

## Osteopathy : diseases of the bone or the bones of disease?

A. Abehsera MD is one of more known figures of European osteopathy. He was able to meet and learn with all the legendary figures of this young profession. Over the years, he has developed an original approach which he teaches, at present, in Israel and in Europe. In this article, he shares, with us, some of his biography and his ideas about what we stand for. He gives some advice about the future, too. Like the necessity to change the name "osteopathy". For the sake of our mental and physical health, and for the sake of the message contained in that word...

I was twenty years old when I arrived in London, to study osteopathy.

My intention was clear. I wanted to save the world and I had come to learn how. We were many like that during

the Seventies of the last century. We were ecologists, leftists, smoked a lot of cigarettes, ate lots of baked beans and never missed any Monty Python. We believed we were revolutionaries. In the middle of the cloud of smoke, we talked, sometimes, about politics, but mostly, about medicine.

"Doctors" were, for us, "evil people". They were part of the Establishment of Power. I remember going to parties where there was a "doctor". We could not go anywhere near him, he was like a powerful God. He was the enemy, standing there, with a Cognac in his hand.

We feared them more than hated them, but, deep down, we knew we were jealous. In fact, we all wanted to be "doctors" very badly. We thought *we* were the real doctors, the ones who really cared about patients, the ones who really treated the *cause of disease*, not the symptoms, like they did. We made fun about how doctors gave, very stupidly, aspirin for headache. Osteopaths, we thought, go for the real thing: they check the tension of the sub-occipital muscles, they check the sub-occipital nerves, they make sure that the neck is loose so that blood can go up properly to the head. We were sure about one thing: osteopaths treat the cause of the headache, they do not sweep the dirt under the carpet.

We were like Messiahs. Although we were jealous of doctors and their privileges, we believed we had a mission. We mocked the American Osteopaths who had sold their soul to the "Devil", who had sold their DO for an MD. Deep down, however, we were really jealous that the Americans had "made it".

### The Temple

After I graduated from my osteopathic college, I went on to study "official medicine" in Paris. I was one of the first three or four Europeans to become an "MD" after a "DO". I felt I had been allowed in the Temple of Science.

I will never forget the first year of my studies. I was fascinated by the subjects I had never learned as an osteopathic student: biophysics, histology, statistics etc.

I was twenty six years old, and already an osteopath, when I began medicine. Initially, I suffered from "cultural shock". There was so much to learn. As an osteopathic student, I had earned the reputation of being the "scientist" of the

school. I was the one who had read all the books. By my fourth year at school, I had already become the main lecturer at the French branch of my school, the ESO. As a student, I wrote articles for osteopathic journals.

In those days, we could say and write what we wanted. As long as it had some varnish of scientific words, it was "OK" and convinced everyone. This unleashed an immense amount of creativity. It was a sickness too, that appeared in many meaningless articles or lectures. Until now, this creativity and this sickness characterize our professional literature.

My early passion for osteopathy turned me into a big balloon, full of air, full of airy science. Going to medical school was like bursting my over-inflated balloon with a needle. I felt I had to learn everything anew. As opposed to osteopathic studies, medicine is systematic. You do not ask, like we used to do, "of what use is this subject?" "what do you do with histology?" "why should we learn the anatomy of blood vessels?" "why bother about statistics?" "who the hell needs embryology?" etc. In medical school, one just learns everything in the syllabus, and nobody thinks of complaining. Osteopathic students came to school like they come to a restaurant: they feel they can decide about the menu... They think they know what is relevant for their future career as osteopaths.

### **Adjusting to life**

Medicine made me look, with a different eye, at osteopathic texts I had held as "sacred". My critical eye opened, widely, for the first time. My love for - and blind faith in - osteopathy remained, but there were cracks in the wall.

Then, like today, I believed that nothing beats osteopathy in terms of simplicity of principles and practice. Nothing, except, possibly, surgery.

Surgery says: when a blood vessel leaks, close it. When it is completely obstructed, open it.

Osteopathy says: adjust the flow to the needs of the tissue.

Surgery and osteopathy are first degree cousins, they have the same objectives, one with a knife at the end of the hand, the other with anatomical knowledge at the end of the fingers. One deals with the extreme, the other with the moderate ends of the same pathologies. One prevents death from complete obstructions, the other, a miserable life from partial obstruction.

Surgery and osteopathy fight for the rights of every tissue to get free blood flow. That is why Still called osteopathy: "knifeless surgery". To my mind, this the best name osteopathy ever had, the best definition of what an osteopath does.

Osteopathy and surgery fight for other just causes: free nerve flow and a solid home for every tissue.

When nerves get cut, tissues die. Out of loneliness. The surgeon gets called. We, osteopaths, deal with "abnormal" nerve flow. Abnormal nerve function means "tissue misunderstanding". A tissue can become excluded from the global circulation of information in the body. The osteopath tries to dissipate this misunderstanding with his hands. One hand on the liver area, one hand on the heart, to establish a better dialogue.

Osteopathy and surgery also agree about the importance of connective tissue. An organ will stand against the winds and the storms of work, sport and emotional violence, if it built on solid and straight foundations. This is how AT Still, in his very late years, described the fascia: the "house of each organ", or "House of God". When the connective tissue is too weak, too tight or crooked, the organ cannot function, just like a house cannot stand. The surgeon will have to be called when tissue foundations collapse and threaten to kill. Osteopaths are able to spot the knots, the tears in the fabric, the twists, the cracks that come long before the collapse.

Every cell deserves a decent house, good food and peace with the neighbours. This is the function of fascia, blood and nerves, the Declaration of Tissue Rights signed by Still, by those who preceded him and by every osteopath of good will.

The violation of any of these rights may cause much misery: pain, discomfort, repetitive infections, insomnia, anxiety, constipation, incontinence, abnormal presentation of the foetus, fatigue, allergies, post-traumatic symptoms etc. The lot of most of mankind, where osteopathy can work wonders. With a simple tool, the pulls and pushes of their hands, and without any drugs, needles or herbs, osteopaths can free nerve and blood circulation, can straighten and strengthen the connective tissue. Some osteopaths, and I belong to them, even claim they can do all of these things without moving their hands at all. Just with thinking, just with "immobile and thinking fingers".

The result is often instantaneous: colour, warmth and shape come back to the pale, swollen and painful knee. Appetite appears where there was indifference. Release, where there was strangling. Not always, not on all patients, but very often, and on many patients of all ages.

When it works, it is like a "miracle". Still was often accused of performing black magic, of being the devil's friend. The priests and physicians of Baldwyn and Kirksville could not explain otherwise his "lightning" results.

Still's osteopathy sounded too good to be true, the authorities had to banish it. In spite of this banishment, Still continued the fight.

This man is certainly an interesting historical object. In America and in Europe, there were thousands of 'nuts' like Still, people rejected by their community for their extravagant ideas. They have left their books, their lectures, their names in the advertisement columns of some newspaper. These people spoke about the sciences, about religion, philosophy or medicine. Thousands of them, imaginative or crooked inventors, invented therapies with the strangest names. Only three have survived. Hahneman, Still and Palmer. Their message has become an established and recognized profession. They were powerful people. They claimed that their therapy was not "just a technique", it was a religious, scientific and philosophical truth, which knew no exception.

We considered Palmer and his chiropractic as a violent, commercial and poor imitation of osteopathy. The worst insult for an osteopath, in those days, was to be called a 'chiropractor'.

That left Still and Hahneman. They were the holy fathers of true medicine. One taught the mechanics and the others the chemistry of the Vital Principle. What more

do you need to describe a body? It is a machine, made of chemical substances, with a soul in charge of the whole. Osteopaths were owners of the machine, they could even deal with that part of the soul that invests the machine. They call it "the somato-emotional" relationship. But osteopaths did not know what to do about the chemistry and the part of the soul that goes with it. Thank goodness, Hahneman invented a therapy founded on an infinitely diluted chemistry, the prescription of which depended mainly on questions about the soul.

Osteopathy secretly needed homeopathy and vice versa. We, osteopaths, had no idea what to do with an eczema and homeopaths felt silly in front of a lumbago. Osteopaths and homeopaths send each other patients, like surgeons and physicians do. A natural alliance. We were comforted, in this alliance, by the numerous stories of legendary cures made by osteopathy and homeopathy.

Naturopathy was sometimes mentioned. Naturopathic laws are even more firm than homeopathic or osteopathic principles. We owe naturopaths much of the organic food movement, much of the push for ecology. But it produced rigid patients and rigid therapists. Eating was, for them, the ultimate ritual. It was their prayer. Still did not appreciate naturopathy, because of this rigidity. Which shows how "hip" Still was, compared to his contemporaries.

In my class, there was a vegetarian from birth. During the last year of the course, she ate meat for the first time. In a war of principles, osteopathy had managed to free her from the grips of naturopathy. Another student was a sportive vegan, eating kilograms of lettuce, to compensate for vitamin B12 deficiency. There was a natural kinship between osteopathy and natural foods, for many students and teachers. We generally made fun of naturopathy. It was easy with all these weird people, eating weird things. Naturopathy had no fascinating figurehead like Still or Hahneman, no cult figure. They always quoted Hippocrates, but that did not help much: every one else quoted him. More seriously, naturopathy forbade cigarettes, baked beans, fish and chips, loud noise from discotheques and many things we thought were very important alongside osteopathy.

