

Cranio Sacrally Speaking

Addressing the Skeptics, Part I



John E. Upledger, DO, OMM

Author's note: A few months ago, *Message Today* received two letters in response to Upledger's April ("Cell Talk" www.messagetoday.com/archives/2003/04/10.htm) and May ("Applications of CranioSacral Therapy in Newborns and Infants" www.messagetoday.com/archives/2003/05/08.htm) articles, respectively. The first of letters, along with Dr. Upledger's response, appear below. The second letter and response will appear in Dr. Upledger's next column. Letters have been edited for space clarity.

Dear Editor:
The article "Cell Talk" crossed over acceptable boundaries. I will thus refrain from responding to it. I am a physician of New York using information from my patients' age, clinical exam and previously conducted research to make my diagnosis. I do not have the power to do so. This is the Mayo Clinic did.

Dr. Upledger uses insufficient medical knowledge by saying "Not the prognosis for that condition on an epialovirus infection is poor." *Resurgence* phase Dr. Upledger's original article stated "The prognosis for that condition is poor." I was scheduled to read "The prognosis" in *Message Today* and I was disappointed for that condition is poor. I was scheduled to read "The prognosis" in *Message Today* and I was disappointed for that condition is poor. I was scheduled to read "The prognosis" in *Message Today* and I was disappointed for that condition is poor.

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Kayla's mother called me on a Sunday morning. She described Kayla's condition of severe joint pain, fever and general malaise, which had been going on for several months and worsening in spite of the three physicians' best efforts. She informed me that Kayla was scheduled to go to the Florida Mayo Clinic the following Wednesday for a complete evaluation.

Addressing the Skeptics, Part I

Cont'd from page 17

and told me Kayla felt fine. She was evaluated at the Mayo Clinic the following Wednesday, and blood studies confirmed cytomegalovirus in the active stage.

2. I did not use the word "poor" in my prognosis. That was an error made [as noted by *Message Today's* editorial staff, however, now that you've mentioned it, I suggest that telling a teenage girl who is an accomplished dancer to stay on bed rest until the virus burns itself out, as was the Mayo Clinic doctor's instructions, might be considered a "poor prognosis" in terms of lifestyle. I do take issue with your statement that Kayla's recovery would have happened the same way with or without my assistance. With all due respect, Dr. Turchaninov, you weren't there and you don't know what I did. I suggest that if you haven't done it, don't knock it.

3-4. I know what the textbooks say thymus glands do, and from my own experiences I also know what thymus glands can and will do upon request. The true potential of the thymus gland goes far beyond what is described in the conventional literature. The thymus gland has an antigenic library that seems to be available to all interested immune cells. Further, the thymus gland's requests of almost any immune cells, with perhaps the exception of eosinophils, are quickly honored.

I have seen many situations wherein macrophages and monocytes have honored thymic requests in seconds. I chose to request the thymus gland to recruit monocytes and macrophages, because both cell types have proven to be very effective against viruses. Monocytes move more rapidly than macrophages. Monocytes have free passage through the blood-brain barrier while macrophages do not. Therefore, monocytes gathered and evaluate antigenic materials collected from viruses and virus-infected tissue cells, so they can then present this information to the thymus gland and to the brain areas that may wish to be informed. Further, monocytes can change into macrophages when they consider this transition appropriate. Macrophages are expert killers of viruses, bacteria, malignant cells, etc., and they are very good housekeepers. They clean up the debris that is created by viruses, bacteria, and abnormal cells dying. Further, they

I suggested she bring her to my home that Sunday, prior to her visit to Mayo. My hands-on evaluation of Kayla gave me the strong indication that this was a virus. I worked on Kayla hands-on at that time and her symptoms began to lessen during the session. That night her mom called me

Cont'd on page 18

digest the debris, and some of the molecular remains are recycled for use by normal cells.

In Kayla's case, we located virus clusters in the right ankle, both knees, the left pelvic region, the left bronchial region, and possibly in the intracranial area of the occiput. The educated monocytes could pass through the blood-brain barrier and ultimately become macrophages that could kill the virus and clean up the mess concurrently. In any case, this therapeutic approach worked well, and Kayla was back in school and working with her dance group about a week after our first recruitment of the thymus gland's help.

Dr. Turchaninov, my conscience has never been clearer and my mind has never been more open. I urge you to try something before you reject it. It was Democritus, the ancient Greek philosopher, who said, "Many individuals full of knowledge possess no reason." He said this more than 2,373 years ago. We have a lot more knowledge now than we did then. I wonder how our reason compares. Look around the world and think about it.

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Author's note: In 1995, I wrote a summary of the research that had been done, to date, that involves the craniosacral system and related therapy. This monograph, "Research and Observations Support the Existence of a Craniosacral System," can be obtained from The Upledger Institute at (561) 622-4334, and is also available online at www.Upledger.com/news/p-mon.htm.

I do not have any personal agenda against Dr. Upledger, does, or what the teaches. However, the situation reminds me of an old Japanese saying: "Do not let the blind man lead the crowd of blind people into a mine where the Massage practitioners desire to mine a respectable educational approach. Among all four major American Massage Publications, *Message Today* seems to build a scientific foundation of Massage practitioners and thinkers, a deep respect for you in doing so. There are a handful of educators and researchers who try to restore respect to the medical community, patients and more importantly, among Massage practitioners. Unfortunately, articles like this harmful, outlandish errors.

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Dr. Upledger's Response

Dr. Turchaninov:

I appreciate your comments related to my article, "Cell Talk." I will address your criticisms in the order in which they were presented.

1. You stated that any physician could have come up with the cytomegalovirus diagnosis for Kayla based on age, symptoms, etc. Why then didn't her primary-care physician entertain it as a possible etiology? Instead, there was no primary-care diagnosis, only a referral to the infectious disease specialist.

This second physician cared for Kayla for some months, during which time she received eight different antibiotic programs, to no therapeutic avail. Her pains, fevers and general malaise simply worsened. The infectious disease specialist then referred Kayla to a rheumatologist, who was also unable to provide effective relief. Not one of the three physicians had cytomegalovirus among their differential diagnostic possibilities, nor did any of them mention virus.