THE GOODNEWS LETTER

This letter goes out to everyone who has visited the trepan.com website over the years and signed up for the newsletter, presumably to hear when elective trepanation would again be available. Trepanation is still very much in the public mind. Witness Madeline’s dream content.

By permission from Madeline:  http://www.madelinevonfoerster.com/

You may have been wondering if you would ever get any news. Indeed it has been a long time coming. It took 2 years to find neuro-scientists interested in this investigation. Then it took another 4 years to do preliminary investigations. The scientific methods are now in place and the study of “before and after effects of elective trepanation” can be resumed. Now there is something very positive to talk about. WE ARE HAPPY TO ANNOUNCE THAT ELECTIVE TREPANATION BY A QUALIFIED SURGEON IS ONCE AGAIN AVAILABLE.

The surgeon is qualified. He is actually a neurosurgeon, a specialist in doing surgery on the skull and brain. On March 14th, 2011 two guys who have wanted to be trepanned for a long time traveled with me to Ecuador to meet the neurosurgeon. On March 16th, they were trepanned in his private clinic. The
surgical procedure took less than one hour for each of them. They were completely conscious the entire
time. No pain was felt due to the local anesthetic that was used. They were up walking, smiling and
joking around within a few minutes. The event was a complete success from the standpoint of the
volunteers and for the future of elective trepanation.

All the necessary pieces have come together to continue with a scientific investigation of elective
trepanation into the future. We will be investigating changes in the physical aspects of brain circulation
and the activation of CSF movement before and after elective trepanation and any changes in cognitive
function. There is very strong evidence that elective trepanation DOES produce important beneficial
changes. The evidence is contained in research sponsored by ITAG conducted at a neurosurgical
hospital in St. Petersburg, Russia. That evidence was published in a well known scientific journal,
HUMAN PHYSIOLOGY. There is also other evidence that a skull opening improves cerebral circulation.
However none of these investigations were of subjects having simple elective trepanation. The
investigation that we are beginning now is the first ever of its kind with complete recording of before
and after effects of trepanation as an elective procedure. Your participation in this groundbreaking
study will accomplish two things. You will help to set the record straight about this ancient procedure
and you will have the potential benefits for yourself.

WHAT ARE THE RISKS

We know from past trepanations at the ITAG clinic in Monterrey, Mexico that elective trepanation,
when done by a skilled surgeon, is safe. No negative side effects have been experienced by anyone
involved. Many neurosurgeons leave the skull bone “unclosed” after neurosurgery anyhow. There are
also reports indicating that by leaving the skull open after brain surgery or traumatic brain injury, the
healing is accelerated and the chances of a positive outcome of the brain surgery are improved. In the
first phase of the study all participants will receive a 14.5 mm (0.57 inch) trepanation on the left parietal
bone near the midline. In subsequent phases the right side will be compared to the left side, as well as a
left/right dual trepanation and both slightly larger and smaller trepanations according to results of the
collected evidence. Also the location of the trepanation will be investigated later. For now though the
left parietal is the preferred location due to the lessened bleeding during surgery near the apex of the
skull. The actual drilling is done with a specially designed drill bit that is commonly used in skull surgery.
It has a designed in safety feature that prevents the drill from penetrating through the dura matter
unintentionally. It’s taken for granted that you understand that elective trepanation is only bone
surgery. There is no penetration into the brain tissue. The fundamental concept is that the elastic
properties of the skull are increased by the opening, allowing for the arterial pulse input to be increased.
Measurable increases of pulse input have been seen in studies of neurosurgical patients.

WHY MEDICAL TOURISM

So you may be asking: “Why, with all this evidence, is it necessary to go to some remote location like
Ecuador for elective trepanation. Why can’t I get trepanned at my local hospital”.

There are many reasons. The most important is that in America and Europe the doctors have their
hands tied. They must walk a very straight line or they will be ostracized, sued or banned from practice.
Large scale clinical investigations cost millions, take years to obtain approval by a peer review board, are sponsored by drug companies and are directed to making millions in profits from drug sales. The drug companies protect the doctors as long as the doctors prescribe the drugs. When the doctors step out of line their neck is exposed. Medical doctors have years of education and a great deal of expense at risk when they deviate from the norm. I don’t see the slightest possibility of elective trepanation being available in the USA or Europe in the next several decades.