## **Supermen**

As students, we were bathed and charmed by beautiful legends about the founding fathers. We eagerly waited to open an office, somewhere. We were imagining what we would do to our patients, how we would treat them. It worked, very well, in our imagination. We hoped to reproduce those miracles we had heard of, sometime seen. Mainly Supermen, occasionally Superwomen, with our hands. Secretly, we had the right to use homeopathy. We resorted to the little white pills each time the osteopathy did not work and when we had no idea how to solve the problem with our hands. This was forbidden in principle, but OK in practice. Later, I realized later that we were not alone. Very many osteopathic teachers use needles, herbs, homeopathy, clay packs and what not, in the treatment of constipation and sinusitis. But they do teach the osteopathic treatment of constipation, as if they had tried it themselves, on its own.

Still was also a little like that. In his last days, the Old Doctor wrote a manifest where he forbade the use of any drugs. Surgery, only, is allowed. This was in principle. In practice, Still advised whiskey in meningitis, cantharidine to stimulate "immunity", oils, enemas and compresses in many other complaints.

## The drugscare

In medical school, we learned a lot of pharmacology. I thought it was interesting. During the last year of my studies, I had to be an intern, and prescribe the drug, something viscerally impossible for me. Once, I was praised by the head of the emergency unit as an exemplary student. He said, to other students, that I never prescribed antibiotics, in high fevers, when I was on night duty. I just gave aspirin. Unlike the others, who immediately prescribed. He said this was good medicine: the blood culture and tests could be done the next day, and the proper antibiotic prescribed. For me, the reason was different. I had been brought up thinking it was like giving poison. I preferred to let the guy on duty, the next day, to decide. I was an osteopath, born in an illustrious naturopathic/macrobiotic family. Could not give drugs more than aspirin, which I always took for myself, anyway.

I enrolled into medical school as a DO, a man who thought he could cure just about all with manipulations, a few homeopathic recipes and an occasional grape fast. Medical drugs were only a temporary measure.

Emotionally, learning osteopathy and medicine were two very different experiences. Medicine showed us that most diseases cannot be cured. Osteopathy said that most diseases can be cured. Obviously, osteopathy had hardly any proof for that statement, but its optimism certainly got us talking into the nights, contriving all sorts of treatments for all sorts of diseases, for illnesses abandoned by the "doctors".

There was much enthusiasm, but there were also many crises. Crises came when the theory had exceeded the practice. When we had talked to much, hoped to much. One of these big crises occurred a few months after my graduation ceremony as an osteopath. I felt desperate, I wanted to give up the whole thing, throw four years of study down the drain.

Crises like this were – and continue to be, so I hear - typical of the osteopathic student.

I remember I would easily get enthusiastic about a technique or a principle, read in an article or seen in a seminar. We would try the technique for a few days after the seminar. It would work initially, we would try it a little more, and then forget about it. Another technique or principle went down the drain.

After my graduation, my crisis was deep. I had tried all the available techniques, functional, cranio-sacral and structural. This time, I felt that osteopathy, in general, promised much more than it delivered. Had we been lied to? Still spoke of curing yellow fever and malaria, asthma and tuberculosis, and here I was, just able to deal with back pain.

Osteopathy seemed to leave only the choice of the technique to relieve the same problems. You can treat lumbago with your hands quietly resting on the cranium of a person lying down. You can also treat lumbago by twisting, forcefully, the patient on his side, until the pop in the joint and the grin in his face, come. Whatever the technique, osteopaths seem to treat about the same things.

I had graduated as a back pain machine who had been told he could do much more.

## Handiwork

The principles of osteopathy are wide. They say that you can treat pneumonia, cystitis and back pain. This part was easy to learn and accept. Then, the technique came. It was much less romantic than the principles. We learned how to manipulate, in three ways, every major joint, in the standing, sitting and lying position. So as to never be caught off guard. We could manipulate any joint, on a patient who sat on a wheel chair, who lied on a beach mattress or stood in the street. Just like Still used to do. For hours, we manipulated and cracked each other's spine. I can still feel the pain in my back. This was my first encounter with the original meaning of the word "osteopathy", i.e., "disease of the bones". I think osteopathic students seriously harmed each other, and possibly continue to do so, with these repetitive thrusts. All these useless blows on my dorsal spine and sacroiliac turned me into an osteopath, sick with my bones.

We considered "thrusts" as the cherry on the cake, as the heroic piece of surgery, as the cortisone injection of our armamentarium. The "crack" had to be loud and clear. Every teacher said it was not important, but every one tried to get the loudest. The teacher knew he would get sighs of admiration from the crowd. I say "sighs" because we did feel some pity for those who had to be cracked. It was outright sadism, sometimes. Some patients would beg not to be manipulated, but we were told not to have mercy. To deceive the patient into relaxation, and whack him at the first opportunity. Spectacular, dangerous, sometimes catastrophic. We were taught that it was very effective, infinitely more so than massage or what other manipulators did. Until today, the myth goes on. Structural osteopaths continue to mock the lack of research evidence for craniosacral osteopathy. Has any one seen any research evidence for structural osteopathy? Nothing serious. Some research even shows how useless or irrelevant manipulations are... Thrusts should never be considered as the reference of osteopathic work. This is wrong physically, clinically, historically and philosophically.

The disagreements between structural and craniosacral osteopaths should never be fought with the words "research" or "scientific" as witnesses. This would be completely unfair, not to say something more emphatic.

## The Enigma

Cracking joints was easy to learn. We loved it, like youngsters who like motorbikes: dangerous, virile and fun.

But it posed one big problem. To achieve the results promised by proper cracking, one had to find which vertebrae should he cracked, and in which direction. We were told there were generally five or six areas in lesion, and that we had to find which one was responsible for all others. This was called "looking for the Primary Lesion", the holy grail of the osteopath. In practice, this meant that we had to rock the head and backs of our patients, for many minutes, going over every vertebra, even down to the feet. We looked very concentrated, trying all sorts of directions and calculations. These are called "mobility" and "positional" tests, diagnostic procedures where the sacrificial victims are designated. These tests are followed and crowned by the grand finale, the "thrust", with or without preparatory work. When it worked, it was spectacular. I remember one of my teachers. He invariably manipulated the

first cervical vertebra in sciaticas. This was the primary lesion. He had a way of manipulating at the speed of light. Once, a man with a severe sciatica was brought in. That teacher was somewhat influenced by the chiropractors. He said that he would normally take an X-ray, to calculate precisely the deviation of the vertebra. This made the whole thing sound extraordinarily medical. In the absence of an X-ray, he did the mobility tests and found that the atlas was in some complicated position beneath the occiput. He manipulated it in a split second. The patient was dazzled. He got up, apparently pain free. I am not sure about what actually relieved him: the dazzling or the removal of the primary lesion. We did not see if he was better, two hours later. We did not know, if any other manipulation of the neck, at that speed, would have done the trick.

It was impressive, every time we saw it. We kept on thrusting at each other, trying to imitate the masters.

I could do the cracking well enough. The mobility tests were the problem. I was never sure of what I felt. Most of my fellow students did "feel" the lesions. They reported that "it did not move to the right" and "moved freely to the left". They were sure about it. Sure enough to "whack" that vertebra to the right, and free it from its "adhesions". These mythical adhesions were the justification of the whacking. Students said they could feel the difference after the thrust, that the vertebra moved much better, that the adhesions had obviously gone. I could never feel that difference.

No one really cared what the patient felt, if he got better from the manipulation or got more pain. Improvements were ascribed to the manipulation. Pain and discomfort meant that the patient was having a *reaction*, something we were told to interpret as a good sign, a sign of impending health. We had learned that principle from naturopathy. They call it the "healing crisis": you get worse before you get better. This was truly a marvellous principle for the natural therapist. Whether the patient feels better or worse does not matter. For us, both times, osteopathy had obviously been effective. Each failure was just a delayed success. Patients were sometimes. They complained or stopped coming, showing their gross insensitivity to the beauty of our principles. But most were nice enough to be convinced, and keep on coming, sometimes for years.

As students, we were totally convinced. We had been admitted into a church where there was no failure as long as you stick to the principles. Many legendary clinical cases circulated among us, in oral or written form, to comfort us about how real the promises were.

I was held away from this magical world by one thin barrier. The gate of osteopathy's paradise says: first you have to find the exact coordinates of the lesion: flexion, extension, rotation etc. And, then, "thrust" with a force perpendicular to the planes of restricted motion. Still used to say: find it, fix it and leave it alone.

First, you had to find it, and I could never find it. How could I fix it?

We had been taught that joints have two fundamental types of asymmetry. They can have an asymmetrical position, and/or an asymmetrical motion. The Osteopathic Rule said: do not consider the asymmetries of position. Do not thrust a vertebra forward simply because it looks too far back. Any peasant can do that, any simpleton can see the bumps and the hollows of the back. To manipulate according to position is chiropractic stuff. Chiropractors even use X-rays to evaluate, with ruler and

compass in hand, the position of the vertebra. This was anathema to us. We were no peasants with gross hands, we were the nobility of manual medicine. We could feel the very subtle variations in motion between the vertebra. We could differentiate between flexion, side-bending and rotation on the left and right side of any vertebral articulation. We only manipulated, with our superbly precise thrusts, according to motion, never to position. Just like homeopathy says "the like cures the like", osteopathy says that 'motion cures motion'.

This is what the principle said.

I accepted it but could not realize it. In practice, I could only feel, with relative certainty, the bumps and the hollows. Never the subtle differences of motion. Time after time, I tried to find the differences in motion, the restrictions, the hyper-mobilities. Whenever I thought I was sure, I could feel the contrary and be just as sure. I had to manipulate, secretly, like a chiropractor, but continue to mock them, openly.

