



THE DRAGON'S BLESSING

AN EXCERPT

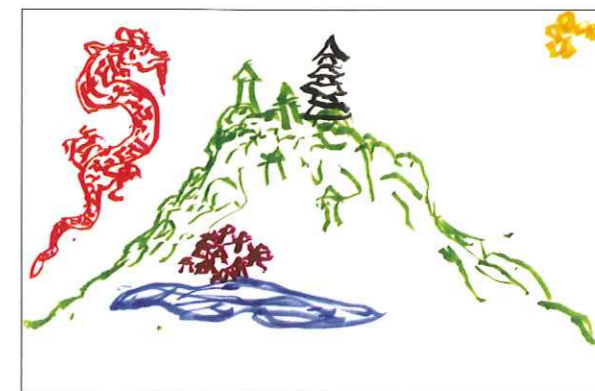
Tens of thousands of lives have been profoundly touched by Ian's work over the years but of all the innumerable stories of triumph and tragedy, acceptance and transformation one of the individuals who most inspired Ian personally has been Quentin, a remarkable young man brought to him in the early 1980s.

Quentin, then eleven, had undergone major brain surgery for cancer about six weeks earlier. The procedure had left him paralysed down his right side. The boy was withdrawn, traumatised and depressed following his recent experiences in hospital. He was positively terrified of anyone in a white coat – and was referred to Ian by a medical colleague to see if he could help.

Ian had always been interested in art therapy, and drawing with children in particular, which he found to be a skilful way for people to 'express themselves and a great catalyst for conversation'. So in their first meeting, Ian asked Quentin to do a drawing. Something spontaneous.

As Quentin began to make his first marks on the blank piece of paper it was already clear that he was quite an artist, says Ian, 'a prodigy really'. He drew a red dragon, simply but beautifully rendered, beside a village, a lake and, behind it, a mountain. On top of the mountain was a pagoda, or temple. Quentin was right-handed, but the tumour had rendered that side immobile. The work, Oriental

The original drawing by 11-year-old Quentin.



“Quentin was right-handed, but the tumour had rendered that side immobile. The work, Oriental in style, was being drawn by the boy using his left hand”

in style, was being drawn by the boy using his left hand. It was exquisite in the simplicity and assuredness of its line. Ian asked Quentin to explain its meaning.

The dragon, Quentin went on to explain, had been living peacefully in the lake for ages past. In recent times he had become increasingly angry that the villagers were polluting the water and fishing 'too deep down' tangling his scales in their nets. So the dragon had risen up out of his lake to call upon the Emperor who lived in the pagoda on top of the mountain. He told the Emperor of his troubles and warned him to speak to the villagers urgently. If the villagers did not look after him better, the dragon roared, then he destroyed the village, the lake, the pagoda – everything.

'It was just such an extraordinary metaphor for cancer,' says Ian.

He was deeply touched by the boy's powerful images, not to mention his artistic skills. The drawing carried its message that cancer, as represented by the dragon, has its own 'claim to reality and, while it can appear imposing – scary and threatening – it can carry a blessing. The blessing,' he explains, 'is that you can get your house in order, and not only can you regain your health but you can actually transform your life. For many people who take that view, cancer can be a transformative illness.'

This blessing – the dragon's blessing – this deep understanding that

suffering can be transferred and be transformative, this is at the very core of both the work of The Gawler Foundation and of Ian Gawler himself.

As for Quentin, while that gifted young man did not attend a formal program Ian did meet with him regularly after that first meeting when the dragon had been drawn. Quentin continued his extraordinary drawings in their sessions, while Ian taught him to meditate and he became committed to eating well. Quentin improved, went into remission and for a number of years enjoyed good health.

And then sadly, six or seven years later, the cancer recurred and slowly progressed to the point where Quentin lost his sight. Unable to draw anymore, he took up clay modelling. Ian has two of these works in his study at home, a camel and a bull. While their visual appeal is limited, their impact is felt, literally, if you close your eyes and touch them. They 'feel' remarkably like the animals they represent.

'The next thing he did was to take up the harmonica,' says Ian. 'Basically his capacity and senses were diminishing and disappearing, but he was remarkably unfazed. He carried it so well. And then he died [in 1993]. He had inspired so many people during the course of his short life and long illness. He died at peace, with no regrets. He was an extraordinary young fellow.'

Ian makes no grand or extravagant claim about the curative nature of his work, but there is an endless stream of patients queuing up to experience what his organization proffers. Ian is committed to helping people with their quality of life and with their survival. 'People who come to us are usually interested in survival first and quality of life second,' he says. The Gawler Foundation meanwhile, although best known for offering hope, offers three things.

The first is indeed the *hope* of survival, of quality of life, but most of all, 'hope of finding peace of mind in this very moment'. The second is *choice*. 'For many these days the choices that are offered in the information age are overwhelming,' explains Ian. 'In earlier days people came thinking they had no choice and our groups were a revelation. Now there is so much available. We help people to make informed choices and help them follow through on their choices.' The third thing The Gawler Foundation offers is *peace of mind*. 'Find an inner peace that is real and independent of outer circumstances; find an inner peace which is sustainable – that is the real thing.'

While meditation remains a major focus of Ian's life and work, he has another major concern regarding current cancer management – and this one seems to be confronting a major

modern-day taboo: the real concern he has that chemotherapy is being over-prescribed.

As Ian explains, chemotherapy can be given with two aims. One is curative – when there is the prospect of a full recovery – the other is palliative, when the treatment is not curative but where the aim is to improve quality of life and perhaps extend survival.

