

At the Still Point of the Turning World

The Art and Philosophy of Osteopathy

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Preface

Some years ago, when I was a first-year student, a delightful lecturer would speak in amusing terms about all sorts of bodily functions as a light-hearted introduction to physiology. Lecturers then – as now – often held one’s attention through style and delivery rather than content! However, he memorably spoke about practice life as series of situations in which one would need to cultivate an interest in anything and everything the patient might wish to share. An early lesson in empathy, he would say with characteristic mimes and hand movements to embellish his point: you’ll need to be fascinated by golf, train-spotting, bricklaying . . . anything. And whereas I could well imagine finding patients’ enthusiasms infectious, I was sure the line would have to be drawn, for me anyway, at hunting and philately.

Some time later, a patient *did* want to share his passion for philately and sure enough, the seduction began as he described stamps as little windows on history and, once again, I was ‘hooked,’ all was well. I’m not sure in all my years of practice that I have yet been tested with bricklaying but I suppose I’m open to it should the need arise.

About 40-odd years ago, as part of my passion for virtuoso piano music, I listened to an interview with the great Vladimir Horowitz. Music and the piano have remained an obsession for me. At the time, Horowitz said that in order to be a fine pianist, the artist had to interest himself in many things apart from music. I don’t think he had bricklaying or philately in mind but he did refer to painting, theatre, dance, history and the arts in general.

Two things emerge from this preamble. The first is that one can often be drawn into an appreciation of a subject unexpectedly, to find a richness in it that one might otherwise judge simplistically, ignore, or even, by virtue of misunderstanding or misinterpretation, completely reject. The other is that any field of interest can be enriched by incorporating or including seemingly unrelated material which can educate and broaden it in remarkable ways, ways that may not only be important but vital to the pursuit of excellence in that field. In my view, both of these apply to osteopathy and though this is not a textbook about osteopathy, it’s where it all starts for me. To put it simply, theory and practice are immeasurably enhanced by breadth of interest and breadth of understanding. Meanwhile, it is my contention that the practice of osteopathy has struggled in two major respects. The first is an incomplete

grasp and implementation of the principle of Holism; and the second is the somewhat awkward incorporation of what I call the 'subjective' element in practice, to balance and refine its theoretical basis. My intention is to elaborate both these themes throughout this book and to suggest the importance of wider aspects of humanity to the art of osteopathic practice.

SPACES AND GLUE

Whether we look at concepts, ideas or even objects themselves, it is the 'spaces' between them, their juxtaposition or 'interface', their interaction, that 'contain' properties that whilst hard to define, produce the glue that gives things complexity, depth and meaning. There are many things in life whose value is to be found in 'the glue', the interface. If we fail to look there and appreciate 'wholes' instead of 'parts', we are left with ideas, concepts, theories or statements that are limited, meaningless or simply wrong. Many areas of human endeavour have been rejected or ignored through such a failure of observation so that things of inestimable value have been consigned to the scrap-heap of vilified unorthodoxy. Very often, these brave efforts have been spawned by cultures, traditions and folklore, although sometimes they can emerge as 'new' paradigms such as systems theory, holism and some of the revelations spawned by quantum theory. We'll consider the impact of these on our particular field later in the chapters that follow.

Osteopathy has been my profession, my working obsession, for about 40 years. It has been augmented, informed and elaborated by many things 'non-osteopathic' and 'non-medical', with every day's experience. It has also been a window on a wider world of understanding and exploration that has produced many philosophical meanderings, spiritual reflections and much questioning. Many a time have my former students' eyes glazed over as I launched into more of these forays when I knew their minds were troubled by more pressing matters: the next day's neurology exam or whatever. However, two or three used to like to join me for the ride, and that sharing could create some of the most enjoyable moments of my teaching experience. Some have claimed since that I articulated things that they've been keen to crystallise, explore or clarify so I feel some justification in continuing the sharing through this book.