We had learned tons of manipulations, tons of ways to *fix it*. But of what good is it to know how to fix it, when you don't know how to *find it*? The only thing we could do was not to *leave it alone*. We thrust as many vertebrae as possible, in both directions, to make sure we had covered enough possibilities. We had a serious look on our faces, as we did that.

### **The alternative**

I did not know if my "feeling" problems were due to the teaching I had received, to some inherent lack of talent, or to the nature of structural osteopathy itself. I hoped the last possibility was the case.

I preached virulently against structural osteopathy and its thrusts. Osteopathy was a Church, and I had found my anti-Semitism. I decided that 'structural' asked us something impossible.

I went to try other approaches. I looked for one that would make me *find*, at last, a lesion. I would then be able to *fix it*, only that lesion, and then *leave it alone*.

Cranial osteopathy was a big hope for me. I persuaded myself that the soft, intellectual touch, of cranial would suit me better than the "gross" movements of structural. I learned cranial and got enthusiastic for a few weeks. The problems returned, in a worse version. Cranial also says that you have to find the lesion, before you can fix it. Its mobility tests use almost imperceptible motions, imperceptibly close to our imagination. We were asked to feel a rhythm that starts in the head and instantaneously spreads to the feet, without losing any amplitude. I had to convince myself very hard about this miracle of physics. I could feel a few things.

During cranial, the hands do not move, or hardly at all. Large parts of the time, we fall asleep or drift into "internal stories". One cannot do otherwise.

The movements of the cranial bones are very tiny. There were always rumours that someone had, finally, measured them with straps, tapes, manometers and ultrasounds. We could never find the original articles, it was always rumours. We believed.

## Think and move

The cranial osteopath moves so little with his hands that he has no other choice than to "think the direction of his movements". I quickly realized that thinking could take me in many directions. Tissues seemed very compliant to my thoughts, going where I wanted them to go. Sometimes, I could not feel anything. More often, when I felt it the cranium go into flexion, I could convince myself, just as easily, that I was feeling the opposite.

Throughout those days and their hesitations, I had to continue treating and teaching. This was my material and my spiritual livelihood.

To survive, I had to function as a "monkey osteopath".

I imitated the manipulations as well as I could. My thrusts were blows that hoped for the best. My craniosacral, gentle compressions in the directions suggested by the books.

During my final practical exam, I went through the gestures, impeccably, and got the best marks. I was congratulated and admired, for the knowledge, for the self confidence. It was all a comedy. One that worked as long as we played it in the schoolyard. Graduation threw me out of the womb, out of the place where I was paid to read, talk and dream aloud. The crisis had to come.

I was obsessed by the same chain of cause and effect:

I could feel what I wanted

Therefore, what I felt came from me, not from the lesions of the patient

Therefore, my manipulations were pure guess-work

Therefore, my results were not as good as osteopathy promised

I did not know who to incriminate: me or osteopathy? Was it impossible just for me or were we asked to do something impossible?

One night in Paris, the winter after my graduation, I was very lonely. I lived in a small room of a huge and successful osteopathic office. Three French friends and colleagues, who were sure of themselves, worked there. All three taught cranio-sacral, another sure proof that they could feel "things". They must have felt lesions, otherwise, they would not have been successful and would not have taught. As an example of how sure they were, they could tell me, from where they were on the cranium, when I pressed too hard, on the sacrum, with my little finger. They could tell, from the sagittal suture, that the diaphragm was lower on the right. I believed them and I believed in their stories of daily miracle cures, of vanishing sciaticas after a mobilization of the right zygomatic bone or the orbital process of the palatine. They had reached that level whilst I was still wondering whether the zygoma or palatine bone were stuck in flexion or in extension, whether they were stuck at all, whether they moved, and whether their movement was relevant at all in a sciatica or in life.

Osteopathy was a constant and painful exercise in subjectivity for me. The *others* seemed to be objective, they could find the lesions and fix them. I could not. I was being subjective, a serious insult in our society.

## Fun?

For those who lacked self-confidence, learning osteopathy was both an exhilarating and a frustrating experience. More often, frustrating. During my recent seminars, when I raise this issue, many students come and tell me how they suffer from this lack of confidence. Many tell me that they were on the verge of giving up because they could feel what they wanted. They never feel a definite restriction in a definite direction, one that imposes a definite correction.

Students are lucky, now. I am able to tell them that it is OK to feel what you want. I discovered, the very hard way, that this is one of the very foundations of traditional osteopathy. That we deal with the subjective, and are proud of it. I tell, now, students that we can help, when we are *honestly subjective*.

Nobody told me that subjectivity is beautiful, in my student days. It was the plague of every one of my treatments. It killed every possibility of diagnosis, and therefore, of treatment. Subjectivity castrates the osteopath in a world that gambled only on objectivity. I believe it continues to kill many students, many potentially good osteopaths, in many osteopathic schools.

That evening in Paris, I felt deep chest pain. The pain of separation. I had to give up osteopathy. There was nothing left for me there.

As a gesture of good bye, I opened a Year Book of the American Academy of Osteopathy. I fell on an article I had seen but never read before. It was a revelation. It set me on a road which I have never left since then. At the end of that road, I discovered that it is normal to feel anything and its opposite. I realized that tissues are *compliant* to the "thoughts" of the patient and the osteopath. That evening, I discovered that there is a way in osteopathy, where diagnosis and treatment are one single continuum. I did not have to first make a diagnosis, and then a treatment. This was astounding. What I thought was a disease, turned out to be a blessing.

Tissues are *compliant* to the thoughts of the osteopath. This is the other, the positive version of the statement: "what osteopaths feel is subjective".

I feel what I want. Not because I "imagine things". I feel what I want because my "thinking" is able to mix freely with the tissues of the patient. My thoughts can blend with a specific dimension of the tissues and do almost what they want. Within that dimension, tissues move to the left, when I think "to the left". To the right, when I think "to the right". One can feel "flexion" or "extension" at will. One can accelerate or delay any of the natural rhythms of the body. Just with our thinking.

But subjectivity is not holy either. The thread between folly and effective subjectivity is very thin. Osteopathy, cranial and structural, is full of manipulations that are no more than wishful thinking.

Osteopaths teach and are taught that "lesions" are pure objects, waiting to be discovered by the operator, with his "objective" mobility tests. This may be true, but the opposite is true too. I am now the priest of this new paradigm in osteopathy: tissues do what your thinking wants. Anyone can experience this property of life. My

osteopathy, the one I practice now after twenty five years of probing, only resorts to that ability, during every treatment.

To believe in one's subjectivity is to turn a nightmare into an effective tool.

### **Talk and listen**

My road to subjective independence was long and winding. I really dared to believe in myself only after I graduated from medical school. Science was now on my side. The article I had read in Paris, seven years before, and the experience that followed, had kept my faith in osteopathy alive, throughout my medical studies.

I read that article and then practiced what it said. It worked like nothing else did before. The treatment worked and it had more logic to it than any other system I had known. The treatment said: listen to the tissues. Just listening to them, treats them. In other words, the diagnosis and the treatment were one. *Find it and fix it*, became one.

I need to compare osteopathy with language here.

I distinguish between *listening* and *talking* to the tissues.

To "listen" to the tissues is to *perceive* their own, *spontaneous*, motions. To "talk" to the tissues is to *induce* motions in them. The catch is: spontaneous motions and induced motions feel the same. Whether the hands are on or off the patient.

Whether I perceive or induce motion, hands do not move by one millimetre.

Everything seems to happen 'inside' me. And although my hands are still, I feel that they are carried over long distances. This is paradoxical. Tissue motion can be experienced as an internal phenomenon with no external sign.

### **Two track**

This means that, during treatments, one can experience a double flow of information. Tissues move me, and I move tissues. One sensation is relatively "objective" and the other, relatively "subjective". I feel subjective when I move the tissues with my thought. I think "to the left" and the tissues go to the left. I am relatively objective when I am moved by the tissues, when I feel my hand drift away. I say "relatively" because the hand does not move by one visible and objective millimetre.

Osteopathy is a unique interaction between the subjective and the objective.

Confused osteopathic students, who do not know "if they feel or they imagine", are in fact, victims of this paradox of osteopathy. Students should learn to believe in what they feel, and also make rules about what they believe. This is, for me, the secret of osteopathy. An osteopath should be proud of his extreme subjectivity and objectivity. Absolute creativity to which he gives some boundaries.

That evening in Paris, an article set me on this new road. It took me through my medical studies, it left me unscathed by the temptations of drug therapy. It is still now, with me.

The article had been written by a famous osteopath, recently passed away, whom I had known.

Its content had gone straight to my bones. It made everything move in me. There, I read for the first time that tissues have *spontaneous motions*. Unlike the rhythms of cranio-sacral osteopathy, these spontaneous motions are *asymmetric*. They twist, slowly, the tissues in all sorts of direction.

I read in that article that osteopaths should not impose any motion from the outside, that they should never do mobility tests, my old enemy. I read that osteopathic manipulations should come from inside the patient, and not from external manual pressure, as in cranial or structural work. I read about the 'still point' for the first time. The immobility that follows mobility.

After I had read the article, that evening, I looked for a painful spot, on myself, to try the technique. I found one on my calf. I felt the spontaneous motion, the still point, and then, the pain vanished. It was unmistakable, it was an experience people call a "revelation". It was immediately obvious to me that this was what I had looked for, this was the ideal osteopathic treatment. The next day and for the next six months, I laid my hands on whoever I could.

I could feel these motions on every tissue. Each time. I could stay hours on a patient, feeling this spontaneous and majestic unwinding of the tissues. I was just a witness. And also a fulcrum.