So then you might be thinking: “Why Ecuador?” That answer isn’t so simple, but if you know some history of trepanation and the Inca civilization you’ve probably heard that trepanation was widely practiced in Peru by the Incas. The Inca civilization extended well beyond the present borders of Peru, all the way north through Ecuador to Colombia and south to present day Chile and east to the Amazon. Ecuador was actually the center of the Inca civilization. Today the idea of elective trepanation doesn’t seem so strange to doctors in Ecuador and most importantly our neurosurgeon isn’t constrained by the handcuffs that American and European doctors are.

From a personal standpoint, I chose to work with the Ecuadorian surgeons because they offer a permanent location to continue elective trepanation into the distant future. Ecuador offers a place that can’t be shut down by some bureaucrats or local do-gooders. Over the past 15 years I’ve invested tens of thousands of dollars getting to this point where we can have a permanent location. I’ve put my time, effort and capital up front to buy specialized recording equipment and instruments for the scientific investigation. I’m committed to making it happen in Ecuador, the ancient homeland of the Incas and the home country of the Galapagos Islands. You will probably like it too when you come for a visit.

THE CLINIC AND NEUROSURGEON

The private clinic is clean and calm. The operating room is sterile and similar to any that you’d see in the U.S.A or Europe. The neurosurgeon, himself, is a warm and friendly person. The nursing staff is also warm, friendly and very helpful. We will be able to continue offering elective trepanation indefinitely into the future and to continue expanding the scientific knowledge about this subject.

THE COSTS

Total medical expenses including pre-op physical evaluation by a cardiologist, pre-op recording of cerebral fluid dynamics, surgery by a board certified neurosurgeon, with the presence of a board certified anesthesiologist and assistant surgeon, surgical nurse, three days room and board at the outpatient clinic (outside doors lock up at 11:00 PM), all antibiotics, post surgical recording of brain fluid dynamics, TLC from the nursing staff, brief conference with the surgeon every day, daily bandage changing all together total $4,000. Air travel to Quito from your location is a variable cost. Hotel overnight in Quito near the airport = $40.00; Quito to Loja round trip is $180 by air Tame (Ecuador airlines) or a 10 hour bus trip for $20 each direction. I stayed in a decent hotel in Loja near the clinic for $25.00/day hot shower/clean room/noisy street traffic below/breakfast included (no bugs at 6,890 ft.). A four or five star hotel would be $125/day. There are several to choose from. A wide variety of meals
run between $6.00 and $15.00. Some additional days in and around Loja should be considered at approximately $100/day. Consider a day trip or overnight to Vilcabamba and a horseback trip through the national wildlife reserve for $40.00.

WHAT ARE THE BENEFITS OF ELECTIVE TREPANATION

Let’s first start with the objective facts. No practicing doctor is going to tell you that there are benefits to elective trepanation. They don’t know anything about it. It wasn’t part of their education. They may have heard of it as part of their history of medicine course along with leeches and blood-letting. I’m not saying you shouldn’t talk with your doctor about this. I’m only saying that he doesn’t have any real information. So where are the facts? Let me say that for the most part the facts aren’t in the mythology on the internet. The vocabulary that was used years ago, originating from the work of Bart Hughes in Amsterdam in the 1960’s is misleading and scientifically inaccurate. Trepanation isn’t a “high” like it was reputed to be. It’s not similar to marijuana, LSD or alcohol, methamphetamine, cocaine, Ritalin or mescaline or any psychedelics. “So what are the facts?” you ask. There are three primary scientific studies pointing to significant changes in the way the fluids move inside the skull after trepanation. These studies do not discuss BLOOD FLOW through the brain. If your doctor says that trepanation could not possibly alter BLOOD FLOW through the brain because blood flow is very tightly auto-regulated, you can say “yes, I’ve heard that before.” Arterial pulse input and blood flow are not the same thing. If you can read neuroscience papers you can wade through the studies for yourself, I’ll mention them now and refer you to the full texts at the website with a summarization of the important points. The first study was conducted in Japan in 1988 using phase contrast MRI (see Wikipedia) and pressure transducers implanted through the skull bone in patients with hydrocephalus and bleeding of the brain from injury (subdural hematoma) and of patients who were trepanned to relieve the pressure from the bleeding. After the life threatening period had passed the latter class of patients was shown to have the fluid motion of blood and cerebrospinal fluid significantly more active and the intracranial pressure was significantly lower than non-trepanned patients and even more active than the healthy control group. The researchers were demonstrating a method called SVP (signal void phenomena) and drew no conclusions regarding the changes in the open skull except to compare the flexibility of the skull system to the conditions of childhood. The second study was conducted at University of Illinois in 2006 also using phase contrast MRI but of a newer version. Brain fluid dynamics were measured in a subject who already had a large skull opening. The same measurements were recorded after the skull defect was closed. After closing of the skull the arterial pulse input of blood to the brain was reduced by 50%. This study was conducted to verify a method also and no conclusions were drawn by the authors of the report about any “benefits” of a skull opening. The third study was conducted in St. Petersburg, Russia in 2008. This study measured brain fluid dynamics by a non-invasive method in patients before and after minor neurosurgery when the skull was left open after surgery and again after several months when the skull was closed again and in one subject who had an existing skull opening for over seven years. This study was the first of its kind to specifically evaluate the effects of making a hole in the skull. The authors reported that the brain fluid dynamics were significantly improved if the skull bone was left open after surgery but that the dynamics were reduced below the pre-surgical level when the skull bone was closed at a later date. The subject who had a skull opening for more than seven years duration had significantly more active fluid dynamics than the control group. This study concludes, “… that
alterations in the integrity of the skull caused by craniotomy significantly affect the intracranial hemodynamics and CSF dynamics. We may interpret the data of our study as an increase in the functional activity of these physiological systems. As a result, the volume of arterial blood flowing into the skull during systolic elevation of arterial pressure increases, which results in an increased supply of brain tissue oxygen. Craniotomy changes the dynamic relationship between the liquid media (arterial and venous blood and CSF), thus contributing to optimization of the functional mechanism responsible for the circulatory and metabolic support of brain activity. Taking into consideration the fact that most brain diseases are related to disturbances in its hemodynamics and/or CSF dynamics and as a result, to disturbance in the oxygen supply to the brain cells, we can suppose, with some caution, a possible therapeutic effect of craniotomy in some diseases. However, for confirmation, this assumption requires further research in this field.”

