an oncologist in Chicago and he said biopsy, biopsy, biopsy. And I said, well that's not going to happen. So I'm going to go with this plan. And... ah... it's interesting because you know... I just recently went online thinking about this and I read a thread where a woman was talking about her husband... a very similar tumor... and she very clearly describes that it was the fresh, healing wound of the biopsy that allowed the metastacy to just explode outward. And so...

D: So maybe that's why the metastacy is considered normal because they always do a biopsy and then it's going to progress after that. It's a thought.

MK: It's... you know...

D: Well you know... there's something... couple things I want to make clear here... is that... Most... When you look at something like cancer, it becomes like problem-focused. It's like this little entity... And I think we should stop for a second and actually take a look at what cancer is and then... You know I've spent hundreds and hundreds of hours studying histology, cellology... I mean cytology and human physiology and anatomy and et cetera. And I can still... you know they're very focused about different tissues, but I can still only see the human body as one. You know, a whole entity... it's physical and it's metaphysical component. So one of the things that I can see showing up here is that you actually started taking a look at yourself that way. And the people who treated you probably looked at you that way too... which is a whole different approach than the other one where you just go in, cut it out, and just hope the body can respond. It's like an isolated event. And like I commented before and I don't know if you heard me, it's like you actually included this tumor in your life.

MK: Well, you can't help but include it.

D: Yeah, so it became part of who you were, whether you liked it or not.

MK: Well... because that is... that gets to the point of what is cancer and what is a tumor.

D: Yeah, what is cancer?

MK: Is... is cancer a death sentence? And is a tumor necessarily going to become a ... something that's going to spread and kill you. Maybe a tumor is a blockage. Maybe it's a blockage of energy. Maybe it's a number of things. But the thing is, if it is then you're going to use your whole body's resources to fight it.

D: Well let's take a look at if you really believe in a spirit and a... you were talking about God a little bit, et cetera. That means that everything is a representation of God. Maybe cancer is put in your life for actual... if you're not listening enough and because you get a chest cold and you're not listening because you... all of a sudden your body is going to say "I'll get your attention." And it's put there for

you to kind of respond to. I mean... I know that's philosophical and it's... it would be different if I was actually experiencing that, but I think that's what people are seeing today. See... thousands of years ago, the mind and body were separated. They used to be together with the Greeks when the Greeks studied the human spirit and body et cetera... and then got separated. But it's actually coming back together again today... where we look at ourselves as the whole being, plus the individual things we need to do. You kind of represent that.

MK: Well... it... again... when you see people that focus on different aspects of holistic or alternative health, some of this is tribal knowledge that goes back years, some of this is more recent...

D: Well that's... now this is interesting. They go back... tribal... they go back...

MK: Right.

D: You know... see the only knowledge we know is the knowledge we're taught. That does not mean the knowledge that we need isn't out there. And I think that's what limits small groups when they kind of get with your own area of expertise because you only know what you know. But you don't know what you don't know. And so sometimes when you're open to finding out what that is and how it fits in with you, that's a... that's a BigBrain philosophy because you're taking on ... kind of like you said a trust in life itself.

MK: Well, what we have developed here is an idea that cancer is a death sentence. And so when people hear the word "cancer", the dreaded "c" word, and we've got to break that down into understanding that there are many, many... hundreds and possibly thousands of types of cancers. They have hundreds and thousands of origins. And possibly hundreds and thousands of cures. And so that's where you take authority in your life when you decide what you want to do. And you do the research and if you don't feel you have the capacity to do that, it's important to find the supportive people in your life to help you do that and participate in your care, as opposed to just saying they're way smarter than I am and they're going to tell me to do this and I'm going to do this unquestionably.

D: Well see what you're saying is not so foreign to me because that's pretty much the process when you're... when you use a natural care... I mean you maybe use outside sources, et cetera... you're really depending on a response of the body and then a stimulus of the treatment and response. And that's only natural for me to have my patient... for myself to have my patients come ... to take part in their care because that's the part that's most important... because that's... it's their body and they're going to eventually always be responsible for it. So we try and teach them that. And you know, there's various degrees of success.

