FROM THE DESK OF
Mr. Ted Owens (PK MAN)
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Jan. 27, 1975
Dr. Edis, quon sus amigos Drls Martin and Mucho...

A note in two parts...first to thank you fellows for repairing this busted mechanism. Am grateful for it. (Bilateral hernia repair.)
Second...wanted to give you some suggestions that I think would be helpful for patients like myself having the same thing done. A brochure, I think...would be most helpful given to them just pre-op...so that they would know what to expect, and how to handle it.
The evening before my operation...I used auto-hypnosis...and filled in for my subconscious mind...what was going to happen. I told it...that my body was going to be violated...cut upon...but not to be concerned about it because it would be done safely, and would be done to repair my body...a necessity. Then I used mental imagery to show my subconscious what the actual operation would be like...pictures shown in a medical book of the hernia repair. So...it was ready and there should have been no typical shock or bodily reaction, since the subconscious was alerted and ready to cooperate.
Next...I was operated on between 3 and 4, I think, on Monday afternoon. All that evening and night...I deferred on pain shots...every time the nurse offered me thXem (which seemed like on the hour, but I was drowsy and could be wrong on that.) The point is...I was trying to take advantage of the fact that my body actually had pain. You see, normally...our body is not filled with pain. But an operation of this sort...gives one a priceless opportunity to learn about bodily pain; and to test the pain-threshold. I found that I could stand pain rather easily.

S'posin that ten years from now...I'd get stomach cancer or something like that. Well, after experimenting after your operation...I have a good idea of the amounts of pain I can stand...and over what period of time. In other words...if, after such an operation...one wills to go without pain shots or pain pills...just in order to learn what one can of pain in the body...how much one can stand...then one is way ahead of the game. Furthermore...I made a game out of it. I made friends with the pain. Joined it, rather than tensed against it. Told it it was welcome... and to blend in with me. This seemed to work...I felt pain, but it didntt hurt.

After I found out what I wanted to know...about Tuesday evening, I think it was...I took a red pain pill and dropped my pain learning program, since it was no longer necessary.

(And by the way...you sent me home to Virginia with a large bottle of red pain pills. I've been home now for about ten days, and have only used two pills out of the bottle.)

Next...as you know, I got out of bed and began to walk the morning after the operation. Which is as it should be. That was Tuesday morning. And I practiced a lot that day, walking up and down the hall. That evening the nurse that went off at 8:30 came in and ordered me to walk again. I told her that I'd do better than that...and sprung up into the air and danced around the room...thXen ran out into the hall and ran down the hall to the desk at the far end, then ran back again to the room. Ran, not walked. I was curius in my mind to see if I could...and it was easy to do. Now, I do not know if anyone could do that the day after a double hernia repair...but it was easy for me to do. (I was concerned the next day, after thinking about it...that I might have pulled stitches loose...but you reassured me on that.)

Another point...you know how the nurse has to lift the patient's legs up onto the bed after an abdominal operation? Mine did, and it irked me. Because I felt that I'd recuperate faster if I had no help like that. But as you know...that's a long distance to swing one's feet up onto a bed, after such a painful operation. Okay. It can easily be done by the patient...without any help from the nurse...allowing the patient to get in and out of bed on his own at any time. Simply sit on the bed...hook a toe underneath the stool nearby...drag it over...swing the left foot up and onto the stool...then the right foot...then slide the stool with the feet over beside the bed...and repeat...left foot up onto the bed, right foot up onto the bed. And that's that. simple. Yet I am sure most patients would not figure that mmkk out, or know about it...which is why a little brochure would teach them about it...and free the nurse from those bothersome calls to help the patient get in and out of bed. (To get out of bed, the process is simply reversed, using the sliding stool.)

Finally...the nurses could not understand why I had the heat turned off in the room...and the room was ice-cold. Simple. Remember...I was working in full cooperation with my subconscious mind...and that was what it wanted. Why? Because my body was building up heat...to repair the cutting done on it. Heat <u>outside</u> my body....in the room...worked against the process. The inner healing process. Like a teeter-totter, inner heat for healing purposes...balanced nicelely against the coolness, or cold, outside my body. A teeter-totter in balance, I should add. Balance. That was the thing. Temperature balance. Inside against the outside.

Thank you all again.

Best regards....

Ted Owens (PK Man)

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