So the facts presented in these three studies indicate that a skull bone opening (trepanation or craniotomy) produces some significant physical changes in the way blood and CSF move through the brain. No researchers have taken it on themselves to refute these studies. An intracranial shunt which allows for more rapid draining away of CSF also alters the brain fluid dynamics. A special kind of shunt was designed for patients with Alzheimer’s disease. It’s called a Cogni-shunt. It has been used in experimental studies and was shown effective in reducing the severity of Alzheimer’s disease in a high percentage of test subjects. This type of surgical intervention is very expensive. The Cogni-shunt was used in less than a few hundred cases worldwide. The Russian research team in St. Petersburg recently studied an elderly population group between 70-98 years old. The subjects were separated into four groups based on their cognitive performance, not their age. The four groups were those with no cognitive impairment, those with initial signs, those with mild and those with severe impairment. The study showed that as the cognition declined so did the brain fluid dynamics as discussed above. The evidence is pointing ever more strongly to a direct connection between brain fluid dynamics and cognition. To me it’s the most important reason why a rational person would choose to be trepanned. This is cutting edge stuff. What is also known about old age cognitive decline is that it actually starts early in life and is a slowly progressing disease. That includes Alzheimer’s. It sneaks up on you. Dementia is like cancer in the sense that it’s more sensible to prevent it than to try curing it after the fact. So those are the scientific facts. I could argue or debate these data points with any top flight neuro-investigator, anytime, anywhere and come out on top.

But what you are probably interested to know is something about the experiences of those who have been trepanned and I’m interested to tell you that also. Firstly, no one has been injured or harmed when they were trepanned by a surgeon working with ITAG. We film the entire procedure for that purpose as well as for the learning experience. Also no one has had a “bum trip.” Some volunteers have experienced it quite noticeably. Randall Haws say, "... I’m coming up on 9 years after my trepanation and my thoughts would be summed up as: Prior to my trepanation in June 2002, my peers and family would regard me as one of those high-strung personality types. This combined with my daily nagging and persistent headaches was proving to be a quite miserable existence. After my surgery, the headaches went away. I became much more mellow and levelheaded. I had a surreal sense of peace about my mind and overall well being. With each passing year since my trepanation I have become more ravenous for information, knowledge, and wisdom. To this day I feel like I can eat up the technical and visual stimuli like it was junk food. At first, it was a little tricky to learn to
live with this newfound appetite to learn new things and seemingly try to occupy my cravings for knowledge and wisdom. Overall, the quality of my life has improved dramatically year over year since my trepanation. I’ve learned new skills and gained new expertise that has helped me to find my way and get back on life’s track where I enjoy what I’m doing again. I think the one thing that is the hardest to deal with is my ability to see so much more clearly now. Before trepanation I would see things as most people do – only on the surface. Now I see things more clearly below the surface, which often irritates people while simultaneously giving me an edge both mentally and physically. I cannot imagine my life now before my trepanation.”