A great deal of what I'll express in these pages is a reflection of my own personal perspective, process and experience. I can't really claim any startling originality, after all, it is often said that everything has already been said before; we merely find new clothes for old ideas. Even so, now and then, radically new perspectives are born that are the product of truly creative minds. This piece of work belongs, if it belongs anywhere, in the former category, the 'new clothes' department! Be that as it may, I've long been grateful for what I can only describe as my good fortune to enjoy just how much my practice as an osteopath has taught and

revealed to me. And having revelled in some of the many 'interfaces' that have presented themselves, I've wanted not only to express the way that the art of osteopathy transcends its vital scientific underpinnings, but also celebrate aspects of what makes us human, as well as layers of interest that can be made available to the open, hungry and surrendering mind through this work.

Many of these journeys lead to strange regions, intellectual abstractions, philosophical tangles, questions without answers of course, and spiritual forays that engender a sense of wonder and mystery, part of the 'food' of life and thought (for some, anyway). Above all, I've wanted to find an alternative to the suffocating tendency of our times to grant validity only to those practices that are reducible to proven facts. By eliminating the world of the 'subjective', we cut that world in half.

However, I've also wanted to look at the places where science has attempted to break away from the mainstream, just as osteopathy itself broke away from medicine in the 1870s. This is often the exciting world of the mavericks who push boundaries through the sheer power, determination and inspiration of their exploring minds, and I've wanted to celebrate the way these serious-minded explorations have lent our osteopathic discipline clarity to illuminate much of what we've done well without always knowing why. As Karen Armstrong states with reference to the belated evidence for Einstein's theory of relativity: 'In science, as in theology, human beings could make progress on unproven ideas, which worked practically even if they had not [yet] been demonstrated empirically' (Armstrong, 2009).

Osteopaths will, I hope, find an interest in some of this. Much of it they will know or take issue with, for it is well known that osteopaths rarely agree about anything! (Indeed, there will be some detractors who take a very different view of our work, having little time for some of the ideas expressed in this book.) But non-osteopaths might find something in it too whether or not they have had any connection with osteopathy as patients or professionals of other persuasions. For in the end, I feel our searching in life is always about more than any one circumscribed area of enquiry, whether it be within a professional discipline, a career, a hobby, even a spiritual or religious calling.

The art of osteopathy – not just its concepts, theories or techniques – is one of many pathways studded with signs, illuminations, insights and tantalising blind alleys that often point towards something greater and more mysterious than we can ever know but which as human beings we will never be able to resist. And though there are many such ways, the art of osteopathy is one way of working with what makes us 'human.' It just happens that osteopathy has been my particular path.

What makes osteopathy live is based on what 'informs' it. Once alive, it illuminates so much in the human domain. It's my wish to share some of that rather than produce a textbook or manual. Also, in this regard, I've wanted to

counter the somewhat 'binary', tick-box, target-oriented approach to everything that increasingly permeates the healthcare professions (and most other professions too), even when holistic pretensions are claimed; 'respectability' and conformity have been bought and the price has been 'fragmentation'.

Like most things in life, osteopathic practice at its best is a 'seamless whole', an integrated experience, and to break it down into parts is to risk distortion. However, in order to communicate its qualities, it has been necessary to indulge in a certain amount of 'analysis'. Such analysis, even though subjected to the principles of 'holism' and the notion of interconnectedness, can have a tendency to fragment truths and experience, creating a note of 'separateness' or specialisation alongside that 'interconnectedness'. My intention is that the reader might ultimately find this book helpful in joining the dots up again in a useful and meaningful way, whereby we can come to see mind *in* body, body *in* mind and spirit in both.

It could be said that osteopathy only really exists as it's being 'performed'. It is an abstraction until it takes root in our humanity or the humanity of its exponents. Like music, it may be based on theory, technique and 'context', but at some point, interpretation has to be transformed into something greater, whether to produce the music that speaks to us or treatment that penetrates and heals. In our work at its best, each practitioner brings something unique to the practice that expresses something quite individual. This, as I shall argue, is its strength. Therefore, I've been at pains to explore some of the qualities that make us who and what we are. Perhaps because of this, the book has been written from a somewhat personal perspective. Meanwhile I trust that there are enough resonances for others to make it more than a self-indulgent exercise!

