

Healing Arts Report

Understanding the New Health Paradigm

Volume 2, No. 4

Dear Reader:

My own introduction to massage therapy was dramatic. Two friends and I drove through the night to attend what was to be my first conference. At that time, I often caught a cold whenever I felt stressed. It would always follow the same pattern -- start in my head, travel down to my chest and then take three or four weeks to clear up. During the drive I began getting the symptoms of a cold and an aching pain in my legs. No position gave relief. Later in life I learned this was sciatica, an inflammation of the the largest nerve in the body, that runs from the spine down through the leg and foot.

I was miserable by the time we arrived. Fortunately, another conferee insisted on introducing me to nineteen-year-old Harold Kornylak, whose massage technique, she assured me, would fix me right up. The massage felt great and that night I slept well. The surprising part, however, was awakening the next morning with no sign of a cold and no sciatica pain. I was symptom-free and able to enjoy the whole conference. Never had I been cured of a cold so quickly. This experience played a seminal role in stirring my interest in alternative therapies.

HEALING ARTS

Massage: Complement To All Healing

My introduction to body therapies began with an amazing curative massage from Harold Kornylak. His grandfather, Harold J. Reilly, was a naturopathic doctor and licensed physiotherapist who had taught his namesake some of his unique therapeutic methods.

The type of massage Kornylak practiced on me was intended to circulate the lymph, the watery substance similar to blood plasma except for less protein material. The lymphatic system

is a vast network of capillaries, vessels, ducts, valves, nodes, and organs, including the thymus, spleen, and tonsils, which protects, filters, and maintains the fluid environment of the body. It interacts with the blood and transports fats, proteins, and other substances to it. Unlike the circulatory system, it has no pump, so movement of lymph depends upon body movement or, as in this case, massage.

Although Reilly had some famous clients, he gained more notoriety for having been recommended to a patient in a psychic reading given by Edgar Cayce, one of the earliest well-documented medical intuitives. Cayce, at that time, had met neither the patient nor Dr. Reilly. Twenty-seven years after my first meeting Kornylak, after a long odyssey of his own, he has become a doctor of osteopathy practicing in Virginia Beach, Virginia. Kornylak describes his grandfather's massage techniques as being based on Swedish massage. Harold Reilly was a very flexible person. He studied other people who were known for getting good results -- people such as Kellogg, the whole foods enthusiast, and Locke, who only massaged feet. "My grandfather probably never gave the same treatment twice. He was very interactive and never mechanical

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about treatments,” explained Kornylak.

“This is probably why a lot of psychics sent patients to him. It’s as if he had an ad in the cosmic yellow pages,” the doctor joked. “What impressed my grandfather about Cayce, though, was the way he sent patients to him with very specific and appropriate instructions, things he wouldn’t have thought of himself. When he tried doing what was suggested, it worked. Now, we are expected to treat everyone alike because insurance companies have decided that that is good medical practice.”

Kornylak observed how, to his grandfather, treatment wasn’t an abstract concept to be followed blindly. Through his grandfather’s instruction about massage, he learned to have a feel for the whole person. He came to understand the relationship between attitudes, emotions, ideals, sickness, health, and how energy moves through the body.

Research

Harold Reilly knew from experience what research is showing today. A growing body of research demonstrates that massage is a useful complement to conventional treatment for many maladies. (See “First Center Dedicated to Researching Touch,” *Healing Arts Report*, Vol. 2:2). According to E. Houston LeBrun, president of the American Massage Therapy Association (AMTA), “People who suffer from chronic pain, stress-related disorders, and some medical conditions may reap considerable benefits from massage therapy.” Massage reduces heart rate and blood pressure and can increase the lymph flow rate by seven to nine times. It provides pain relief by stimulating the production of endorphins, the body’s natural pain suppressors. It also promotes relaxation and lessens anxiety for cancer patients, reduces acute and chronic back pain, reduces depression, and decreases swelling in post-mastectomy treatments.¹

Different Forms of Bodywork

‘Bodywork’ is the word used generally to refer to numerous massage- and body-oriented therapies applied by a practitioner or even practiced on oneself. I’d like to briefly mention some of the more popular forms of bodywork to illustrate how they are categorized according to some practical and theoretical considerations.