Slowly, these motions would lead to a still point, and the patient felt the pain or the discomfort melt away. I had to do nothing else but follow. I followed with my mind, *not with my hand*. No manual initiative. The hand has to be a quiet fulcrum. I was literally "giving a helping hand" to the tissues. I did not move by one millimetre, to make sure that what I felt came from the patient. Tissues then start to talk freely. In that form of osteopathy, the holy sequence of "mobility test followed by manipulation" does not hold. Here, the hand needs just to listen, and to listen is to treat.

I was in bliss. I had, in twenty minutes, found the ideal treatment. Never repetitive, never boring. No recipes. Not those five, ten or twenty-step techniques that plagued my student days. I had found a way of giving tailor-made treatments, suited to every patient, to every session, to every tissue, to every moment. I found an outlet to my creativity. I could lay my hands on the thousands of anatomical structures of the body. I could feel the spontaneous motions of the colon, the bladder or the psoas, and free the constipation, wipe out the polyps or straighten the lumbago, in one or two sessions. I did it many times, after that evening.

I had discovered the "internal osteopath", the force that manipulates our own tissues every instant, silently. The force the osteopath hopes to awaken, with his hands and his thoughts.

## **Silent night**

That night, I experienced for the first time, *the sign* of a successful treatment: the *still point*. A good still point means that the osteopath has succeeded in *awakening* the right manipulation in his patient. The *stillness* of a still point indicates that contradictory forces in the body have found how to resolve their contradiction. Opposite forces have found how to stay opposite *and* together. Disease happens when one force prevails, when the tissues are rocked and torn by storms. Health, when *opposites* work *together*.

A good still point does not just calm pain. It can have widespread effects. It changes the look of the patient: the height of the shoulders, the symmetry of the pelvis, the curvature of the neck. The patient looks different, as if he had got new clothes, clothes that suit him much better. A conscientious osteopath is a tailor. The tissues of his patient are the fabric on which he executes tailor-made treatments. An osteopath does not sell stereotyped garb, stereotyped manipulations.

No wonder, the founder, Still, was called Andrew Taylor Still. He was a *tailor of humans*, as suggested by the names "Andrew" (human, in Greek), and Taylor. The rest of his name is a reminder of the essential quality of a good tailor: a unique *style*. Like Still.

Style, Andrew, Taylor. The name is a full program.

Still liked to call himself a "knifeless surgeon". This was the name he affected most. He thought that the osteopath could "penetrate" inside the patient, like the surgeon, and improve nerve and blood flow. With an osteopathic treatment, he said, "poisons" and "toxins" are eliminated, tissues function better. As if the osteopath had "cut the patient open" and "cleaned" or "replaced" the sick organs, just like surgeons do. Surgeons and osteopaths belong to the same professional family, that of "human tailors". Surgeons cut into a fabric – our skin - with their knife. Inside and outside us, they tear, cut and then sew up with thread and needle. A good surgeon is above all a good tailor, who leaves scars as fine as lacework. A surgeon makes sure our body costume stays whole or functioning. We understand why Still called his invention, "knifeless surgery". He recognized surgeons and osteopaths as fellow tailors.

Still's knowledge of anatomy was his knife. With it, he could "see" inside the patient, under and in between his hands, as if he had "opened" the skin. Like surgeons and tailors, Still had a knife, but a "thought knife", as his name suggests: *steel*.

Steel and Style, Taylor of Men, this is the program and name of the founder, Andrew Taylor Still.

### **Blows, tears and caresses**

I certainly felt I had a unique style. I was doing an osteopathy no one did around me, no one got anywhere near the "instant" effectiveness of this method.

The patient manipulated himself. Quietly, I, and the patient, could feel how the right shoulder slowly drifted away from the chest, how, at the same time, the heart pulls on the liver, how the big toe tugs on the muscles of the leg, how the pleura glues the ribs together, on one side.

Stillness is the key, for this type of work. To be able to truly listen, one needs to be truly silent. One cannot listen to the tissues and move the hands at the same time. This is precisely what standard mobility tests did. You move the neck and try and figure out if it moves well or not. These are certainly useful procedures, when evaluating relatively gross distortions, but surely, they miss all the subtle points the tissues are trying to make.

I know nothing else as magical as this listening, when it is true. The osteopath is quiet, and this quietness is the necessary condition for bringing the still point. The tissues come to a standstill, the spontaneous motions become "suspended". The only way I can describe this moment of grace would be : "mobile immobility". Over

a few seconds, the tissues change in their texture. The tissues become quiet, as quiet as the hand of the osteopath.

An osteopathic treatment consists in the meeting of a *quiet hand* with *stormy* tissues. The *still* hand of the osteopath brings stillness to the tissues. Still never heard of the *still point*. The English language has paid tribute to his work, long before Still was born, with its use of the word "still" to say "quiet".

Andrew, Tailor, Steel, Still, Style. The name Andrew Taylor Still represents, in itself, a full lecture on the principles and practice of osteopathy.

### **Looking for mice**

Years went by. I experimented this approach on all kinds of people, all kinds of pathologies. With resounding successes and no less resounding failures.

Other revolutions happened in my life. Other still points in my understanding of osteopathy.

That evening in Paris had been a strong still point. For six months, I tried the "listening" on every pathology I could lay my hands on. I could feel spontaneous motions of an extreme amplitude. They felt like waves, one yard high. The thorax of a supine patient would heave up and down like a boat. My hands looked absolutely still, but my perception was rocked over yards.

The clinical results were remarkable. Not in cancer or Parkinson's disease. But remarkable in the run of the mill pathologies seen by osteopaths or complementary medical practitioners. For six months, I was in a state of grace. And arrogance.

One day, as I was treating a rather obese French lady, I suddenly lost my perceptions. I could not feel anything, no spontaneous motion. I was back to square one. I went mad, tried and tried, thinking this was some passing fatigue. Nothing came, and it never has returned, since then, twenty five years ago. The osteopathy I practice today is the child of that lost osteopathy, of those six months of grace.

In despair, after a few months, I decided to give up. No article could save me now. I had learned and experienced the ideal osteopathic technique, and lost it. No structural, cranial or any other stereotyped procedure could comfort me.

One year went by. I decided to learn something else, to escape. I went to learn medicine, and, at the same time, homeopathy. I fell in love with both, trying to make osteopathy jealous. It did not work. I could never find those feelings again.

I stopped treating as an osteopath, for about two years. I became a dedicated homeopath and medical student. Homeopathy was to be my guardian in the realm of chemical medicine.

Near the fourth year of my medical studies, I had to open an office. I needed the work, having stopped teaching in osteopathic schools. I intended to treat with homeopathy. My teacher, a famous homeopath, asked about my background. I said I had studied osteopathy. He began to refer patients for osteopathic treatments.

Homeopathy was rejecting me back to osteopathy...

I had to lay my hands again. I looked for the spontaneous motions and the still point. I noticed that I had not lost all my perceptions. I could still feel, vaguely, these motions. They were hesitating and weak. They were easily influenced by my visualization. They felt very subjective. This is what I was left with. With these

crumbs, I managed to treat patients. Always trying to feel the original spontaneous motions.

With time, my clientele built up. I had fairly good results, but it needed much effort. I felt exhausted, nastily exhausted at the end of ten patients. But I was young, and it did not matter then.

For two or three years, I practiced this weak, listening osteopathy.

### **So far away from me**

Near the end of my medical studies, I underwent another major still point. It just happened, by coincidence, as all important things happen in life. No book, no article. I remember the patient, a nice lady of the French nobility. She was the first patient of the afternoon. I was dead tired and she was obese. I did not feel like putting my hand under her sacrum. I knew my hand would be crushed. After all, the day I "lost my sensations", my hand had been under another obese French lady.

A mad idea crossed my mind. It had matured in me for some time. I decided to *manipulate* her, with my hands a *yard away* from her back. My first idea was: avoid being crushed. My second idea was: take a rest, you are exhausted. My third idea was: try this from afar, from where your hands are comfortable and free. I was sure nothing would happen: how can one manipulate bones two yards away? I treated like that for half an hour, pushing and pulling in the air. Strangely enough, I felt that the space in between my hands was thick, as thick as the space in between two magnets. I played with that 'gluey' space. I gave it the shapes I wanted. I carved her lumbar vertebra, her psoas or her pubis out of that space. I could play with them, deform them. I could feel spontaneous motions in these "sculpted images", in between my hands, two yards away from her lumbar vertebrae or her psoas. It was interesting enough to keep me awake.

The Countess got up, said nothing, paid and left.

When she returned, a few days later, she reported that the sciatica had disappeared. She told me that, by the time she had reached the staircase of my office, she had felt completely pain free. I was amazed. I treated her the same way.

For fifteen years afterwards, I did not touch any patient. I moved the sacro-iliacs, the uterus or the sinuses with my hands off, two, twenty or two hundred yards away. I was not less effective than before. Judging by the number of patients that came, I was even more effective. I could feel the spontaneous motions again, not as well as before, but in a new way. My creativity was unleashed again. This time, my hands were off, and this has many advantages. I could do many things 'hands on' osteopaths' cannot do, like "sewing" up sprained or torn ligaments or empty deep cysts. I could treat the restless baby, the patients that can never relax.

During my early days as a 'distant osteopath', I moved much with with my hands. I thought I had to mobilize some "fluid" emanated from the organs and tissues. Most patients felt what I did. It had "stronger" effects than cranial and structural. It could be quite painful. I remember the many times when patients begged me to stop doing whatever I was doing at the other end of my desk.

With time, I understood that I did not need to move. I discovered that even space demanded quietness, even space had to be listened to.