Readers will, perhaps, have varying levels of interest in the subject, depending whether inside or outside the profession. Those outside might prefer to glide superficially over the more technical bits, though I've been at pains not to make it overly technical. Hopefully the rest will make up for it.

SCIENCE VS SPIRIT

In the later chapters in particular, some might think that this book places itself at the centre of an argument between science and 'spirit'. But this is not intended. If anything, it reflects on the schism between 'scientism' and philosophy (pure science and philosophy having formerly been more comfortably entwined) or between what we often try, with closed minds, to assert as *fact* on the one hand, and those profound speculations born of man's journeys in to the 'unknown' on the other, the latter being common to both 'good' science *and* philosophy. If there *is* a dichotomy, it is between the 'known' and the 'unknown'. One of the messages in this book is that, for the art of osteopathy to thrive, they both matter—in equal degrees but in different ways.

Many will know that science and scientists place themselves at the threshold

of this *unknown*; this is, after all, their job. And as such, theirs are amongst the most creative of minds. The problems lie more with the *culture* of science (*scientism*) and the limitations sometimes imposed by closed minds in which value is ascribed only to that which is already proven. The art of healing has been threatened with emasculation by the rigid application of this idea. However, the picture is changing owing to profound changes in science itself, a 'paradigm shift' so enormous that its assimilation into mainstream thinking, medical and otherwise, is taking time. It is, after all, a messy process: Arthur Koestler wrote that revolutions in science and knowledge emerge out of the chaos created when paradigms break down (Peat, 1989). Such chaos causes much insecurity which, in turn, produces some very negative and destructive argument; these positions have done very little to illuminate much wisdom or truth. And whereas empiricism has become a benchmark for the scientific method, it was, from Aristotle onwards, linked to knowledge based on the experience *via the senses*; the blending of both objective and subjective faculties.

As regards the 'spirit/science' dichotomy (for those who insist there is one), if it has any relevance at all, it is in the pursuit of understanding about 'reality' in the external world. The *inner* world at its most profound is one of subjective experience and here, scientific analysis can only help us so far (if at all). After all, by and large, people are not driven by the need to know the nature of 'reality'; their lives are generated by other impulses. And as Wittgenstein stated: '*we feel that even when all possible scientific questions have been answered, the problems of life remain completely untouched*' (Wittgenstein, 1921).

In his book *Body Myths*, medical anthropologist, Cecil Helman (1991), wrote: 'In all societies, people live their lives in a sea of metaphor and myth, gathered together from many sources.'

Ananda Coomaraswamy (1943) had previously stated that 'myth embodies the nearest approach to absolute truth that can be stated in words'. The 'creation' of osteopathy involved the distillation of some great truths. However, as I'll suggest several times, most if not all truths defy complete analysis, description and language. Words distort by de-contextualising ideas. Perhaps that's why Einstein once said, 'I often think in music.' But as I don't aspire to such genius and as I can't paint, write poetry or compose string quartets, this piece of work will have to do.

London, March 2013

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REFERENCES:

- Armstrong, K, 2009, *The Case for God*, The Bodley Head, 256–7.
 Coomaraswamy, A K, 1943, *Hinduism and Buddhism*, Philosophical Library, New York.
 Helman, C, 1991, *Body Myths*, Chatto & Windus.
 Peat, F D, Dec 1989, *Edges Magazine*.
 Wittgenstein, L, 1921, *Tractatus Logico-Philosophicus*, Routledge.

Chapter 1

Osteopathy: an overview

*Healing, Papa would tell me, is not a science, but
the intuitive art of wooing Nature.*

(W H Auden: *The Art of Healing*)

In our professional role, we as osteopaths spend a lot of time helping patients find answers: ‘answers’ to help with pain and other symptoms, ailments or complaints. Sometimes this is purely palliative, sometimes part of a quest for better health. Sometimes it’s a way of addressing deeper struggles or attempts to find meaning and reasons for things. This may help patients find ways of controlling their problems, if not their destiny! Meanwhile, the search for meaning and control is, perhaps, the driving force behind most if not all of our endeavours in the context of what it is to be human, but the drive towards ‘structural balance and integrity’ and everything that this enables, is what dominates osteopathic thinking. And what is truly remarkable is just what this *does* enable and the potential for change that it can afford on so many levels of human function and experience. I sincerely hope that this book goes some way towards showing why this is possible, why it happens in daily practice, and something of the process by which we can help it to make it happen.