Distinctions are not always clear because there is an overlapping or combining of techniques used in different therapies, and massage therapists often use several therapies. Bodywork is distinguished from somatic psychology (see “Somatic Psychology,” *Healing Arts Report*, Vol. 1:8) by the fact that somatic psychologists all have psychotherapeutic training in addition to the physical techniques of the therapy they practice.

Bodywork is intended to improve relaxation, circulation of blood and lymph, body awareness, and functioning. It often has psychological consequences, though these are not always intentional and most bodyworkers do not directly address psychological issues.

Although reports of physical healing are expected, practitioners and clients also describe spiritual healing, insights, enhanced calm and creative thinking, reawakened memories, emotional releases, and other psychological benefits.

Some types of bodywork focus on physical manipulation. Swedish massage, for example, uses long strokes, kneading, and friction to relax muscles, improve circulation, and relieve tension. Swiss medical massage is used to treat specific conditions such as constipation and arthritis. Sports massage concentrates on helping the athlete improve performance or recover from fatigue or injury.

Other therapies focus on energy manipulation. In Therapeutic Touch, for example, the practitioner’s hands remain in the field surrounding the body and don’t manipulate the physical body at all. Reiki, Rubenfeld Synergy Method, and Polarity Therapy use gentle touch but concentrate on movement of energy in the patient’s body. Although attention is paid to physical contact, the following therapies also theorize about the importance of changes in bodily energy flow. Shiatsu, a Japanese form of acupressure, puts pressure on points along the meridians described in traditional oriental medicine; Reflexology, also known as zone therapy, consists of massage or pressing on points in the hands and feet that reflex to corresponding areas of the body which need balancing. CranioSacral therapy consists partly of subtle adjustments made in the plates of the skull and partly of following the movement of energy within the craniosacral sac. It is used to correct cerebral and spinal imbalances and remove blockages, focus-

ing treatment mostly on motor, sensory, and intellectual dysfunction.

Another characteristic of bodywork is how active or passive the practitioner and the client are. In some forms, all manipulations are performed by the practitioner. In others, the practitioner is more of an educator who guides the client in movements that the client eventually practices on his own. Alexander Technique is popular among musicians and actors whose repetitive movement habits can cause undue tension, which, in turn, affects the sound produced by instrument and voice. Qigong, yoga, and Feldenkrais also are intended to be practiced by the student. Polarity and Rolfing also teach movements the client practices to improve energy and posture and relieve strain.

The Search for Sanction

The proliferation of techniques and ongoing development of new ones contribute to difficulties of recognition, certification, licensure, insurance reimbursement, and just plain clarity for patients seeking help. Attempts to create an umbrella organization have been made periodically but are often met with resistance as various training programs fear their methods will be diluted by mixing or become lengthy and more costly by additional training in their already-full certification programs. Those who believe there's a need for strength in numbers struggle to find common ground.

The largest unifying organization is the American Massage Therapy Association (AMTA) which has approved and accredited over 60 training programs in the U.S. and Canada. Approved courses consist of a minimum of 500 hours of classroom instruction, 300 hours of massage theory and technique, 100 hours of anatomy and physiology and 100 hours of the school's specific objective including first aid and CPR.

AMTA Brochure Directed To Physicians

This brochure describes a number of massage techniques, how these effect various conditions such as allergies and stress, research findings, insurance coverage, and a list of state boards that administer massage practice laws. To obtain a copy, write: AMTA, 820 Davis St., Suite 100, Evanston, IL 60201-4444, or call 847-864-1178. Visit their website at: www.amtamassage.org.

