



#200205B

Intention and Touch



One of my first windows into the impact of intention opened in the late '60s, when I was beginning to use acupuncture extensively. At the time, we had free clinics in Clearwater and St. Petersburg, Florida. Acupuncture was particularly attractive because it was cheap and did not involve drugs. Many of our patients had been active drug abusers, so the fewer pills we used, the better.

Oddly, we found that some of us could do acupuncture with great success, while others didn't get the same effects, even on the same patients. At first I thought this was due to suggestion, so we tried to control any positive or negative comments about our expectations. We even went so far as to say nothing at all to patients before, during or after the treatment.

The strong correlation between the results seemed attributable to the unspoken attitude of the therapist. Those of us who had seen acupuncture work and believed in it got much better results than those who didn't or weren't sure. Two doctors who were performing it thought it was absolute "poppycock," and didn't get good results at all. Yet I often treated the same patient the next day and got positive results immediately.

It was easy to test acupuncture in this fashion, because the results occurred before our eyes. Pain went away. Breathing in asthma and emphysema patients improved. Cravings for certain addictive drugs, such as heroin, subsided. The red-hot rash of shingles faded — as long as the acupuncture was performed correctly by a practitioner who had confidence in

it. Our saying became, "It isn't where or how you put the needles in, it's who puts them there that counts."

That's when I realized just how directly the therapist's attitude and intention affect the outcome of the therapeutic approach. This seems to go well beyond technique or the power of suggestion. Surgeons who are in a good mood or are generally happy seem to get better results than chronically angry, cynical or depressed surgeons. In the same way, hands-on therapists who are happy, trusting and confident get better results than those who are not.

Sister Anne Brooks was one person in my life who demonstrated the power of intention to me on many different levels. I first met her about 30 years ago, after she had canceled three appointments and finally showed up for the fourth.

Sister Anne had applied to work as a volunteer at our St. Petersburg free clinic. She wanted to work with needy people, and she had heard that our clinic serviced the kind of people she wanted to help.

Our program director, a young man named Butch, interviewed Sister Anne and suggested she see me. Dependent upon a wheelchair, she had been struggling with what was diagnosed as rheumatoid arthritis for the previous 20 years or so. At the time she met Butch, several of her doctors were recommending she have both of her hip joints surgically replaced with artificial ones.

Butch told her that if she wanted to work in our free clinic, she would have to see me about her hips. He explained that I did some rather offbeat things, including acupuncture, hypnosis, osteopathic manipulation and a fairly good brand of general medicine. Apparently fear was a contributing factor in the cancellation of her

work ceaselessly at our clinics (there were three by now), and eventually be-

came our full-time director after obtaining permission from her church authority. Her blood tests for rheumatoid arthritis returned to normal after 20 years.

Sister Anne and the Upledger family became very good friends. When I moved to Michigan in 1975 to join the faculty at Michigan State University, we stayed in close touch. Her condition continued to improve. She didn't need my "doctor" work anymore.

She came to visit us within a year. She asked for my advice about embarking on a program at the University of Florida that would lead to a degree as a licensed physician's assistant. She wanted to work at the migrant farm labor camps in Florida.

I suggested that, should she pursue this course, she would always be dependent upon the supervision of a licensed physician to do her work. Why not get her own doctor's license and be independent to do things as she felt they should be done?

After some discussion about her age, her lack of premedical requirements, and the difficulty in getting through medical school or osteopathic medical school and internship, she went out into the woods behind our house for a few hours. She did what deeply spiritual people do. Then she came back and said, "Okay, let's try it. What do I do next?"

I arranged an interview with the admissions officer of the College of Osteopathic Medicine at Michigan State University. He was so impressed that he asked me what we could do to get Sister Anne to apply there.

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first three appointments.

When we finally met, I was touched by her story. She had been the principal in a ghetto school for some years and loved it. As her disability and pain worsened, she was transferred to a school that serviced mostly upper-middle-class children. Yet she wanted, she *needed* to put her efforts into helping the poor and needy. This is what brought her to our clinic: to nearly beg Butch to allow her to volunteer her services. Had she not wanted to work for us so badly, I'm sure Butch would not have been able to convince her to see me.

During that first visit, I began using acupuncture and CranioSacral Therapy, and I gave her advice on nutrition and vitamins. I couldn't do any traditional osteopathic manipulation — to touch her body between the waist and knees to manipulate bone or even deep tissue was to make her scream in pain. I couldn't see how this poor lady was living like this. At this time, her blood tests for rheumatoid arthritis were positive.

I set up weekly appointments with her. We soon discovered that acupuncture, when appropriately applied, completely relieved her pain. In a few weeks we found that one acupuncture needle inserted in the end of her right middle finger for 15 minutes a day controlled her pain enough so that she could get out of her wheelchair and tolerate more traditional osteopathic work. In my opinion, motion is necessary for health, so we worked very hard to re-establish movement of the bones, joints and other tissues from her head down to her toes. I also believe that as the pain diminished, the nutritional changes began to take effect.

Sister Anne was almost completely rehabilitated within a year. She went on to

After obtaining permission from her mother house to venture into this new direction, Sister Anne completed one year of premedical work in St. Petersburg. Then she moved in with us in Michigan to complete her second year of requirements. Next came acceptance into the Osteopathic College and four years of very hard work.

After graduating with her Doctor of Osteopathic Medicine degree, Sister Anne moved to Detroit for a year-long internship, at which time she completed an in-depth study of poverty-stricken and needy areas of the southeastern United States. She eventually settled in Tutweiler, Mississippi, where today she operates a busy clinic along with a tremendous emergency and family medicine practice. All of this from a woman who, in the mid years of life, was in a wheelchair, in constant pain and contemplating surgically replacing both her hip joints.

I once asked Sister/Doctor Anne what she thought was the key to her healing. Without hesitation, she replied that it was 80 percent attitude and intention, and 20 percent the mixture of acupuncture, nutrition, CranioSacral Therapy and the rest.

We therapists should always keep in mind the tremendous power our intention, attitude and expectations have on our clients and their responses to therapy. A gloom-and-doom forecast by the health care practitioner may well cause the client to live down to that expectation. Fortunately, the reverse is also true. In Sister Anne's case, we just wouldn't take no for an answer.

John Upledger, DO, OMM
Palm Beach Gardens, Florida

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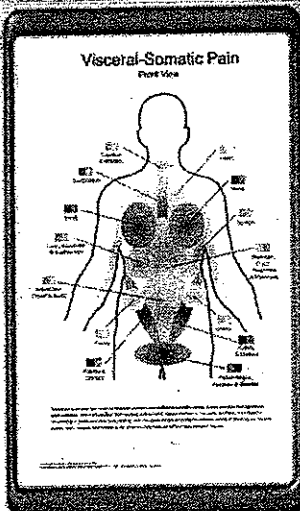
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