Background

Osteopathy, or osteopathic medicine as it is sometimes called, is one of many windows on the wider world of meaning whether its purpose is focused on the relief of pain, a pathway to improved health, a means of coping or finding a sense of direction or purpose, that precious quest without end, or simply on helping people live more comfortably ‘inside their own skins.’ And as such, osteopathy is one form of ‘interpretation,’ one of many approaches that dedicates itself to making things better. However, it has managed to acquire a number of stereotypical misconceptions over the years about what it is and what it purports to do and when it ‘states’ its potential honestly, it is often viewed as pretentious, over-ambitious or even arrogant. One of the reasons for this is that its methods and its theoretical basis are viewed against the backdrop of a highly developed medical sophistication and technology that are of a very different cultural flavour. Osteopathy and mainstream medicine

may well have approximately similar goals – healing – but they are conceptually as different as painting and music. When osteopathy was conceived, it was both a reaction, almost a revolution, and an alternative. But above all, it was a new way of seeing; a way of conceptualising health and disease that called for a new way of treating patients. Indeed, its methods were dedicated to the ‘location’, enhancement and expression of *health* in the patient more than the confrontation of disease *per se*.

Misconceptions

Let’s look at misconceptions about osteopathy first and then at its evolution over its 130 years’ history. Sit next to a perfect stranger at that sometimes grim phenomenon known as the dinner party and naturally enough and pretty soon the subject of one’s occupation will arise. All of us in the profession will have heard one of the stock responses: ‘what’s that?’ (although this is becoming rarer in the last 30 years); or ‘oh that’s bones isn’t it?’; or, ‘oh that’s backs’; or the ‘tabloid-oriented’ might gleefully recall Stephen Ward – ‘society osteopath’ – and the notorious ‘Profumo scandal’ of the 1960s, imagining us to have equally colourful if not scandalous lives; or perhaps someone will launch into a description of back-related pain that invites on-the-spot consultation. One colleague would circumvent the tedium of such conversations, bringing them to an abrupt close with the words, ‘Actually, I sell spoons!’ Well, given that things like that don’t happen without a reason, why is it that members of the public have so little idea about osteopathic medicine unless, that is, they have personally experienced osteopathy at its broadest and best? Why has Andrew Taylor Still’s vision been so poorly understood and interpreted?

The question is really a far deeper one and not only involves the problem that any society or culture has with the integration of new ideas but also the resistance to embrace new perspectives. When Dr Still established osteopathy in the 1870s, he was already a practising physician and for reasons known to many in the profession (see below), he propounded the concept of osteopathy as an *alternative*, not as an extension of conventional medical practice. Now as much as we need and teach medical science in its conventional guise and integrate it into the whole matter of patient care, the true practice of osteopathy has to sidestep conventional methods, *almost* completely, to base its diagnostic and therapeutic practice on a very different paradigm.

It has been said that if a new idea involves too many logical steps to integrate it into the established canon of knowledge, it will remain on the sidelines where it will be consigned to ‘cranky’ unorthodoxy at best and oblivion at worst. Alfred Pischinger (1899–1982), for example, who pioneered research into the significance of the extracellular matrix and its role in disease causation made such a valuable contribution to a truer understanding of disease, yet his work was too radical to be absorbed into the mainstream and has been

largely ignored or forgotten. Comparatively recently it has been resuscitated as its relevance is being realized, more particularly within those disciplines that focus on the *predisposition* to disease rather than the confrontation of it. But we'll look at this more a little later.