Harold Kornylak, D.O. can be reached at 757-491-3294. For more information, contact the following groups: Therapeutic Touch -Nurse Healers/Professional Associates at 215-545-8079; American International Reiki Association, Inc. at 404-874-9142; Upledger CranioSacral Therapy at 800-233-5880; Rubinfeld Synergy Method at 800-747-6897; American Polarity Therapy Association at 303-545-2080; The European Shiatsu School with affiliates worldwide at <http://www.shiatsu.co.uk>. The International Institute of Reflexology at 813-343-4811; International Rolf Institute at 303-449-5903; North American Society of Teachers of the Alexander Technique at 800-473-0620; Qigong Institute at 415-788-2227; International Association of Yoga Therapists at 415-383-4587; Feldenkrais Guild at 503-926-0981.

HEALING CONCEPTS

Traditional and Conventional Healing Partnerships

Three pairs of conventionally-trained doctors and traditional healers who work cooperatively described their practices at the annual conference of the International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM). Each pair were from different countries and worked under widely varying circumstances. What they had in common was the agreement that their partnerships give their patients more choices and improve on what each has to offer. The audience of 350 health-related professionals included 60 medical doctors.

Traditional Healers See the Whole Picture

Dr. Richard Lemmer described the traditional healers in Swaziland as competent and even confident in working with many difficult conditions, including AIDS. They often help patients improve even after they have been sent home to die. The patients still have HIV, but their quality of life is better because traditional healers see the body, mind, and spirit without separation. This attitude makes the healers especially good with psychosomatic elements of illness. In marital and relationship problems, for example, traditional healers emphasize communication, openness, and encouraging the couple to find practical solutions.²

Lemmer, who was trained in South Africa, has been a health liaison for the South African Trade Mission in Swaziland and Mozambique since 1987. His greatest concern is to see more cooperation between the 150 medical doctors and the 10,000 traditional healers in Swaziland. The two groups are sometimes very distrusting of each other and it is patients who would most benefit from their cooperation.

Traditional healers are ingrained in the culture and are most accessible to patients in a country where travel and communication are difficult. Lemmer explained that because medical doctors only see cases with the most severe complications, they don't appreciate the great amount of good work done by healers. Healers will often take in and care for the whole family because they have travelled from far away. The patient gets a kind of attention that's very different from the 15 minutes or less a medical doctor gives. "I cannot overemphasize how important that is," states Lemmer.

Lemmer's co-presenter, Khumbulile Mdluli, from Swaziland, described her Christian childhood and her own bouts of illness and paralysis. During these episodes, she would be visited by ancestors who told her that they wanted her to be trained as a traditional healer.

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It was only with great reluctance and after repeated illness that she and her family finally gave in to their demands. At the age of fourteen, she was sent away to learn from native healers about plant medicines, diets, meditation, moving energy with her hands, and diagnoses through intuition sharpened by visions and the throwing of bones. Although Mdluli charges a fee, many patients don't have the means to pay. She treats them anyway because she loves the work and feels rewarded by it.

Good working relations between the Ministry of Health and the Traditional Healers Organization is helping raise healers' understanding of sanitation, nutrition, and the spread of AIDS. Cooperation has made it possible recently for Mdluli to have a phone installed -- an event that evidently delighted both speakers. It will be a great value in medical emergencies. Her clinic, nevertheless, still does not have electricity or running water.

Bioenergy Therapy Documented

According to documentation of the treatment results of her own patients, Dr. Zofia Janiszowska found that bioenergy sessions by healer Mietek Wirkus gave the best results when treating pain, non-bacterial inflammation of the joints, stomach and duodenum ulcers, irritable bowel syndrome, allergies and asthma, insomnia, nervous system disorders, bed wetting, and infertility. Improvement rates were slower with stroke, massive heart attack, and advanced cancer.

In 1982, bioenergy therapy was officially approved in Poland to supplement the work of medical practitioners. Nevertheless, when Janiszowska first began working with Wirkus, her colleagues did not look at them very favorably. She saw healers make diagnoses that were confirmed with medical tests. Janiszowska especially appreciates healers being able to help with many chronic problems. Patients did not experience typical side effects they would have from the drugs normally used to treat those problems.

For the two years Janiszowska and Wirkus worked together, the doctor would assess each patient and then Wirkus would make his energy evaluation. Janiszowska was often amazed at the accuracy in Wirkus's assessment of the problematic areas of the body and whether the changes were organic or functional.