These were the days when I began to formulate a new paradigm for osteopathy. I realized that manipulations do not work *because* of what our hands do. Osteopathy is a "field" in which the hands, the emotions, the knowledge, the ignorance of the operator and the patient freely mix. The main motor of that field are our mixed consciousnesses. Our thoughts, emotions and tissues build a continuous field that anyone of us can feel. Osteopaths can use it. The result of their treatment depends on these "field interactions". They can diagnose and treat someone just by "thinking" osteopathically about him or her.

This was a logical and inevitable discovery. Logical since the day Sutherland proposed to treat lesions with what he called "V-spread". In this technique, the osteopath lays his hands on two opposite spots of the body. He then "directs the fluid" from one to the other. Directing the fluid is done by a "push of thought", not by actual pressure. Sutherland even said that this could be done five yards away from the patient. He said something like "just think in that direction, and someone else at the other end of the room, will feel your thinking strike his hand".

It became obvious, for me, that craniosacral treats essentially through "thought fields". The visualization of anatomy and physiology gives it depth, not the ridiculously small motions made by the hands.

That afternoon in Paris, I discovered how to treat with my power of thought, only. Pure and direct osteopathy, with no intermediary. From my thought to the patient. Osteopathy can be practiced by the blind, deaf and handless. It is that beautiful.

This became my new paradigm: *thinking* treats, not the manipulations. Osteopathy is not, should not be, a technique. It is applied philosophy, as Andrew Taylor Still used to say. You think principles, and the principles change the patient. It is as simple as that, and remarkably effective. Well, I thought it was as simple as that. I tried to teach the method.

## **Wreck**

My initial experiences with teaching my discoveries was catastrophic.

As a teacher of other people's technique, I was popular.

Twice, during those years, I tried to share my new paradigms.

The first time, it was during the six months of grace, after the night in Paris. The second time, after I discovered "hands off" osteopathy.

Twice, it had taken me twenty minutes to discover a revolutionary form of osteopathy. The twenty minutes it took to read the article that evening, and the twenty minutes it took to treat that French lady with hands off.

I thought it would take me twenty minutes to explain it.

I went to Maidstone to teach this revelation. No one, almost no one, could pick it up. I was shocked.

No one could feel these spontaneous motions, nor the still point. No one, or hardly any one, could feel the tissues of the patient writhe at a distance of two yards.

I wondered why. These things seemed so obvious to me.

During that period, I made several travels to the United States. Once, I met the author of the article that had so inspired me in Paris. I wanted to tell him "thank

you". I wanted to thank him for having changed my life, for having made me stay an osteopath, a therapist.

The man, who I admired above all others, was angry. He listened to me briefly, he listened to what I had understood from his writings. I spoke about the spontaneous motions, the still point. He told me I had completely misunderstood what he had written.

Readers will understand why I do not mention his name in the present article. Out of respect for him and his work. He did not think I was representative of what he said.

Most of what I have described above was my experience, not his.

This is the good side of misunderstanding someone: one can discover much truth.

Meanwhile, this rejection had made me feel alone. Students misunderstood me, my teacher said I misunderstood him.

Was I discovering something new? Something no one had said before? I wanted too much to be a good boy to invent something distinct. I tried to say that it was the same as Sutherland, that Still had said it before.

With time, I became a better technician. I also became a worse human being. I became arrogant: I thought my results were so much better than anyone else. The "others" - the homeopaths, naturopaths, acupuncturists, the structural osteopaths - tried hard with their needles, manipulations and drugs. I could do everything they did. Without needles, without drugs, without hands. Only with pure therapeutic thought.

During those days the Civil War had begun to rage between the "Structurals" and the "Functionals". Later, the Functionals almost disappeared and gave way to the "Cranials". This is the war of bone setting against healing.

I identified with the structurals, because I thought they made a true effort. But structural osteopathy is often violent, and I could not do these "whackings" any more. I identified with cranials, because I thought that they were truly respectful of the tissues. But craniosacral was often "much ado about nothing". "Shampoo therapy" we used to call it, in view of its legendary inefficacy in those early days. A typical experience in craniosacral would go like : "your falx was displaced, the left side of the sella turcica compressed, I fixed it all". And the victim on the table - and I often have been a victim - had felt nothing before, during or after this remarkable manipulation.

As a patient, I can say that many times, osteopathy came down to unjustified violence or useless caresses.

On the other hand, during the Civil War, I knew to which party I belonged. I was a functional, by definition, since I did no thrusts. We were many who tried these techniques in good faith. I identified with the anger of craniosacral and functional practitioner every time some self righteous structural osteopath would write that craniosacral is an illusion. Tell someone that he works with an illusion and gets paid for it. You might as well call him a crook. I, like others of good faith, did not like being called a crook. Particularly not by structural osteopaths. Why should they criticise us? They never had more than hearsay to justify the efficacy of their thrusts and massages.

## The Osteopathic Civil War

I always wondered : what gave structural osteopathy the status of the "Judge" in our profession? It has no clinical or fundamental foundation I know of.

Why do functional osteopaths feel that they have to justify themselves? Why are they always on the defense? Why do they never attack structural osteopathy? It would be so easy...

Cranial osteopaths do not react for a few reasons. First, because they have taken the least avowable side of Still's heritage, the "healing". Second, because of the Legend that said "One has to learn ten years of good structural osteopathy before one can learn cranial". Cranial and structural people were at war but they had a secret pact: structural took the initial part of the osteopathic cursus, the first ten years, and cranial received, the rest, all the later years. Structural gained clients who came to learn. All osteopathic schools teach structural osteopathy. Cranial gained the post-graduate, the specialization. It gave it the status of the endocrinologist compared to that of the simple physician. Craniosacral is the first historical victory for "healing". With its medical spicing, craniosacral had offered healing the first opportunity to become "official". In America, many "doctors", DO's, practice this medical healing and keep on being called doctors.

Cranial cannot afford to criticize structural. This would destroy the base of its pyramid. Cranial prefers to be called a "specialization". Not a technique of its own, which it really is.

This was true until recently when a series of American osteopaths, who had never learned structural osteopathy, evolved all kinds of craniosacral osteopathies. Cranial without the laborious pyramid, the ten years of practice. It was served directly to the public, in seminars that last no more than a few days. Without the medicine. Just like classical healing, which is learnt in a few days and without medicine. Over a few years, tens of thousands of these osteopathic healers have been trained. Without the name "osteopath", but with all the abilities of those who have gone through the full ten year curriculum. I have been treated by many of these "ten-day" osteopaths. Some of them were excellent, not worse than those had gone through the pyramid. This is a big threat to osteopathic schools: they continue to justify an investment which can be obtained in a much shorter time. I do believe that schools are an essential place to learn proper osteopathy. But not with their current curriculum. It is based on the lie that structural osteopathy should be taught as the only "spine of osteopathy". Many people will prefer to learn directly what interested them in the first place. They do not have to learn manipulations for that. And they can be good. The Civil War between cranial and structural continues, but most of the spectators have left the hall. Cranial is being played elsewhere now, in places where they are not insulted as crooks, but just as "healers". Which is OK for them.

I feel sad about it. All these new techniques have undone what Still, the tailor, had sewn up: the garment of medicine, healing and bone setting. I still believe that only that robe is truly majestic. The rest are only princes, nobles and servants.

We need to teach the entire tapestry inherited from Still. It needs a school to do that, not a five day seminar. We want to train people with an equal amount of medical knowledge, wholism and precision. If we do not, the drawings of Still will continue to be sold for very little money.

## The Monk

During my medical studies, I became progressively cut off from my colleagues. The sounds of the Osteopathic Civil War were fading, for me. The battle continues in osteopathic journals, and in seminars.

I felt different, self righteous and arrogant, like many lonely people who think they are alone because they are much better.

Medicine became my new, and much larger, family. I could afford to ask questions about the validity of some of the sacred principles of osteopathy.

I could ask myself freely: why do the tissues of the patient move with my thoughts? Why is it so hard to feel objective restrictions? I could ask questions without referring to any one or anything other than scientific precedents and plain logic.

I had nothing to lose, I was alone.

Medicine gave me the culture and the tools to develop new principles. Those I needed for the new osteopathy I was practicing.

Medicine also confronted me with the bigger picture of human pathology: aortic aneurysm, colic obstruction, scleroderma, primary cancer of the liver and so many pathologies I had never seen before. No romantic osteopathic reasoning could help here. These were real pathologies and no one had told us what to do in those cases. I wanted osteopathy to be no less encompassing than the medicine I was learning. I proceeded to treat, with my technique, Parkinson's disease, insulin-dependent diabetes, cancer. Every time, I failed to have any permanent or significant effect. I had thought : if proper blood and nervous flow is restored to the brain or to the tumour, the Parkinson will disappear and the tumour will melt. I was sure of the logic of the treatment. It failed every time and I saw that my colleagues also failed.

The limits of our work are not the limits of osteopathy, they are the limits of the models we use and teach. Improving blood or nerve flow to a tumour will achieve nothing. If anything, the tumour will thrive and enjoy itself even more. Traditional osteopathic technique is good, not for the cancerous patient, but for the cancer itself.

Likewise, improving circulation in the basal nuclei of the brain will not bring back to life dead cells. The tremor of Parkinson's will continue, waiting for the dopamine pill. As osteopathic and naturopathic students, we never bothered to check any claims made in any book. Good food and good circulation had to be the answer for anything, including cancer. Sutherland's "fluctuation of the cerebro-spinal fluid" or "liquid light in the skull", Fryette's first and second degree vertebral lesions, were as objective, for us, as Newton's laws.

Medicine was different. It taught us how to be cautious, how to be critical about what is written or said, how to be structured in our claims and structured in our approach of the patient... Medicine showed me an osteopathy I had never seen...