Meanwhile, the culture of scepticism daily rejects so-called 'alternative' approaches, blind to their complexity, seeing them as transgressions of what is anyway an incomplete and sometimes erroneous 'orthodox' medical concept whose adherents remain convinced of its infallibility. Add to this the weight of the establishment/mainstream credo, and the integration of alternative principles can become a forlorn hope with as much promise of meaningful dialogue as an acrimonious divorce. I often think that the articulate and intelligent critics of alternative methods might sometimes temper their certainty with a willingness to look outside their beautifully crafted conceptual boxes. To be genuinely and constructively discriminating is to 'let go' of certainty, to allow knowledge to point the way *towards* the unknown, rather than merely to underscore the already proven.

PARADIGMS

In his classic text *The Structure of Scientific Revolutions* (1962) on the crisis essential to the 'paradigm shift', a phrase he coined, Thomas Kuhn elucidates for all time the way that major advances in science and knowledge 'happen' rather than 'evolve'. The happening may well require an evolution of thought but it is when the creative leap occurs that innovation is truly born. This might be the result of inspiration, intuition, divine intervention or sheer genius or the overlapping of all these, but it *occurs* rather than develops, often as a by-product of the methodical search for something else. What is virtually inevitable is the way that innovation is resisted, feared and rejected, though what I'm afraid sometimes 'oils the wheels' of acceptance, might be political or commercial expediency. (Clearly, in this respect, no one had much to gain from the integration of osteopathy into health care, at least not for a while!)

What is worse for osteopathy is that as a profession, it has reacted to ostracism by bargaining with the establishment and attempting to dress itself in 'respectable' clothes, even believing that it should conform to the conventional model to gain acceptance. Sadly, this has created a schism in the profession but more strangely, it has as a trend ignored the fact that medical science is itself changing all the time while some in our own profession cling to worn-out models! Some of the newer models have evolved from contemporary physics and this has provided some of the most exciting underpinnings of the osteopathic method that we have known. The problem is that these innovations in science are truly challenging and their proponents have similar problems of acceptance amongst many of their peers. But here, it has to be said and said loudly, that if 'new' knowledge simply exaggerated and elaborated

what we knew already, nothing much would have changed in the history of civilisation.

Likewise, if musicians and artists had never offended established opinions and tastes (which many of the great ones did), their art would have died from stultification. Allowing for the vagaries of fashion, many have broken new ground to drive their art forward, celebration only gradually replacing vilification and derision. Look, for example, at the public reaction to Manet, Turner, Van Gogh, Scriabin and Stravinsky. Time would have to pass before their influence and pivotal place in the evolution of their artistic fields would be appreciated, respected and acclaimed. The breaking of new ground, so vital for progress, inevitably entails the radical restructuring of the 'established', whose minions and devotees are profoundly threatened and outraged by change.

I am not too concerned here with writing a history of osteopathy; others have tackled this task admirably, many within the profession will be fairly familiar with it and others of my readers might have only marginal interest in it. However there are certain aspects that seem to engage people. One is the misconception that osteopathy is derived from eastern culture; a view that many of our patients have voiced. Many eastern philosophical and spiritual ideas have certainly influenced some aspects of practice for several – though certainly not all – practitioners. However, osteopathy was born in the United States, in Missouri; delivered into the world by a physician, Andrew Taylor Still, who was born in Virginia and whose father was a Methodist minister in a predominantly farming community. Various cultural influences might well have shaped Still's ideas since his time living and working with the Shawnee Indians in the 1850s, but osteopathy was an American import.

STILL AND ORIGINS

There can be very little doubt that Dr Still saw his version of medicine as a radical alternative to the medicine of the day. Many patients and their families come to us now for the same reason, as an alternative to the mainstream. Still's reasons were very personal. He had lost three children from spinal meningitis and this experience filtered through his almost obsessive musings on the body, on what we would now call functional anatomy, and on the natural order of things. Still was a highly spiritual man though he probably had little time for formal religion, and his spiritual sense expanded his philosophical approach to the human condition that led to the assertion of a *vitalistic* principle that expressed the potential for health and repair in the body, provided that certain conditions were met, a dynamic propensity that he called 'biogen'. This potential was based on the principle of unity of function (integration), the biochemical mechanism of self-regulation, and the prime requisite of healthy physical and mechanical 'adjustment'. The idea that the balanced complex integration

of the body structure – most importantly including the fascia – being intimately related to health, healing and self-repair was born. So was an approach to manual treatment that was designed to enhance it, and Still called it ‘osteopathy’.