Janiszowska turned to alternatives for the same reason many other people do. She was feeling helpless when her young daughter, who had asthma, wasn't responding to conventional treatment. The doctor brought her to Wirkus. The child improved after seeing him and the good results continue into her adulthood.

Wirkus, who sees and senses the energy around and in a person, tells how this was the way he seemed to be born. It wasn't until he was older that he began to understand that his perceptions were different from most persons'. He remembers 'doing' healings when he was as young as four or five years old.

In Poland, Wirkus was only the third bioenergy practitioner hired to do work with a physician. Wirkus and Janiszowska see their cooperative efforts as complementary. Now that Wirkus lives in the U.S., he continues to view his work as complementary to conventional medical practice and he refers patients to conventional doctors for diagnoses and medication analysis. He says that the doctors he has worked with have a great interest in energy and he has long thought that all physicians should be trained in energy work.

Healing Benefits in General Practice

Michael Dixon, a general practitioner in England, reported on a descriptive study he made regarding the effects of healing in his practice. Fifty patients with chronic conditions were seen by a healer. Eight percent reported some improvement in their main symptoms and 58 percent reported significant improvement. These patients also saw their doctor less and spent less on prescriptions. The results were interesting enough for him to design a controlled study which was completed in 1997. That study, which includes an immunological marker in its measurements, will soon be published in the journal of the Royal Society of Medicine. As soon as it is, I will let you know the details of what Dixon calls some "surprising" results.

Dixon's colleague, healer Gillian White, is a member of the National Association of Spiritual Healers in England. Her work at a Pain Management Clinic as well as the College Surgery Partnership where Dixon practices means working closely with physicians. She uses relaxation, creative visualization, and breathing

techniques in addition to traditional laying on of hands.

Her orientation is Christian and her work includes being a healer at the Christian Society of Mary and Martha and helping periodically at a retreat center for priests suffering from stress-related problems. She tells of how she had to learn to be still in order to be a channel for God's healing. Her abilities working with animals on her farm and on a trip to Nepal preceded her awareness that she might have some abilities. She attended a conference offered by the National Federation of Spiritual Healers and continued her studies at home.

Patients who have conditions that are unresponsive or unrecognized by conventional medicine, Dixon pointed out, are sometimes demeaned and then suffer a lack of self-esteem in addition to their ailment. Dixon revealed that the other six physicians in his partnership, even those who are skeptical, refer patients to Gillian. In spite of not believing, they see their patients improve and find satisfaction with the treatment. The partners have all become increasingly interested in complementary therapies and have hired a second healer. They also offer homeopathy, hypnosis, acupuncture, and manipulation, which the doctors have been studying.

All six presenters demonstrated a refreshing spirit of inquiry, commitment to patients, a quest for truth, and willingness to bear criticism from peers. Their senses of humor and respect for each other was as inspiring as their stories.

For information about ISSSEEM's annual conference, The Future of Energy Medicine, on June 18-24, 1998, phone 303-425-4625.

A book describing Khumbulile Mdluli's experiences, Called To Heal, by Susan Campbell, can be ordered from Susan Campbell, PostNet XII, Suite 254, Craighall 2024, Johannesburg, South Africa. Dr. Lemmer can be reached at P.O. Box 198, Mhlambanyatsi, Swaziland.

Mietek Wirkus trains practitioners in Bioenergy Therapy and sees clients in Rockville, Maryland. Phone 301-652-1691 for more information. Dr. Janiszowska is at 02-991, Bruzdown 145, Poland.

Michael Dixon and Gillian White practice in Devon, England, at the College Surgery Partnership, College Surgery, College Road, Cullompton, Devon, EX15 1TG, United Kingdom.