MK: Right.

D: Just like there is... but you know the uniqueness is when there's a patient like yourself who actually kind of leads the way. And so after you practice for a while... you know sometimes get doctors get threatened... but after you practice for a while you really know the patient knows what's going on. They really do know. I've had patients tell me things... and as soon as they told me – boom – I knew that was where we wanted to go. It's an insight they had and you know why... why a lot of them didn't tell me? Because they had told so many doctors and they ignored them. For example, I had a woman I met at a recent conference and her son had really bad headaches. She called the migraines because they were so severed... but bad headaches. I started asking her how she... how long he had them and he had them since he was younger. She described them and I said it sounded like he hit his head or had a fall. And her face just turned white. Because her little son had fallen off a diaper table and hit his head. And eventually as I talked to her more he'd actually cracked his head open and had to have it closed.

MK: Hmm.

D: And I said well I think that's probably a good place where the headaches came from. And I said why didn't you mention it? And she said because I have told... and this woman is quite wealthy so you know she's seeing the best – so called best – and she said, “I got tired because I've told so many doctors and they've said ‘Nah, that doesn't have anything to do with it.’” It's not natural for a kid to have

headaches. Something started. So anyway, it's hard to ... in the face of that...

MK: Well...

D: But more and more doctors are staying open to listening what they're patients have... that was my point.

MK: Well that's the key. In choosing who the practitioners were going to be there had to be more than just trust. There had to be like we were a team on this. And so...

D: Did you want to give them personality tests? Or what'd you do?

MK: Well... well... you know, when I was...

D: Maybe you did in a way, huh?

MK: The... the doctor in Milwaukee that wound up doing three years of acupuncture treatment... you know... we had a good dialog first and basically said you know I don't know if I'm crazy and I'm just looking for a miracle, but ... but... what do you think? And he wanted to really know who I was and he said you know I think you've had a lot of successes. You've had a lot of tough times early in life, but it seems to me you've had a number of miracles. I don't see any reason why this wouldn't be another one. So those are... those are healing statements.

D: I like that.

MK: Those are healing statements. And when people make those statements, you know we have be you know aware and pay attention to hear them. When we open a book and something is jumping out at us after we've been praying and intentioning for that sign, we need to heed those signs. So I kind of chose my team based on those more developed senses as I went along and I was more in tune with it.

D: Well, when you get into the alternative health care, we're really treating the body and having the body respond. Because that's really

what... whether you get surgery or whatever... drugs or anything... that what heals is the body. The body's ability to respond to that treatment choice is. And so... when you... with medication it tends to be real specific. With surgery it tends to be very specific. When you get alternative healthcare it's a little bit more global. It's still specific to certain areas but it's a little more global on your whole body because we want to get your whole body enrolled in that process.

MK: Right.

D: And so that's... it's a little bit different approach, so when we treat you, we don't... like I've had people with Huntington's and stuff like that. I didn't think there was any way... I treated them, they got better with what I had to do because their body was able to receive that information and then respond. But I didn't go to treat the basal ganglion, which is what causes the problem because I have no idea what I can do to change it. But I can change the person and the brain will change the basal ganglion.

MK: Well...

D: So I mean it really makes a difference.

MK: You know a lot of this stuff... you know to most people we consider this to be out there or the edge of knowledge. But in reality, just because we haven't arrived at understanding it yet, doesn't mean it isn't truthful.

D: Very... that's really good Mike.

MK: And ... and so it's been there, it is there and it will be there. And you know our hope is to try to get there and maybe we can start to integrate the more Western forms of medicine with alternative and holistic and so we won't have to make such drastic choices... or feel that that is the only choice – either one or the other. So...

D: It can be a combination. I've had patients who are...

MK: Right.