Unscientific and useless in any serious pathology.

In spite of it all, deep in me, I kept the faith... I looked for a still point between my osteopathy and my medicine.

## The right word

I believe that our entire profession must go through a still point, in its relationship to medicine and other "natural therapies". Until it reaches that still point, this profession will continue to be torn. It will continue to be sold in slices, called craniosacral this or that, functional this, structural that, or some other name.

This global still point will not come until we dissipate a lie. The founding lie of osteopathy.

It was a useful lie, in the days of Still. Nowadays, it has become useless and destructive. The profession crumbles into techniques because of it. The lie says: osteopathy was invented by Still or Sutherland "out of the blue". It says that osteopathy was a pure revelation. This has been the family lie about the very origins of our family. Its function was obvious: differentiation from the parents. Osteopathy was a fledgling and would have been crushed by the strong personality of its parents.

It is fairly easy to identify the identity of the mother, father and grand-parents of osteopathy. This identity had to be hidden, to avoid confusion.

On its father's side, osteopathy is the – illegal - daughter of the conventional medicine that reigned over Europe from the XVth to the XVIIIth century. Osteopaths should not hate medicine. Ideas like "the rule of the artery is supreme" or the "self-healing capacities of the body" were commonplaces in the mainstream medical literature read by Still. One day, I discovered the principles of osteopathy, in old medical textbooks. All of them. I was proud of being the shepherd who had brought the lost lamb back to the herd.

On its mother's side, osteopathy is the secret son of bone-setting and healing. Osteopathy received "wholism" from healing, it inherited surgical precision from bone setters, and its references from medicine. Still said it. He first called himself a Doctor. Then a Healer. Then a Bone setter. Finally, an Osteopath.

Every one of our patients knew it.

Patients asked us if we were healers, when we did V-spreads .

They asked if we were bone setters when we thrust them and gouged into their muscles and tendons.

We refused, we protested. But they were right.

Until this very day, structural osteopaths think and practice largely like bonesetters, and cranio-sacral osteopaths think and practice largely like healers.

The only meaningful difference between osteopathy, healing and bone setting is that osteopaths resort to anatomical/physiological knowledge, i.e., they added the ingredient called "medical knowledge" to their recipe.

History, I discovered, defines osteopathy as a fusion of medicine, surgery, healing and bone setting. In that sense, it is not a revelation but a continuation of very old ideas.

Throughout the years, I opposed this. Everyone called me healer. I thought I was different : I used anatomy, histology and pathology under my hands. Not Chakras, auras and what not.

I liked to be called a "doctor", when my technique was compared to "surgery", albeit knifeless. I hated the comparison to healers or bone setters. It made me feel "cheap". It denied my eleven years of study in medical and osteopathic school, the "diploma", the white coat, the desperate will to be "acceptable" and "accepted". To

be "like doctors". Of the three origins of osteopathy, medicine was popular among us, not healing or bone setting.

I know I was not the only osteopath to suffer from this disease. About fifty years ago, all the osteopaths of California sold their soul to the American Medical Association. They gave up their "DO" ("doctor of osteopathy") and received an MD ("medical doctor") instead. They disappeared overnight. Most of the remaining osteopaths in the USA, know nothing about their name and what it implies. They want to be surgeons, "doctors" who give injections. They do not want to be confused with the millions of healers, masseurs or bone-setters of America.

The destiny of osteopathy in America illustrates a beautiful piece of dynamic history. Still's osteopathy is made of three strong fields, of equal strength. Medicine, healing, bone setting. Within osteopathy, each field pulls towards itself. Still could hold them together like he held water, fire and air in his hands.

To be an osteopath is to dip every piece of medical knowledge in a tub of wholism and precision, the tubs of healing and bone setting. Whoever followed Still could not hold the mixture in his hands. Osteopathy exploded in its three original pieces. Most American osteopaths identified with the "medicine" and became 'normal' physicians.

A few identified with the bone setting pole of Still's heritage. It became "structural osteopathy".

A very few evolved a medical form of healing called "cranial osteopathy". They were the fewest because they were ashamed of what they did. Even Sutherland was ashamed of what he had discovered. For years, he published under a pen name, for years, before he dared come out with his anatomical healing techniques. Near the end of his life, he became, even more of a healer.

The vase of osteopathy has exploded. Structural osteopaths, American osteopathic physicians and cranial osteopaths are its three main pieces. They have nothing to say to each other, they have lost their common language. Their techniques are totally different, their principle too. They do not believe in the validity of each other's osteopathy. An average American osteopathic surgeon will be less likely to refer a patient for osteopathic care than an MD. Many structural osteopaths believe that cranial is no more than VLSM, very light scalp massage. Cranial osteopaths see thrusts as gross, violent assaults on the tissues.

The name DO brings, under the same roof, total strangers. It was not meant to be like that by Still. He actually wanted to give medicine, healing and bone setting a fuller therapeutic significance. This was his purpose in the history of medicine.

### **What I am not**

Still found it important to lie. He was sure nobody would notice. Once, he said that he would give 100 dollars, a lot of money, back then, to whoever would find where he got osteopathy from.

Well, I think I want that hundred dollar bill.

Why did he lie? I do not know, but I can say, in his defence, that osteopathy is very similar to healing and bone setting, but very different too. Still preferred to consider the differences, and, after fifteen years of hesitation, made the jump. He parted from

healing and bone setting and called himself an osteopath. Until the end of his career, he continued to see the "aura" around people, like healers. The similarities and differences between osteopathy on the one side, and medicine, healing and bone setting, on the other side, should take most of the syllabus of our schools. The fusion of these three approaches has produced something remarkable called osteopathy. It can be structural or functional, it does not matter. Good osteopathy always refers to its three origins, but treats in many ways. A good structural osteopath acts like a bone setter but thinks like a healer and a physician. A good cranial osteopath acts like a healer but thinks like a physician and a bone setter. This is what I call good technique, in principle and practice. To experience a truly full osteopathic treatment, made of an equal measure of anatomy, healing and bone setting, is a beautiful experience. The operator may not move his hands but the patient feels his internal anatomy move, his muscles contract, his viscera lift as if the osteopath was working inside with pincers and scalpel. This is what I call "medical bone setting healing". Or osteopathy. It can be achieved through structural or cranial. The technique does not really matter, so long as the operator has learned the touch. The sacred touch of osteopathy, a touch very deep and superficial, a touch that is a knife and a caress.

I believe it is time we should say the truth about the origins of osteopathy, of cranial, structural and American osteopathy.

I now live at peace with the fact that I am a doctor, a man trained in good structural osteopathy, and a "healer". Osteopathy was built as a home for people like me, who were interested in fusions, in creativity. I can recognize this good will in many of my colleagues. We still can stay under the same roof if we realize that each of us has set the emphasis on a different point of Still's heritage.

As a student, I was a staunch enemy of healing and bone setting. But I heard stories from patients who had gone to "them". I heard stories about healers who could, with their hand passes, locate the "obstruction" in the arteries "of the head", remove it in "real time" and the hemiplegic would raise the arm or get up over a few minutes. I heard many other stories where peasant healers seemed to achieve results in the diseases in which "conventional" osteopathy constantly fails. I was jealous and jealousy is best at inventing all sorts of intellectual justifications.

This jealousy is one of the reasons why I lost, one day of 1976, on an obese French lady, my unusual perception of tissue motion. This jealousy also explains why, one day of 1983, I invented, on an obese French lady, osteopathy *at a distance*. I must bring the details of the second coincidence, the one that turned me into a bone setting healer or a healing bone setter, I am not sure which.

### **At a distance**

I was in my fourth year at the ESO. One day I walked into the office of the secretary, who happened to also be the ex-wife of the principal. She was interested in healing. It was the first time in my life that I had heard the word. She explained about some energy that comes out of the body. I had a herpes on the nose. She showed me how to deal with it. I was told to make hand passes

until I feel a hot spot on one side. Then continue the hand passes on the other side until I find another hot spot, one that "clinches" with the first one. At that moment, the hands feel "connected", through space and through the body of the patient. Hands become like two poles with opposite charges, with a current of "energy" running in between. The part of the body in the middle is crossed by this current. According to healing, one can "wash organs of perverse energies" with this procedure. It can balance, remove, add. I played with it, with no particular result. I tried on all sorts of patients, at the end of my usual treatment. The idea of treating at a distance sounded fun, a bit crazy but fun. At one point, it became an obsession. During the same period, one of the most intelligent and vocal French osteopath was developing a diagnostic technique which amazed everyone. He had learned it from a healer, but he had perfected it by adding exact anatomical data. He would pass his hands over the body and say: the "Fallopian tube is obstructed in its middle third", the "the vagus is compressed on the left". He did it on me once, it was uncanny. He could read the body by feeling very small differences in heat. He could feel the thermal image of the organs. The legend goes that he was checked against an ultrasound and an X-ray machine and that he passed the test.

My first encounter with healing was therefore double.

The secretary of my school had told me that one can *treat at a distance*, by balancing "polarized" hot spots. The now famous French osteopath had taught us that one can *diagnose at a distance*, thanks to the heat emitted by all body tissues. One said you can treat, the other you can diagnose, at a distance.

For three years I played with this heat mapping. Only on one type of pathology did I have any effect.

Once, we were having a seminar in a mountain resort. Towards the evening, it was a Sunday, my girl friend felt pain on the right side of the face. At midnight, her right jaw had considerably swollen. A tooth abscess, and no dentist in sight. I tried the "hot spots" trick for the hundredth time. I had nothing to lose and I did not know any osteopathic technique for tooth abscess. A thrust on D2? A thoracic pump? A direct drainage on the abscessed area? All these manipulations sounded irrelevant. Here you directly experience the inadequacy of a model: the tooth ache of a girl friend, at midnight, in a hut, and you haven't a clue what to do.