Others did not experience any subjective change what-so-ever at least not immediately. One 46 year old woman, who had been a little disappointed in the result, woke up one morning several weeks after her trepanation with a completely new sense about herself. For years she had been so depressed she couldn’t keep a job. But on this day she jumped out of bed, went for a drive and took the first job that was open to her. She got started again in life as a short order cook. She learned the skills on the job without letting anyone know that she wasn’t really “qualified.” She stayed with the job long enough to pay back the money she’d borrowed to get trepanned, then she moved on to other things. Some people who have been trepanned have been very much influenced by the “mythology.” They were expecting a big rush, a drug-high, a big burst of the bonds that bind or something similar. I caution you against this mythology. The top of your head isn’t going to be blown away. That is not what trepanation is or does. You may notice some sensations, tingling within your head, within an hour or two. Or you may not. But you probably will notice over a period of weeks is how you start to function differently.

The only volunteers who haven’t experienced benefits are those who have a vested interest in remaining the same. There are several who receive disability payments based on their permanent, incurable depression. They are afraid of not having that pittance of a monthly income and losing the “freedom” of not having to work for their bread and roof. If you have a vested interest in holding on to an identity that does not work, that makes you unhappy, that shackles your unlimited self but that allows you to define yourself, if your self-talk is primarily about your miserable existence, if you believe this crap, if you refuse to flush this crap down the toilet, then trepanation isn’t for you. Trepanation just is not that powerful. The most powerful thing in your life is your thinking. That’s not a slogan. It’s the truth. Think positively. Believe in yourself. Count even the smallest successes. They add up.

My personal experience with trepanation has been of clarity of focus, of stamina, of a life with multiple purposes, of unfolding in wonderful ways, in finding a multitude of exceedingly capable individuals in this world and others who have their shortcomings and some of those who haven’t become deaf. In the years between my teens and the time of my trepanation at age 27 I was becoming deaf—deaf to the universe talking to me. The adjustments and fine tuning that should be ongoing in everyday life weren’t getting done. In my early life I was a born skeptic and non-believer. I had to experience everything first hand to know its truth. But in those interim years of adulthood I was becoming fearful of the future and doubtful of my capacities. I looked outside myself to the authorities for guidance rather that to my inside. I was becoming a depressed neurotic. I hated what I was becoming. It wasn’t me. After my trepanation I could hear again. I could hear the hum of the universe and I could hear the words spoken to me and others around me as objective communications without taking the words so personally, for example as denigrations or disparagements. I was almost instantly free of my interpreting neurosis.
The “question and answer” game in my head, that never got resolved, simply disappeared. I didn’t have time for it any more. I got busy making a life for myself. Since the day of my trepanation I feel like I’ve had the wind at my back. I hoist up the sails and away I go. I was very fortunate to get trepanned at an early age. There’s so much wisdom in everyday talking that I hear around me, it makes me laugh to think of it coming from the most unlikely persons. From my point of view trepanation saved my brain and I mean literally the brain tissue. I’ll be 65 this year. I’ve been living 38 years in this state.

The older I get the more certain I am that trepanation was the right decision for me. In the old age study mentioned above there was a certain 96 year old man whose test results showed extraordinarily active fluid circulation through his brain; that means active arterial blood input and cerebrospinal fluid movement. He is physically active and mentally bright. I know of another man, a surgeon who was still teaching and practicing at age 101. We don’t know if these guys were trepanned or if they had something called a ‘congenital fontanel,’ or if they had activated brain circulation by some other means,
but we do know they’ve had a full and purposeful life. That’s what I’ve always wanted for myself and I will settle for nothing less. Maybe you feel the same way and just need a little wind in your sails too.

You might be wondering what the first few days after your trepanation would be like. What about the incision, the pain and the bandaging. Let’s look at some photos of Jerry Bags (alias) soon after his elective trepanation in August 2011. He offers these shots to let everyone know that you don’t have to have your head shaved and that your hair could cover over the incision. The surgeon is well aware that many people don’t want to return home to be quizzed by their friends and family, so he has made an accommodation to remove as little hair as possible.
Some of you receiving this newsletter are probably only interested to know what is going on. We’ll keep you up-to-date at no charge. Others have specifically asked to be put on a mailing list exclusively for those who would like to be electively trepanned in the near future. If you are in this category we have a special INSIDER’S NEWSLETTER for you. Subscription to THE INSIDER’S NEWSLETTER costs $100. The INSIDER’S NEWSLETTER will give the complete breakdown of costs, all what’s included, travel options, additional expenses that could be expected, some photos and email to contact some people who have been electively trepanned between 2001 and 2004 and those who were recently trepanned as well as those who are headed toward elective trepanation right now. You’ll get an open line to my Skype address so we can discuss anything you have on your mind. Subscription to the insider’s newsletter costs $100. You’ll get some info about excursions to occupy yourself during the few days of recovery. You’ll get continuous updates about upcoming trips and the information you need to get moving. The $100 will be applied to the cost of your elective trepanation when you decide the time is right for you. However there will be no refunds and all information given is strictly confidential. Sharing this information with anyone not getting the INSIDER’S NEWSLETTER will void the above agreement.