D: They did a surgery, etc. and in fact we were probably ones that referred them and then they did that, and then we did other things around it to have the whole body respond better. And I've had people come in who have isolated injuries where they were just treating that injury and could never recover and when we took a little bigger approach – boom – immediately it started. And then we went back to the local part. Like acupuncture... I know you were with a very good acupuncture... but I have been doing acupuncture for 30 years and I have people come in say I had acupuncture and it didn't work. But once we got their chi up, or their energy, made them feeling better and took away some of their pain, then we did the acupuncture and it worked. So it's all a matter of timing... have the person who knows what treatment to do at what time... in terms of your ability to respond. Because if you had cancer you know you weren't... you didn't have the biggest chi...

MK: Right.

D: ... in the world. Biggest energy.

MK: Well you know... at... in the beginning you're thinking about you know holding this thing off. Let's see if we can stop it from growing. You're thinking about pain management...

D: And that's a very advanced concept.

MK: But then all of a sudden... you know through holistic you know balanced energy care, it affects your mind. It affects your outlook. It affects your view on societies and how you are as an individual and you start to see the holistic view of everything.

D: I have something very important I want to share with you... talk about affecting your mind. I... it's an experience a lot of us have had. When we get back for stuff that works, which is the stuff we're doing and stuff you're doing. So here we are again. BigBrain Radio Show. Dr. David Stussy, call me Dr. D. And come on back and we'll hear... kind of the conclusion. The stuff that works... really put it in line... what he thinks is important when you're threatened with this kind of condition.

(music – Tim McGraw “Live Like You Were Dying”)

(break)

(music)

D: Hey, Dr. David Stussy. And I’ve got one of my heroes with me... Michael Kestner. So I wanted him to hear that because... he does represent what it takes to recover your health. So... You know, Mike you were talking about something very interesting when we left. Welcome back to the BigBrain Radio Show, and if you’re listening now you’re just catching the end of stuff that works. And if you want to have a tape of this show you can just give me a call... excuse me, just email us and we’ll send you a copy of the show. And we are going to upgrade our website, etc. But anyway, you were talking about your mind. And that the mind actually sort of... we actually call this evolutionary health style because we tend to evolve. But we only evolve when we’re taking action and then something else can show up. It’s kind of like a springboard to the future. And I have this happen with patients all the time. They have not been doing something... like they may not have been playing softball for seven years, but we’ll treat them... and they haven’t even thought about it... and we’ll be treating them and then all of a sudden one day they wake up and in their mind is the idea “I could play softball” because their body and their mind are starting to be congruent. So we... you know we coach them how to go back ... like starting to throw the ball a little bit. You know?

MK: Mm hmm.

D: But they actually see themselves doing it. It happens all the time. And sometimes it misleads us because people think because they have that thought they can go back at the level they were at and they need to move into it just like they move through their healthcare. But I see this all the time... where people get healthier and people’s bodies start working with more chi and more life force. In chiropractic we call it with better innate... you know our unconscious intelligence. But the mind just starts seeing possibilities for ourselves. And vice versa is true. As you get sicker and more rundown, you start

seeing well life has less possibilities and you're not that much fun to be around and you've got a big challenge in front of you.

MK: Well...

D: I bet you can identify with several of those, huh?

MK: I can... because you know before all this happened, you know inside... it was always constantly a feeling of when is life going to happen? When am I going to get there? You're living in kind of in between the past and the future. And then all of a sudden when you're forced to live in the present and the power of now has to either jump up or you're going to not be there. And so then at that point...

D: Wow.

MK: ... it's a different reality.

D: You know you just said what it is. I know you told me earlier that what ... one of the things you discovered... and you know there's always metaphysical... you know really the thing... the discoveries that are metaphysical... you know you said that you saw that you were either living in the past or the future but you weren't living in the present. And that cancer actually made... this tumor... I'm not going to call it cancer... this tumor made you be in the present. And probably every day it makes you be in the present some way.

MK: Right. It doesn't mean that your life is all of a sudden going to open up, you're going to become fabulously wealthy and you're going to reach all these goals or daydreams...

D: Yeah, we're not going to have time to go into it, but you know I know personally from having treated you that you've had all the... you know it isn't like went off and sat in a thatched hut with breezes coming out of the ocean.