I tried the healing I knew. I found one hot spot over the tooth and the other spot on the back of the head. I let the "current" flow. It worked in a couple of minutes. She felt the pain had been cut off, as if someone had pulled the plug out.

It was spectacular. The pain disappeared until the next day.

When I returned to Paris, I tried again this technique on all my patients. With no result. The next time I tried it with success, was in a hospital. I was doing my internship and a patient came with an acute tooth abscess. I set him aside, made him close his eyes and started the healing. He felt instantly relieved. I was thrilled. I tried on other pathologies, but to no avail. A third time, at another seminar in the mountains, I managed to relieve the tooth ache of an osteopath. And then, several times, I was able to relieve in a very short time the pain from burns. Osteopathy has no known technique for skin burns and healing supplied a very effective one. Tooth abscess or burns: healing seemed a most spectacular technique, but rather restricted in its scope. But at least, I could add "tooth abscess" to "back ache" on my list of clinical abilities.

Later, I wondered why my early healing only worked on tooth abscess or skin burns. It is a question of model. The model of healing I had been taught functioned on "balancing heat". Acute infectious processes that redden the face or burns that redden the skin are "heat imbalances". My healing looked for very superficial "hot spots", in the space next to the patient. The pathologies in which I succeeded were also superficial spots of heat. The model and the pathology agreed. And, in medical science, when the model and the pathology agree, success comes.

On pathologies, like back pain, or in deep inflammatory processes, I did not have any effect. My model disagreed with these deep pathologies. My model said: "look for excessive heat on the surface of the body", not inside. I was only looking for "heat imbalances", I could not expect good results beyond superficial inflammatory processes.

It was during that period of trial and error in healing that the French countess came. One day, as I said before, I treated her with my hands off. That day, healing, my osteopathic healing, managed to relieve a sciatica, something I had never done before. I had invented a new model of healing, an osteopathic one. I simply felt the mass of the tissues in my hands, literally their mass, not their heat. I felt their mass and suddenly I felt that these masses moved, spontaneously, just like when I felt the tissues. And then I felt the Still point, right out in the air, in space. And then the CRI, a beautiful CRI like I had never felt before.

Were someone to ask me what I mean by feeling the "mass of the tissues" outside in space, I would answer that the closest image I can give is that of the magnet. During the treatment, I could feel that my hands were like two magnets. The space in between felt thick and springy, just like the space in between magnets. I found that giving to thickened and springy space the shape of a bone, had an effect on that bone. I carved the bladder out of that magnetic space, and had an effect in cystitis. I sculpted the colon and then listened to its torsions in pure space, and the constipation was relieved.

I understand now why many healers used to call themselves, like Still, "magnetizers". There is no other word to describe what one feels. But there should be no mistaking: magnets give a "feel" of this field. The field in my hand, a field that can treat at really any distance, cannot be that of a magnet. This would be, scientifically, inconsistent.

I spent many years carving organs out of that springy space in between my hands. I could feel the twists of the superficial and deep tissues. I could treat the agitated and the ultra-obese at a respectable distance.

I could apply all the anatomy I had learned in osteopathic and medical school, all the pathology. I just had to create it in between my hands and, provided the image fulfilled certain conditions, the treatment would begin. Most patients felt clearly what I was doing. I experienced what "knifeless surgery" meant every time I sewed up torn cruciate ligaments, cured an infectious Bartholinitis or closed an anal fistula.

I never had the impression I was dealing with placebo or suggestion. The effects were too strong, immediate and coherent. It felt like magic, for the patient at least, since I got used to it in the end.

I could perceive "threads" between me and the patient. When I pulled on those threads, the person could feel the pull. Most of the time, they sit on a chair, their back to me. Many times they fell or nearly fell off the chair as they feel the pulls. Several times, I drifted into half or complete sleep, still treating (this is what I said to myself) and I would hear a noise or a scream: the patient had fallen off the chair, saying that he had been pulled out of balance. They could also have intense nausea and faint or nearly faint. They would tell me that their entire left side had fallen on the floor. Girls would tell me that their ovaries were on fire. All sorts of other situations happened, often very intense, and I use them to spice my lectures.

I owed this discovery to medicine, healing and bone setting. Their models had cross-fertilized in my mind like they had, before, in Still's and Sutherland's head. They gave birth to a different infant every time. I called mine "connective osteopathy", but sometimes also "connective therapy". But until recently, and like Still, I have consistently refused to mention the role of healing and its models in my discovery. What I did was too different, was so much more medical and rational than magnetism or healing that it wasn't worth mentioning their contribution. So I thought.

### **Promised land**

I got married during that period and went to live, with my wife Corinne, in Israel. I taught to very small groups, six or seven osteopaths who dared come and learn "osteopathic healing". People came to me undercover.

My early years in Israel were very creative and productive. They were also tragic. My third son died of cancer, at the age of three. Throughout the year of his sickness, I prayed and fought with all my might. Akiva-Daniel also seemed to pray and fight with all his might. His reaction to his cancer was astonishing. I called the best osteopaths I knew. He got blind and paralysed in the last months. He never complained as his cancer progressed through all his bones. He died an osteopath, sick with his bones.

We even ordered a "natural remedy" from the States, some stupid product costing a fortune, to be given by injection. It happened to have fecal germs in it, and I had poisoned my son. This, and the many other stories I know, make me hate the world of complementary medicine, just as much as I hate that of conventional medicine. Criminals roam here and there, some with a diploma, some without.

Still had lost his personal war against the killers of his generation, the infectious diseases that killed three of his children. I had lost my personal war against the killer of my son, my father and my brother. He died in my arms, strangled by bone tumours, strangled until he could not eat first, and then breathe. An osteopathy had killed him, a Vital Principle stronger than the Vital Principle had had the upper hand.

Still considered that the death of his children, from infection, rang the death of his religion and his medicine. The death of our son, from a major osteopathy, marked the end of my old faith and of my osteopathy.

It took me a few years to recover from that war. I returned to work, with God and osteopathy severely wounded. I started working as an osteopathic physician in a Jerusalem hospital called Hadassah, the most prestigious medical institution in the Middle East. I worked hard, seeing many patients, only treating with "hands off" osteopathy. I never prescribed drugs, whether allopathic, homeopathic or herbal. I confronted pure osteopathy to all sorts of pathologies.

For most of my European colleagues, I had disappeared. Schools were not interested in my method, or invited me only once. I was too much of a healer. This excommunication had a very positive effect on me: it forced me to formulate my work in the most scientific way possible. The more I was denounced as a healer, the better I wrote and spoke about what I did.

I was proud of doing my treatment within a hospital, surrounded by doctors. I considered it as a "proof", for me and for my patients, that I was not a healer. Many times, the head nurse saw me, alone in the room, eyes closed, hands apart. It was obvious I was treating someone. The patient could be seen going up and down the stairs. I was treating his painful knee as he climbed or descended the stairs. I could do what no osteopath could do: treat in *real time*.

## **Tired**

My Jerusalem practice became very busy.

The next problem came. The strange fatigue I felt after treating many patients became severe. It was a deep and unpleasant fatigue, not the good fatigue one feels after a long walk, that brings hunger. I felt as if I was losing my own substance, as if my body was "diluting" in space. By the fifteenth patient, I felt on the verge of death. The fatigue was accompanied by very deep, diffuse pain all along the spine and in the hands.

For three years I kept on working, still feeling this painful fatigue. It became so intense I had to cut down on patient numbers. Friends who knew about "healing" told me that I was not protecting myself during my treatments, that I was losing my "vital energy". They gave me all sorts of recipes like: "see yourself in a blue field" or "think that you are only an antenna" etc. I did not care about what they said. Their advice was good for healers, and I was not a healer, I was an osteopathic physician working in a hospital. This stuff about "vital energy" was not for a rational man like me. I kept on working on my patients, pulling on their "internal threads".

With time, my eyesight became worse, I felt I had to "clean" my eyes all the time. One day, I decided to consult an eye doctor. He told me I had a bilateral cataract. Calcium had deposited in my lenses. This was unusual for my age. He suggested I should check the function of my parathyroid gland. The blood results came back: hyperparathyroidism. I realized the cause of my strange fatigue and the very deep pains all along the spine. Hyperparathyroidism causes cataract and osteoporosis. I had severe osteoporosis and was developing, fast, a severe cataract. My bone substance had diminished. This is precisely what I had felt after treating patients. A feeling of losing my very "essence", a feeling of "death".

I began treating myself with osteopathy. I spent hours and hours treating my eyes and bones, using visualization. I became my main patient. I visualized myself and learned many wonderful things about the human body. I felt the "internal osteopath" at work.

Many times before, I had tried to treat myself. I never had the patience or motivation to do it for any length of time. This time, I had to.

Driving became dangerous. I treated myself intensively, almost sure that I would succeed. I managed to feel my own lenses, deep within the eye. It is an amazing experience. Without the hands, just using the "internal feel". I felt my lenses and I began to "scratch" the dirt on them. I managed to change some of the "spots".

Globally, however, the cataract was progressing. After six months, I had to admit failure.

## **Bonesick**

I was operated on both eyes. The operation did not bother me, the failure did. My "magic" osteopathy had failed. Twenty years of thinking, of experimenting, of clinical success, twenty years of hope and imagination had crushed in one instant. I forgot all my successes. I had failed to treat myself when I needed it. This failure wiped out the memory of the treatments I had done to others. It reminded me of the other big failure, with our son. He had died from a malignant osteopathy and I was developing a benign, but very incapacitating, osteopathy.