'In the early days our groups, back in the '80s, most chemotherapy seemed to have been given when a cure seemed feasible,' says Ian. 'These days it seems to be given much more often in a palliative situation.'

Ian has always maintained that if chemotherapy is potentially curative, then it makes sense to enhance it and do all the lifestyle and complementary options that will support it. However, what seems to really challenge some oncologists and even the public in general, is that if the aim of chemo is palliative 'there may be a difficult equation that needs examining,' he reiterates. 'Chemotherapy can involve serious side effects and the benefits need to be substantial to outweigh the risks.'

'Unfortunately it seems from the evidence we hear of in our groups, and perhaps more importantly, the evidence that comes from research in mainstream and medical journals is that currently chemotherapy is being oversold and overused.'

In The Gawler Foundation's *Cancer, Lifestyle and Chemotherapy* report on its website Ian points out that, 'Chemotherapy is associated with significant cure rates for 50 per cent

or more of childhood cancers, 50 per cent or more of Hodgkin Lymphoma and certain aggressive lymphomas, 75 per cent or more of carcinoma of the testes, 90 per cent of choriocarcinoma in women, 15 to 20 per cent of adult acute leukaemia, and 15 to 20 per cent of ovarian carcinoma.'

There have been some real advances in chemotherapy protocols to treat particular cancers since Ian was ill, and for these cases chemotherapy treatment is highly effective.

What is not commonly understood, however, is that the overall benefit of chemotherapy for all cancers is not as high as we might be led to believe.

In 2004, a meticulous analysis of the published data by Morgan [Morgan, G. et al., *Clinical Oncologist* 2004; 16:549-60] of 22 types of cancer in adults, including breast, prostate, bowel and lung found that the overall benefit of chemotherapy to five-year survival was a mere 2.3 per cent in Australia.

The Morgan analysis found that 'the minimal impact on survival in the more common cancers conflicts with the perceptions of many people who feel they are receiving a treatment that will significantly enhance their chances of cure.'

Morgan's research showed that based on the evidence available in 2004, five-year survival from early breast cancer was increased only 3.5 per cent by treating it with chemotherapy. No five-year survival benefits from secondary breast cancer have been shown from the use of chemotherapy. Yet it is still very commonly prescribed.

Perhaps the overuse of chemotherapy is indicative of modern mainstream medicine's over-dependence on drug-based strategies and the power of the pharmaceutical companies.

'It's very clear from the review of the medical literature that there's a huge publication bias in favour of drugs,' says Dr Craig Hassed. [Dr Craig Hassed, one of Ian's key medical supporters has worked in The Gawler Foundation's program for many years]. What that means is that when research is funded by a pharmaceutical company, they are very unlikely to publish negative findings on the drugs,' he says. 'They readily publish positive trials, which means even the evidence that's out there, on a whole variety of drugs including chemotherapy, is probably significantly affected by publication bias in their favour. Who knows, the figures may be even worse than we think.'

However, Dr Hassed also points out the obvious: the 'vast majority of oncologists are very passionately interested in what is best for their patients.' But any independent research that throws up challenging findings puts them in a very difficult position.

'I think the medical profession is not questioning enough about what we do,' says Dr Hassed, 'nor do we appreciate the influence of marketing and pharmaceutical companies affecting not just what we do but our whole mentality about health care.'

When the Morgan study was released, one might have expected it to make front-page news. But no, it was hardly reported upon. Very few people noticed it.

For Ian, the issue is still a wider one. 'This is where the taboo lies,' he says. 'It is very difficult to even discuss the efficacy of chemotherapy, let alone challenge it. Believe me, I have tried!'

Ian presented the research both in public meetings and at two medical conferences – the Royal Australian College of General Practitioners and the Australian Integrative Medical Association in 2006.

'Interestingly the doctors were very responsive,' he says. 'I had many coming up to me or writing, saying they had no idea of this literature and they thanked me for putting it together.' Professor John Murtagh, Australia's doyen of General Practice, encouraged Ian to write it up for a medical journal.

'Many GPs actually said how they felt badly as they saw people they had known for years being diagnosed with cancer then going off for chemotherapy. They seem to feel that often it makes people really sick for little benefit,' says Ian. What they told me was that previously if they were to question the treatments with oncologists, they were told to mind their own business.'

Now with the research Ian had brought to their attention, he says the GPs 'felt that they had the evidence to support those questions,' adding that it is very important to underline that 'chemotherapy may well be useful – but there are many situations where its use needs to be questioned and considered more thoroughly perhaps more objectively.'

During 2006, Ian collated the research findings on chemotherapy. 'The 2.3 per cent figure amazed me,' says Ian. 'I have been working in this field for a long time and the impression I had was that it would have been 15 or 20 per cent. Then per cent would have been a low average for me; 2.3 per cent is remarkably low.'

'It was not until 2006 that I came across Morgan's 2.3 per cent,' says Ian.

'For the five years prior to 2006 Ruth and I were concerned by what seemed to us to be a rapid rise in the number of people attending the residential cancer programs who were receiving palliative chemotherapy that was knocking them around. I searched the literature to find out what was happening.'

“If someone has been told their cancer is medically incurable, can they still recover?”

At this point Ian raises a challenging question – the very question his own case raises. If someone has been told their cancer is medically incurable, can they still recover?

'Clearly to recover against the odds is not easy,' says Ian. 'But we know it is possible. Remember Ainslie Meares [said that] it only has to be done once to show that it is possible. I cannot heal someone else as such, but I do believe people can heal themselves. I can show them techniques, teach them skills and maybe, just maybe, remarkable things can happen.'

From *The Dragon's Blessing: Ian Gawler* by Guy Allenby, Allen & Unwin, 2008

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