New Herb Reference Published

According to the American Botanical Council, although 73 percent of pharmacies now stock medicinal herb products, only two percent of the pharmacists feel confident about their medicinal herb knowledge. In response to the growing interest in botanicals, a new pharmacist's study course is offered by The American Botanical Council. *Popular Herbs in the U.S. Market: Therapeutic Monographs* covers 26 popular herbs, describing their therapeutic benefits, safety, potential side effects, appropriate dosage, international regulatory status, and more. The information is designed to be a permanent pharmacy reference tool. In addition, successful completion of a test entitles the pharmacist to two hours continuing education credits through the College of Pharmacy at the University of Texas, Austin.

Andrew Weil, M.D., well-known author and speaker, who began his career as a botanist, would like to see better use of herbs. Most physicians, he says, think that plants are hopelessly old fashioned. In his own practice, he prescribes one pharmaceutical for every forty botanical prescriptions. He adds that he has never seen side effects from botanicals such as ones he has seen from drugs. Weil uses herbal medicines for such diverse conditions as allergies, anxiety and depression, cardiovascular disease, digestive difficulties, infections, musculoskeletal pain, urinary problems, women's conditions, and as a tonic.

There was a time when botany was more connected to medicine, Weil explains. Western culture has a fear of nature. In Germany, physicians must pass a test on natural medicine. Here, herbs can't even legally be labeled with complete directions on usage for specific conditions. Weil states there is no difference between a drug and a toxin. In drugs, even those developed originally from plants, a single substance is used, which increases its toxicity when concentrated in that way.

To find out more about Popular Herbs in the U.S. Market: Therapeutic Monographs, phone 512-331-8868 or e-mail: abc@herbalgram.

Scientists Explore Consciousness Through Engineering Anomalies

For twenty years, an interdisciplinary staff of engineers, physicists, humanists, and psychologists have conducted millions of trials to explore the influence of human consciousness on mechanical, electronic, acoustical, and fluid mechanical devices. Proving that human consciousness is endowed with an active component could radically change the world of health care. Such proof would also give humanity some hope of solving its many other problems by learning better ways to direct intention.

In 1979, Robert G. Jahn, Dean of the School of Engineering and Applied Science, established the Princeton Engineering Anomalies Research (PEAR) program. Jahn and Brenda J. Dunne, manager of the lab, discuss in their book, *Margins of Reality*, the difficulties of conducting such fundamental research. They state, "The physical and psychological relationships between consciousness and its physical world entail subtle effects and processes that in some cases appear to violate the most fundamental scientific premises of space, time, and causality."

Implications of the Studies

The PEAR program researches anomalies in which human operators attempt by intention to influence various devices which ordinarily produce strictly random outputs. Although the observable effects are quite small, they are statistically repeatable and operator specific. One of the more significant findings is that pairs of operators with shared intentions induce more anomalous outputs -- more so when the pairs are emotionally-bonded opposite-sex couples. Strangest of all, the human/machine anomalies can also be demonstrated when the operators make their effort from thousands of miles away and hours before or after the actual operation of the devices. The analytical methods developed to extract this information without data processing flaws are elaborate.

"The parameters bearing on such interactions are numerous and widely interdisciplinary, and various subjective and aesthetic factors not normally accommodated by traditional scientific

ic methodology seem crucially relevant,” say the authors. The division between conventional disciplines are sharp and add to the difficulties in finding funding for interdisciplinary studies. The same applies to research for complementary and integrative medicine.

Another type of study at PEAR is ‘remote viewing,’ the ability of humans to acquire information about distant geographical targets inaccessible by any known sensory means. *Margins of Reality* contains photographs, the remote viewers’ descriptions of the targets, and the methods used to analyze the data.

The theoretical model requires a generously expanded model of reality that allows consciousness to play an active role in establishing its experience in the physical world. It “regards many of the concepts of observational quantum mechanics, most importantly the principles of complementarity and wave mechanical resonance, as fundamental characteristics of consciousness, rather than as intrinsic features of an objective physical environment. In this view, the ‘anomalous’ phenomena observed in the PEAR experiments become quite normal expectations of coded human/machine and human/human systems, and the door is opened for all manner of creative consciousness/environment interactions.”