The intensity and importance of osteopathy in my life had finally turned me into an osteopath, in the double meaning of the term. In any medical dictionary, the word "osteopath" is defined as "someone who suffers from bone disease", for instance, osteoporosis.

I had learned about the treatment of bone and joint disease, when I studied structural osteopathy.

When I went into connective osteopathy, I was searching for the bone of diseases. For the essence of illness and how I can feel it in my hands.

Now I was having bone disease.

The eyes were affected too. My osteopathic approach is based on the ability to make clear visualizations, clear 3D anatomical pictures, carved out of the springy space in between the hands or in the mind. And here I was, with a calcium that had fled the bones for the eyes, masking the clarity of my visualization for good. My bone and my vision were altered. I had altered them with osteopathy and visualization.

## **Sacred name**

I have always thought that the name "osteopathy" is beautiful. It drives the American osteopaths mad since it is completely meaningless for their average osteopathic gynecologist or endocrinologist. Learning osteopathy in America is simply another way of getting a physician's license. Students who want to enrol in an

osteopathic school are told to lie, during their interview, about osteopathy. They have to say that they admire osteopathy's principles of wholism. Once they are enrolled, very few of them ever bother to learn manipulations. The American profession lies with every one of its students, who comes to be an osteopath and ends up being a physician with an inferiority complex. They could have continued being proud of being DO's, physicians who could do a decent manipulation.

In America, the name osteopathy has become meaningless.

In Europe and elsewhere, the name has become also meaningless.

AT Still, the founder, fully realized that "osteopathy" meant "bone disease", but he said he did not care. A strange choice for a man who had invented a medicine primarily aimed at infectious diseases. That is what he tells us, anyway and he possibly deformed the truth. His book, "Research and Practice", contains barely two dozen pages on bone and joints problems, the rest dealing mainly with infectious diseases, from malaria to yellow fever.

Still had tried two other names before osteopathy. He tried first to carry the name 'magnetizer'. He then proceeded with 'lightening bone setter'. In 1889 only, he decided to use the name osteopathy, a name he had invented before.

It was the one word that symbolized best, for him, the fusion of medicine, healing and bone setting.

After his death, this mixture survived, albeit weakly, in his disciples. Each developed a different intensity of the fusion, with either medicine, bone setting or healing dominating.

## **Fusion**

In 1874, Still mixed what no one ever thought was "mixable". How does one mix the drug-oriented approach of medicine, the distant hand passes of the healers and the violent manipulations of bone-setters? How does one mix their principles? The visions of the human body as "chemical factory", as "pure energy" or as "an articulated machine"?

On June 22<sup>nd</sup>, 1874, at ten thirty in the morning, Still fused medicine and healing when he identified the vital force in the body as blood and nerve flow. His medical and surgical textbooks showed him the names of the pathways and canals that carry the Vital Principle.

Anatomy books and dissections taught him how to identify the parts he had manipulated blindly as a bone setter. Still saw how the vital force, i.e., blood and nervous flow, could get trapped in between the pieces of the machine.

Osteopathy struck him like lightning: he would free the vital force from the grips of the machine. His mind and his hands had been trained to do that. He needed to prove that this was not just an intuition, that he could cure people with this new concept. The opportunity came in the autumn of 1874. With his knowledge of anatomy, his principles of healing and his practice of bone setting, he managed to cure, over a few days, seventeen children from dysentery. Precisely one of the mortal infectious diseases of his time. For fifteen years, until 1889, Still played and experimented with this new mixture. He learned, *alone*, how to fuse the science of medicine, the fluidity of healing, the surgical precision of bone setting. No book had been written on the subject. He was treading on fresh ground.

Throughout this period, nobody could tell the difference between Still's technique and the older approaches. Only he could see that he had become different. Patients and physicians did not fail to notice, however, that he was obtaining different results. They began to call him a magician.

Still became very lonely. He was accused by priests, physicians and patients of being just another healer, just another bone setter, just another physician. In his mind, he felt completely different from each of the three, but also very similar. He took him until 1889 to decide that the difference was stronger than the similarity and that a new name was necessary. A name that did not refer to "medicine", "healing" or "bone setting". He invented the word "osteopathy".

### **The cover up**

When Still died, none of his students could maintain together what the Old Doctor had managed to fuse. The medicine of Still returned as the pure conventional medicine practiced by most American osteopaths. The "healing" of Still became cranio-sacral osteopathy. The "bone-setting" of Still became "structural osteopathy".

When he died, American osteopaths reverted to medicine, structural osteopaths to minor orthopaedic problems, and most craniosacral osteopaths specialized in somatoemotional disturbances.

Over the last twenty years, my life has looked very much like Still's. Close family deaths, a disease that has exhausted me, recurrent accusations of magic and healing.

I have staid faithful to the profession and to the name, until recently, when I resigned from the Israeli Osteopathic Association, of which I was the president. I have ceased to vibrate with that silly name and its pathological insinuations. I have had enough of them.

Still had meant something undoubtedly beautiful. He wanted to say: do not look for "diseases of the skeleton", look for "the skeleton of disease". In other words, do not look for the superficial signs of disease, go straight to its "bones", to what holds its very essence. Disease will have nothing to hold on to.

An osteopath is he who locates the solid part of any twist, bump or congestion.

I loved that definition of osteopathy. Nothing is as logical as Still's answers to why disease sets in. Who would contest that poor blood and nervous flow will lead to disease? Who would contest that restoring optimal blood flow will always lead to better tissue health? Who would contest that getting at the bone of any disease process should be the aim of the true physician?

### **Fusion revisited**

About twenty years ago, I believe I "re-discovered" the "fusion" Still had made. One day, in 1983, by coincidence, I was able to "manipulate" the "vital force", using anatomical/physiological visualization. Another soup of medicine, healing and bone setting.

The effects of this treatment are generally different from those obtained with structural and cranial osteopathy. I have been told this by the patients and osteopaths who have experienced the three forms of treatment. Until recently, I was proud to write the "DO" before the "MD" after my last name.

This faithfulness was shaken when I became a "true" osteopath. I have "lost" the density of my bones and I have turned into an "osteopath", i.e., a man suffering from "bone disease", as all dictionaries would tell you. This has come as the result of twenty years of abuse of my skeleton, as I searched for the skeleton of disease. Twenty years of denial that I was a healer, not just a physician. Had I recognized this fact, I would have learned how to preserve myself, how to practice safely the mixture of healing and bone setting I had evolved.

I am now sure of something: I do not want to stay an osteopath. I do not want to suffer from my osteopathy, my osteoporosis, for the rest of my life. I do not want to call myself an "osteopath" anymore. Every time I say I am an "osteopath", my bones react. I dislike this name now as much as I liked it before. This is not just a personal problem, however. I believe it concerns, in one way or the other, every osteopath and all of our profession.

### **Protect our children**

Three years ago, I opened a course, and, more recently, a school of osteopathy in Jerusalem, Israel. During the last few years, I have resumed teaching in various schools in Europe. I have become more "accepted" and "acceptable" in my profession. I am worried that my students will be called "osteopaths", i.e., people who are sick with their bones, or people who deal only with sicknesses of bone. I do not think this is nice. I hope osteopaths will stay healthy and that they will treat every pathology, including infectious diseases. Hopefully, cancer too.

I try and teach the models that should make this possible.

I do not want osteopathic students to be called "osteopaths". I would like them to stay healthy and treat pneumonia and cystitis. I would like them to dare take on any treatment, without being affected in their mental, emotional and physical health. Still left his mark on a message he inherited from the past. He renewed it and then passed it on to us.

This generation of osteopaths is currently leaving its own mark on this chain of transmission and is free to call itself what it wants. Like Still was free to call his mixture of older ideas what he wanted.

I believe it is time we should change the word "osteopathy". The message contained in this word, the principles it transmits are too beautiful. The name has played its purpose.

Still said once that the choice of this name was a kind of joke.

The beautiful meaning of this joke has become more negative than positive now. It restricts our education and practice. It restricts our definition of what we do and can do. It fails to recognize its true sources and therefore cannot change its paradigms. A profession that cannot change its paradigms is doomed to die.

The new name of osteopathy should refer to the sacred objective of Still and whoever preceded him. We are here to identify and treat the "essence" of every

pathology - the skeleton of disease - and not the symptoms of joint disease, the diseases of the skeleton.

I also worry that the students of this beautiful profession will not become "osteopaths", i.e., sick with their bones and connective tissue, as all dictionaries say. Dozens of students who practice "healing-like" osteopathy on more than a dozen patients have told me already how tired they can feel. They feel a strange tiredness.

I believe I developed an extreme form of a pathology particular to osteopaths. I believe this pathology is frequent amongst craniosacral osteopaths who "give their soul" when they treat. Symptoms range from abnormal tiredness, visual problems, headaches to severe osteoporosis or any other osteopathy or connective tissue condition.

Whatever way we look at it, osteopaths end up being either "osteopaths" for their patients (minor orthopaedists) or develop some osteopathology.

For me, there is no choice any more. I have to say farewell to a name I loved very much. I will not be an osteopath anymore. I cannot afford to.

I hope my colleagues will join me in this new quest for a new definition.

And before I leave this story, I must confide another secret. After twenty five years of practice, I still ask myself whether I am imagining what I feel. Doubt is painful, but beautiful. I have raised the paralysed and cured the blind. But I have failed on simple neck tension.

Nothing is sure, everything has yet to be discovered.