MK: Mmm.

D: ... because I know you had problems with relationships, with children, and money and job and all the things that everybody has. So

your stresses in some ways did not diminish. But I think you held it differently. You actually saw these as things that were occurring in your life but you had a bigger stress, so they didn't even look all that bad. You know... you didn't like it... I know it really affected you sometimes and it kind of drew your energy, but that's what... some of the treatments ... you know when we treat your brain to get your ... get your... You know if there's one part of the treatment then he won't let me leave until I've done it...

MK: (laughter) That's right.

D: ... because it makes his frontal lobe kick in so he can... because he's a frontal lobe kind of guy. (laughter)

MK: (laughter) Well, you know... it's... that... that particular treatment actually is what makes me want to walk outside and just embrace people and embrace what comes next. So it's beyond just feeling good physically. And so that's what's important to me is...

D: Well, what makes us human is our frontal... is our frontal lobe... our brain here. But when all these other things are happening sometimes it just kind of shuts down.

MK: Mm hmm.

D: But when it comes back up we're the human being who has... has fantastic insights and once ... we start paying attention better so then we can create better motor response, which is an intention. So I'm happy to do that with you. And you've actually changed my life by watching and observing... I'm going to break into tears here... But you've changed my life by my observing you and you doing that. And then seeing what I do that could make a difference because I apply it to other people the same way I actually have learned from you. Okay?

MK: Well...

D: And we created that whole process ... I've been able to share that with many, many, many people.

MK: And it's good to know because actually... you have been a hero to me. Paul Melay, the doctor in Milwaukee, and Matt Keen, Milwaukee, Curt Hill in Chicago. I had a team. And everyone made a commitment to me.

D: Right.

MK: They made a commitment to me and they didn't waiver. And in fact treatment you know would be there if I needed it, if I didn't have the finances for it, and ... and so it's helped me to you know follow through on my commitment to you know go through this. So now when the struggles come you know I see them kind of as waves. The waves are going to wash over you, but if you take that approach you can deal with it now and you can move forward in a better way.

D: And one thing I wanted to say... you know in that song you know the guy went off skydiving and stuff, and I know you had those thoughts, but your real process was on attacking the ... the... the tumor and having it change your life. So obviously it's created some thoughts. So I would assume now that it has created some vision for the future for you.

MK: It sure has.

D: If... you know you say if you are given the gift of life, how are you going to express that? What is it that you're going to do? You want... can you just tell briefly what that would be?

MK: Well that question was just basically if you didn't feel you were living your life, what was life? And so to me, through this process I've found that there's a lot of people I can help. You know people will call me up that I... I... the people that I least think are going to be interested or ... or want to know about any type of alternative and they'll ask me when somebody in their family is very ill...

D: Isn't that interesting? That's why we have to suspend judgment. It's our judgments with what we're observing – what we're paying attention to – that interferes with our ability to take that information. So when we suspend judgment... and we don't always at times... I know with patients... when I suspend I'm always

surprised what shows up and how people show up and who wants it... like you said.

MK: Right.

D: So... you know you're an evolving young man... okay... and ... so I hope you intend to go out and share this and..

MK: I will.

D: I know you have some projects in mind and I know you have some commitments that you want to keep. We don't know what the time perspective is laid out for us in the universe, but we gotta keep those intentions. All right/

MK: Right. You know it's important for me to say that um... you know standard medicine, as well as alternative medicine... either one of them is good options for people. It depends on what they want to do. But the key thing is take authority, listen to your innate voice and participate in...

D: Make a decision and live with it, right?

MK: Right. And you know I basically in this particular case had a difficult and painful decision to make. I ... there was not a very good prognosis...

D: Well ...

MK: ... so I had to choose this.

D: We want to congratulate you. This is the BigBrain Radio Show. Mike has a great story and we'd be happy to share this with anybody. And so... this is Dr. David Stussy telling you brain waves to radio waves. Share your BigBrain life with people around you.

(music)

(end of show)