The INSIDER’S NEWSLETTER will explain some details about the scientific investigation being conducted in understandable language. You’ll be given the outline of the scientific methods of the investigation and the protocols for the study of the effect of elective trepanation. For example the first study is of a 14.5 mm opening on the upper (superior) left parietal bone.

By subscribing to The INSIDER’S NEWSLETTER you acknowledge that elective trepanation is not being promoted as a cure or treatment for any disease or ailment. The scientific investigation is solely aimed at understanding the physical dynamics and cognitive changes that may take place. By subscribing to The INSIDER’S NEWSLETTER you acknowledge and fully accept that the recorded data received in the investigation will be used for scientific evaluation of brain fluid dynamics and its relation to cognition. Subscribe to the INSIDER’S NEWSLETTER only if you are of sound mine and body. Subscribe only if you fully acknowledge that I, Peter Halvorson, and the International Trepanation Advocacy Group are in no way responsible for any unintended consequences of the travel or of the actual elective trepanation surgery.

COUNTDOWN NEWSLETTER

There is another newsletter, called the COUNTDOWN NEWSLETTER that will be going out to people who have decided on a date for their elective trepanation. For example, when there’s a trip scheduled in the near future and it’s coming around soon. You need to know if this is the time that fits your schedule. Subscriber’s to the COUNTDOWN NEWSLETTER will pay a $500.00 fee that will be deducted from the total medical costs at the time of surgery. (If you subscribed to the INSIDER’SNEWSLETTER already, your cost for this is $400.00). This fee is not refundable but if you are not able to make the trip that you scheduled for, you can select a later date without penalty as long as you aren’t the sixth person whose absence reduces the group to five. (Six is the minimum group size. That’s how we save and make the medical expenses more affordable.
When you subscribed to the **COUNTDOWN NEWSLETTER** the real fun is starting. We’ll be planning flight schedules and our meeting points along the way. As much as possible, I like to travel as a group. We get to know each other and arrive better organized. There are a lot of details to arrange with any science project like this. In a foreign country we really have to be organized to get it all done. Let me emphasize that the SURGERY CLINIC is a DRUG FREE ZONE. Also I am a drug free person and would not appreciate having any participants complicating our real purpose with an illegal exposure in a foreign country. If you want to do recreational drugs in the days after you leave the clinic, it’s your choice. Be cautious and aware. You can be certain that being busted in a foreign country is no fun.

COUNTDOWN NEWSLETTER includes the name and address of the neurosurgeon and the Skype contact for his assisting surgeon. The assisting surgeon will be available to answer any concerns. You can set up a time to see and speak with him on Skype. Open a free Skype account today.

COUNTDOWN NEWSLETTER will include the surgery consent forms for your review that will be signed and notarized on location. And the consent forms that exonerate ITAG and me personally from liability.

COUNTDOWN NEWSLETTER will show you some film footage which will make you happy that you decided to have elective trepanation by a neurosurgeon and NOT to try it at home as a DIY procedure.

In the COUNTDOWN NEWSLETTER you will find additional details about what to expect as far as the surgery goes. You’ll have the option of seeing footage of a recent elective trepanation.

In the **COUNTDOWN NEWSLETTER** there’s going to be much more of everything. So stay tuned.

ITAG (International Trepanation Advocacy Group) has now applied for 501 c3 status as a non-profit organization. Your contributions to ITAG can be shown on your tax returns as charitable contributions and are tax deductible. Anyone making a $4,000.00 tax deductible contribution will be given a token to exchange for their elective trepanation at the ITAG clinic.

Sign up for the **COUNTDOWN NEWSLETTER** Now

If there’s anything that I haven’t addressed in this newsletter that you would like to have included, please do feel free to write me your questions. This is a draft newsletter right now and is going out only to a few people at a time. I’M ASKING FOR YOUR FEEDBACK