Now, however complex the art of this work may be and however hard it is to acquire the necessary skills of diagnosis, palpation and technique, this notion can sometimes appear banal in the face of the medical sophistication that we are so used to in the orthodox arena. But it was ever thus. Still’s ideas were ground-breaking, and although he had derived some of his ideas from pioneers in other fields, it was his inspiration to bring them together in the form of a medical discipline or system, to advocate an almost passionate interest in anatomy and to assert the relationship between ‘structure’ and ‘function’ that was to form the basis for the system that has been practised for 130 years. The orthodoxy of Still’s time simply couldn’t wear it and frankly, many would say they haven’t really worn it since! However, we’re still here and though many in the profession have felt the squeeze of disapproval from the medical establishment and have sought a more comfortable place within it, involving a significant compromise of principle, there are others who see Still’s truths as vividly as ever, whose practice is based on them and who continue to explore available developments in science that validate the work and Still’s gift.

Some inside the profession will be disappointed by my reluctance to have osteopathy conform theoretically or methodologically to conventional medical discipline. Such conformity – for either politically expedient reasons or through the bowing under the weight of medicine’s undisputed achievements – would be disingenuous. Osteopathy has always been a different discipline with strengths that are its *raison d’être*. Without them, and by compromising to become an ‘add-on’ to the structural end of medicine, we would gradually lose our role and cease to be, with our unique voice. Some would say such a danger is closer than we think. Furthermore, the ambiguous relationship between osteopathy and the mainstream has taken many different forms in different parts of the world. In some countries, it is illegal; in others it is permitted but only if practised by medical doctors; in many, it exists as an independently regulated profession, as in the UK; and somewhat paradoxically, in the USA, the birthplace of osteopathy, it has undergone a political ‘mutation’, in which it has donned the guise, training and discipline of the allopathic profession leaving a tiny minority who have continued ‘on the path’.

When Theresa Cisler edited and produced the compilation of impassioned writings of one of osteopathy’s elder statesmen, Bob Fulford, under the title *Are We On The Path?* (2003), it posed the very real challenge to the profession that, in many respects, we weren’t. The struggle that the profession has experienced with this ‘true’ relationship with our principles may have been partly conceptual and intellectual but it has also been largely political and expedient, and this has, as I say, played out differently in different countries and at different times.

Still's language, his almost poetic turns of phrase, the relatively unsophisticated levels of medical understanding of his time compared with our own, all these make Still hard, even for some of our own number, to take. But in common with so many innovative ideas, so many inspirational truths, language reveals its shortcomings. So often in what we now call 'holistic' thinking, we deal with such an infinite sense of *unity or oneness* as a concept that we truly run out of language, reaching out for metaphor. We need to read Still with this in mind, and this applies too when we look at the work of our other early pioneers like William Garner Sutherland who we'll meet in Chapter 5.

But here, I must highlight a common tendency: an arrogance of attitude that often consigns historical material to inferior, even doubtful status at best, to the scrap heap at worst. Instead of seeing new material as a product of a different perspective, we see it as something that supersedes everything that went before. Now, whereas this is, of course, sometimes true, it isn't always the case. There has been a tendency in our profession to reject some of our finer concepts in the name of 'progress' in order to conform within a paradigm that best fits another discipline all together.

DIVERSITY

Many different styles and perspectives pepper the profession of osteopathy. As I frequently tell patients: osteopathy is not a standard product. The same can of course be said about all medical disciplines, both conventional and otherwise. Surgeons will differ in the way they perform certain operations and will bring varying levels of skill to their task. I often say to students, ponder the difference between a competent surgeon and a great one. The skills involved are a product to some extent of dexterity, but the experiential and technical knowledge brought to bear, the intuitive sense of 'feel' derived from years of experience, wise clinical judgement, the empathy and involvement with the tissues and their anatomy, all these contribute to a performance of real distinction and excellence. The same is certainly true of osteopathy (as well as many other therapeutic skills). Training, clinical perspectives, inspiration, personality all combine with competence to provide a 'product' that is in some ways unique, and our role as teachers should, to some extent, be directed at helping our students make the art 'their own'.