For those who are interested in statistical probabilities, Jahn and Dunne’s book describes many of PEAR’s experiments in great detail. The book also contains profound quotes from great thinkers throughout history as well as contemporary scientists who observed the inextricable association between “processes of the physical world with the processes of the mind.”³

Most traditional science and philosophy holds that the mind and its consciousness is merely a processor of experience imposed on it by the external world. An opposite view can be found in many mystical traditions, which regard reality as that which is created by the mind. A third view suggests that human beings have the ability to be co-creators of the world we live in.”

While cautious about projecting the value of their work, participants of the lab cannot help but wonder about the blurring of identities between operator and machine, between participants in remote viewing, the strengthened effect of emotionally-bonded couples. All this points to the creative driving force of life and

the physical universe --Love -- long recognized in virtually every cultural age.⁴

Archival publications and technical reports describing PEAR’s experimental and theoretical studies are available on request. Write PEAR at C 131, Engineering Quadrangle, Princeton University, Princeton, NJ 08544. See abstracts of PEAR experiments on its website at <http://www.princeton.edu/~pear/>

CULTURAL HEALTH

Human Health and Safety Threatened By Change

In their book, *New World, New Mind*, scientists Dr. Robert Ornstein and Dr. Paul Ehrlich contend that human biology has not been able to change quickly enough to address human health and safety concerns posed by the immense changes humans have made in the last century. Human perceptions evolved, they explain, out of the need to be aware of sudden changes in an environment that for eons had generally been stable and unchanging. Sudden change, such as an encounter with a predator, fire, or storm initiates the internal reactions of fight or flight that lend to our safety. Perception based on contrast and drama isn’t necessarily useful where a long thoughtful view is needed to address more complex problems. “Threats in our world have changed, but not our responses to them,” is how they sum up the situation.⁵

People have always adapted to change and that quality is one of our species’ greatest assets. However, people have never before “had the capacity to destroy their own civilization in a few hours and to ruin much of the planet’s life-support systems in the process. Never before has a species been engaged, as are we, in the process of destroying those systems wholesale in a manner that could complete the job in less than a century.”⁶ The doctors cite examples where dramatic events continue to get disproportionate amounts of news coverage and costly attention compared to mostly preventable deaths that occur regularly and in much greater numbers. Those resources are forever unavailable for preventive use.

Change in our mental focus could improve health for thousands of people. For example:

1. Good health habits (especially not smoking) would increase life expectancy by seven years. By contrast, if all cancers could be cured, it would increase the average life expectancy by two years.
2. An analysis by epidemiologists John and Sonia McKinlay to assess the role of medicine in maintaining health revealed that it is responsible for only a 3.5 percent decline in mortality since 1900. Nutrition and environmental changes that made food purer and safer, especially for infants, accounts for most health improvement.
3. More than 80 percent of the factors that determine our state of health come from relationships, status in society, quality of education, and our thoughts about ourselves. Contrast this notion with the \$400 billion spent annually on medical marvels and news events such as liver and heart transplants. It is widely believed that the ever-increasing costs of health care have provided a proportionate increase in health and life expectancy, but it has not.

Encouraging Conscious Evolution

Ornstein and Ehrlich discuss how to “move a program of conscious evolution to the top of the human agenda.” They suggest implementing change in the emphasis of education in schools and in daily life through the media. Their message of hope is based on learning to overcome the innate limitations and biases of

the mind, about which they cite many studies. Their suggestions are not promoted as final solutions, but as a place to begin investigation and discussion. Although we can't rewire our evolved nervous system, we can become less ignorant of automatic thinking, prejudices, and over-simplification of our minds, the constant short-term emphasis, and its effect of causing us to misjudge life-and-death situations. For anyone wondering if there are reasons to change beyond improving one's personal health and happiness, this book provides a larger perspective.

Best wishes,

Barbara June Appelgren

Barbara June Appelgren


END NOTES

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4. Robert G. Jahn, “Information, Consciousness, and Health,” *Alternative Therapies* 2:3 (May 1996).
5. Robert Ornstein and Paul Ehrlich, *New World, New Mind* (New York: Simon & Schuster Inc., 1990): 114.
6. *Ibid.*, p. 3.

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