Good teaching sows the seeds of these skills. It is their germination that not only supports the growth of the individual student's special abilities, but in harnessing these to principles of diagnosis and treatment that have been tried and tested over many years, it furnishes the student with the potential to develop as a clinician that should always keep the work fresh, open to new perspectives and alive. For, in the end, there are no definitive treatments. We prime the student with principle and method and then encourage the individual to fashion the rest through a process of dedication.

theory, who answered the mystery of 'what is life?' saying that living things are distinguished by the facility to create order from disorder, a sort of reversal of entropy. However, it is where that process fails or is too costly to the physiological (and sometimes psychological) reserves of the individual that an element of 'breakdown' occurs and help is required. These are the patients who come to see us. Perfectly adapted individuals usually don't.

CONCLUSION

So the osteopathic method which was enshrined in Still's dictum that it is 'the law of mind, matter and motion', we might elaborate thus: it is based on the concept of 'structure/function' unity; it is based on the vision of the body as the organisation or orchestration of informational fields reflecting circulatory, neural, biochemical and bioelectric signalling, producing the potential for self-regulation and repair; and finally, that these are accessible through physical (manual) interventions and therapeutic agencies that can be modulated by knowledge and intention.

By and large, the aim of treatment is not so much the confrontation of illness or disease (though many palliative arrows exist in the osteopathic quiver), more the access and stimulation of the vital quality of health and the facilitation of its expression, thereby overcoming many of our patients' problems. The extent to which this can overcome severe health problems is often remarkable, and increasingly osteopaths are now cast in the role of primary healthcare physicians. There is an important question here as to the extent to which osteopaths in the UK can be permitted to fill this role completely owing to their limited access to certain emergency procedures, resources and facilities involving direct access to hospitals and conventional colleagues which some critical situations would require. It is, after all, the access to secondary and tertiary care that allows primary care to be effective in certain circumstances.

Naturally, there will sometimes be limits to the efficacy of our approach, and major pathologies and highly virulent infections can and often do overwhelm the average constitution, even with osteopathic support. However, in a huge proportion of human ills and especially the 80% that tend to be considered 'functional', osteopathic methods can have an astonishing level of effectiveness as patterns of ill health (with their associated multiplicity of symptoms - often attributed erroneously to separate ailments) are reversed or resolved and health once again asserts itself with greater potency.

Caveat

But in case the elegance of this approach should persuade you that it is the ultimate panacea, there are, as in all therapeutic systems, limitations. We are often humbly chastened when confronted with the mysteriously stubborn case; the familiar condition in a patient we consider well-understood and 'read' (or

diagnosed), a strong patient/practitioner link with no detectable resistant psychogenic elements, no 'practitioner addiction' and no lurking or overwhelming pathology. And for all the drawing forth of that inner 'healing,' the patient continues to struggle. That quest for clear understanding and certainty will, despite all our dedication and insight, remind us that there is always more to know, more perhaps we cannot know, and every model and its exponents have their limits. However, whereas it is essential to know one's limitations and the limitations of one's method, it can be anything but straightforward, for many oft-seen conditions will, as stated, sometimes fail to respond whilst extraordinary and unexpected results sometimes occur with very rare or complex cases. What is more, premature referral can be unwise, both evading the possibility of 'break-through' and committing the patient to serial referral, itself destabilising (especially when separation or emotional rejection play a part in the patient's story).

Meanwhile, the principles and the model remain key, for it is only through them that we can hope to access and stimulate our patients' constitutions, to elicit and enhance the inner resource of each individual, their potential and their possibilities in the reclamation of health and wellbeing.

OSTEOPATHIC SCHEMA:

