

STEFAN HAGOPIAN, DO ON BECOMING AN OSTEOPATH

Interview by Bonnie Horrigan • Photography by Doug Ferguson

Stefan L. J. Hagopian, DO, earned a BS in 1982 from Worcester Polytechnic Institute in Massachusetts, where he studied biomedical engineering. In 1983 he interned with Jon Kabat-Zinn at the University of Massachusetts Medical Center's Stress Reduction and Relaxation Program. He graduated in 1988 from the University of New England College of Osteopathic Medicine, Biddeford, Me, where he was selected for a 1-year traditional osteopathic research and teaching fellowship. He then completed a rotating internship at Cranston General Osteopathic Hospital in Rhode Island.

Dr Hagopian has studied with leading osteopaths in the United States, including James Jealous, Anne Wales, Herbert Miller, Viola Frymann, Boyd Buser, Robert Fulford, and Rollin Becker. He was a cofounder in 1985 of the Still-Sutherland Study Group in New England under the direction of Drs Jealous and Wales, and later served on education committees of the American Academy of Osteopathy and the Sutherland Cranial Teaching Foundation.

Since 1989, Dr Hagopian has been a faculty member of the Western University College of Osteopathic Medicine of the Pacific in Pomona, Calif, and frequently lectures and demonstrates osteopathic principles at academic institutions throughout the United States and Europe.

Dr Hagopian is board certified by the American Academy of Osteopathy in neuromusculoskeletal medicine and by the Cranial Academy in cranial osteopathy. In 1995 he was named Physician of the Year by Los Angeles area health professionals.

Alternative Therapies interviewed Dr Hagopian at his organic farm in Topanga, Calif.

Alternative Therapies: Why did you choose to become a DO rather than an MD?

Stefan Hagopian: I've always been fascinated by the nature of causation, especially by the issue of what causes healing. For me this is a spiritual question as well as a physical one. I was in college, struggling with the fundamental questions we start out

Shown here at his home office in Topanga, Calif, Dr Stefan Hagopian is a champion for the mentoring system used by osteopathic physicians. "You can't possibly learn these skills on your own," he says.

with. What do I want my life to be like? Who do I want to affect and how? Instinctively I felt there must be more to healing than what I saw in the conventional practice of medicine. My adviser suggested osteopathic medical school, which he said would teach manual medicine and nutrition in addition to all the regular medicine and surgery. That sounded interesting, but I really didn't know what osteopathy was all about.

Meanwhile, I thought that I'd need to add alternative therapies to medicine to become holistic, so I took courses in acupuncture, herbology, Tibetan medicine, and homeopathy. I also studied martial arts and went to China. I began to grasp how these systems evolve from paradigms unique to their native cultures and traditions, how each of the ancient healing practices, while not contradicting the others, involves separate principles and techniques. I learned enough to get introduced to these disciplines but not to practice them. Then, over time, I saw that osteopathy was comparably rich in its groundings and its potential to heal.

I read books by the founder of osteopathy, A. T. Still, MD, and by his student, W. G. Sutherland, DO. I saw how osteopathy derived from American paradigms, and how it enriched existing medical traditions, both didactic and clinical. Dr Still's choice of the term *osteopathy* in the late 1800s—because "we start with the bones"—seemed vague to me initially. But he also said that *osteo* includes the idea of "cause" as well as "bone," and *pathos* means "suffering." The idea of addressing the patient's root cause of suffering was not only clear, it was a revelation.

The traditional approach of Still, Sutherland, and their students involves simultaneously sensing, recognizing, and treating body dynamics with great precision; it's handed down from one doctor to the next by very specific means. I had the good fortune of meeting some outstanding osteopaths early in my career, both on faculty and elsewhere. These wonderful, vital people became my mentors. Their level of proficiency and clinical results inspired me to search further within the field.

AT: What's involved in the training of a traditional osteopathic doctor?

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Hagopian: We start by learning the basics, the structure of the body in every detail of anatomy: gross, cellular, molecular, functional, and developmental. Next we move into pathology, how and why things go wrong. We need to be able to discern and treat the diseases that threaten life. We reemphasize these conceptual tools in the next stage, which is clinical training. This is much like medical school anywhere. What's different is that while learning essential sciences, we're also learning by hand: not just by verbal report, not just by studies or imaging or analysis. We learn to sense disease and health with our hands.

Let's take the science of gross anatomy. Historically, the world's great anatomists learned how structures looked, their shapes, and learned their names in Latin and Greek. They used their intellect to deduce functions. Osteopaths do the same, plus we add the kinesthetic dimension. We use our hands the way early anatomists used their eyes: not just to scan for defects, but to assess relationships that maybe aren't immediately obvious and to increase our understanding of how things work. Early in training, we use our hands to learn how the connective tissues, fluids, joints, and muscles act dynamically, and how they interact with organs, vessels, nerves, and the immune system. We become skilled in palpation, sensing physical details such as structural morphology and functional mobility. Then, in the third and fourth years, we put these teachings into practice with patients in a hospital or clinical setting.

Once we've covered the didactics of our training, we go to the next level. We continue to hone our skills with disease and its variables in living people, but, paradoxically, we must also deepen our study of normal anatomy, physiology, and embryology in living process.

AT: So you're studying what's wrong and what's right at the same time?

Hagopian: Exactly. And we discover that the body is brilliantly designed around what's right. When we're taught palpation we physically learn about some very important relationships that constitute ideal function. We learn the body's capacity to self-correct, to heal.

It's a very different set of skills. In learning diagnosis and treatment, we train our attention to scan and choose which constellation of relationships to bring forward. We may take 10 or 20 minutes without talking and without instruments, working with our hands to determine the underlying cause of a patient's condition while simultaneously building a sense of the healthy, functional relationships among tissues, fluids, and energies.

What's wrong—the disease or injury—begins to be sensed as an interruption, restriction, or imbalance in an otherwise healthy and responsive system that may require only a subtle shift in order to return to health. There's consistent feedback from one dimension of work to another—the subtle to the gross and vice versa—that tells us if our effort is accurate and appropriate. We learn the stillness of listening, not the immediate jumping in to turn off the symptoms; we learn

to give our attention to health and to an attuned progression of responsive actions.

AT: How did it feel the first time using your hands really worked for you with a patient?

Hagopian: Surprising. Initially, I was amazed when someone simply relaxed under my hands. Later, I was blown away when a patient's sinusitis cleared after I worked on his face, and also the first time I was able to effectively treat a young child. A 4 year old came in with seizures following a 2-story fall. He responded more quickly to treatment than I had any right to expect. I was awestruck by the nature of how things can grow and express in life.

In another example, a patient of mine had experienced a tremendous amount of trauma years earlier. During the process of treatment I encountered a very distinct sensation in him of physical dissociation. That is to say, part of him was moving involuntarily, as if displaced from the location of his physical body, as if some parts were there and some were missing. After the treatment, the patient got off the table and said, "I just came back into my body." He was amazed he hadn't noticed it before. All these years he'd actually been walking around as if out of his body, disconnected, as a reaction to the trauma.

When we're finally able to discern clearly where the causes lie and how a patient's health organizes around them, that's a profound experience.

In osteopathy we work in the physical world. We don't want to impose our preconceived agenda—no matter how effective it may be in the average case—onto that specific, possibly anomalous person's body and psyche. As doctors, we need to become quiet, to perceive and work in harmony with the present state of the physics of the body we're attempting to help to heal.

AT: The physics of the body?

Hagopian: The rules of its physical reality. Consider this: at root, the physics of any system is primary to the chemistry of that system. In turn, in living systems, the chemistry is primary to the biology of that system.

Right now medicine is very grounded in chemistry; how to influence cell receptors, replace deficient hormones, balance neurochemicals, and so on. Osteopathy is grounded in physics, in pressures and tensions, fluctuations and flows. It's biomechanics, fluid dynamics, heat transfer. It's slow vibratory changes, how blood should flow and other fluids fluctuate, how energies and tissues can stagnate, and how they all can release.

Chemical reactions in the body occur within very narrowly defined physical parameters. For example, an enzyme will catalyze a reaction only in a very narrow range of pressure, determined in part by the tension in the walls of that compartment. Balancing the tension in tissues that form compartments is something we do quite often in clinical application. As osteopaths we perceive and interact with—without interfering

with—the physics of the human body. By this I mean everything from the gross tension and mobility of tissues to the subtle permeation and integration of fluid and energetic activity.

AT: How do you see and change “the physics of the body”?

Hagopian: Once you can see how the body is working to bring about change, and once you gather enough detail regarding the healthy majority of its processes, you can use these as a fulcrum to accomplish large shifts with small amounts of effort.

Of course, some details of pathology may be more easily determined with magnetic resonance imaging (MRI), computer-assisted tomography (CAT) scans, or electroencephalograms (EEGs), and we absolutely use these when needed. We're not fanatics. But more often we use our hands. In some ways, hands, when properly trained, can be more precise and more sensitive than eyes or tests, and hands can certainly provide a multidimensional input.

The parameters of diagnosis are somewhat different from those in allopathic medicine. Concluding a patient has a neurological problem, or even a specific radiculopathy, is only part of the issue. Reaching a diagnosis for us means understanding cause and, more importantly, the involuntary healing processes already at work in the patient's body.

AT: Can you always perceive cause?

Hagopian: Often, but the question can be, when? Giving a treatment is a lot like the process of learning. Sometimes you plod and pry and beat your head against the wall until something yields, usually yourself. And sometimes someone comes along and taps you on the shoulder. The challenge is to be prepared, always, for either situation.

It takes years of study and practice to see big patterns and tiny shifts, to feel very subtle processes, and to distinguish through your hands the pathways of health.

AT: Where do you, as the doctor, fit into the process?

Hagopian: We try to discover as much as possible about that with which we're trying to interact. Then we can step in without crushing or distorting things, without imposing some treatment

agenda that might turn out, in retrospect, to have only been the fashion of the moment. We don't want to come in with our own agenda, even if that, too, might work some percentage of the time. We need to be precise and receptive in gathering data.

AT: Can you give me an example of interaction versus interference?

Hagopian: Interaction is what happens when what we do does not perturb the inherent healing processes taking place. It doesn't leave footprints.

AT: So if you come in and change a process that's going on in the human body, that's interference?

Hagopian: It is, if that process is a normal, healthy one. If it's abnormal and unhealthy, then we need to ask, “Does this need my interference?”

It's always better to recruit the healthy processes to take care of the abnormal one. That would be interaction: reorganizing, augmenting, or otherwise mustering what's already at work to heal. It's like teaching: if we teach students how to learn on their own, how much more do they know than if we lead them? Or worse, if we only criticize their mistakes? So if we can guide the patients' own homeostatic mechanisms to perceive what's going on, they'll take care of it themselves. The human machine comes already equipped to handle just about every

kind of challenge that someone can survive.

AT: In your view, would a radiation treatment for cancer be interference?

Hagopian: Perhaps, but sometimes it's necessary. What if a person's immune system can't perceive the cancer cells? I'm not an oncologist, but the medical literature indicates that cancer occurs in each one of us, all the time. So how is it we're not all riddled with cancer? Because as soon as the cells begin dividing uncontrollably or going AWOL, the body's homeostatic mechanisms recognize them as out of line and take care of them, chemically or physically.

Cells that become cancer, per se, get that opportunity by evading recognition for what they are. Maybe there's a deficient

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flow to the area of immune components and health-maintaining nutrients. Maybe waste products aren't being cleared away. Lymphatic congestion can also inhibit the subtle fluctuation of fluids and energies. If a body can't recognize there's a problem, it certainly can't offer a defense.

If we doctors can successfully call on the patient's own immune system, or recruit the whole body with its other organ systems to deliver what's needed, fine. That's preferable to surgery or radiation or chemical manipulation. But if the cancer threatens to be widespread or overwhelming, by all means, interfere.

I'm not claiming that we have miraculous abilities to sense and treat. Like any form of care, osteopathy has its limits and its failures. However, we can develop the ability to discover what a patient's particular problem and other deviations from health feel like through our hands.

AT: Let's talk more about cases. Someone walks in with a specific problem. How do you decide what to do?

Hagopian: We begin with the usual patient interviews. I take a detailed history, including accidents and traumatic events. Then I do a physical examination. It begins with many of the usual tests: ear, nose, and throat (ENT) examination, neurological and other visceral evaluations. As osteopaths, we expand the physical examination. The patient sits or lies down and we sense the patient with our hands.

We don't just feel lumps and bumps and misalignments, we listen to the body's basic rhythms; we trace impulse and flow along connective tissues; we gather data on how the linked systems of the body act together through involuntary motions. This is a very different use of the hands than is done in any other type of medical care.

The ways in which sensory impressions come through our hands tell us what might historically have been health for that person or what might become health some day. But putting this into words is as difficult as describing exactly what you hear when you listen to great music.

AT: After you perceive a problem nonverbally, how do you know how much and what kind of treatment to do?

Hagopian: As doctors, if we can sense what a state of health would actually, physically feel like in a particular patient, we can work with that individual without interfering. We work with relationships of structure and function, body to mind, parts to whole, past to present, individual to environment.

My goal is to be careful yet effective, to encourage the body, via its physics, into a remembrance and reinvention, today, of health. How and where to treat will be dictated by the body's own purposeful changes in the direction of its inherent perfect design.

These things are all occurring simultaneously in treatment. As you're diagnosing, you're figuring out change. You're thinking, Are you going to go in there right now? Or are you going to sit patiently and let a clear path be shown? It comes to you.

Sometimes you pound on doors till something heals. But mostly you are seeking to work in harmony with the inherent healing process. The challenge is to stay still enough, while acting, to receive the key for each door. And if a door is closed because there's no real activity happening behind it, or maybe it's closed with activity waiting, you need to decide when, or even if, to open it. It's a perception, not an imposition. Without opening the door or even pounding on it, you can often sense what's behind the door.

While giving a treatment, literally thousands of impressions present themselves. What is random? What is meaningful? Which choice will lead to peace? Is it the one the patient told you about or hinted at in his or her history? Patients come in for many reasons. Some come just to be reassured or to have their associations danced with. Our challenge is to demonstrate a more fruitful path. Even when we do, sometimes a patient will say, "Hey, you know what? I don't care about fruitfulness right now. I just want to win my tennis game Saturday."

AT: So then do you heal their tennis elbow or push them into something deeper?

Hagopian: That may change depending on where we are in our journey. This is a lifelong pursuit. One of my teachers said, when she was 85, "I'm a better osteopath today than I was 5 years ago." I hope when I'm 85 I can say the same.

This practice is very meditative. In the traditional approaches, we don't dissociate diagnosis from treatment. Learning how to receive impressions and simultaneously acting to treat them, we need to become present to what is actually going on in each moment. To do so on an ongoing basis



requires continued flexibility and change. If we're going to sense our patients presently, historically, and with regard to their potential—which healing requires—we need to stay sensitive to past, present, and future learning within ourselves.

AT: So you're not just treating a disease?

Hagopian: Does individual health end at the borders of the body? Most of us, if we thought about it, would say no. The health of the macrosystem is essential to that of the microsystem and vice versa. Interestingly, after being treated, some people experience enhanced awareness not only of themselves, but of how they relate to their environment.

One basic example is, how do we know what and when to eat? Any animal eats what's good for it. Except us. We each come equipped with an instinctive taste, smell, and nausea index, just like other species, but we've learned to override our instincts. If we drink when we're thirsty, eat when we're hungry, eat what tastes right and gives a good feeling—not just as it's passing down the throat but in a few hours or the next day—we could return to the natural awareness we truly are designed to have.

If we check how we feel at varying intervals after we eat something, soon we can start to choose our food for health, which will in turn further sharpen our instinctive senses.

An osteopathic treatment serves to augment a patient's sense of his or her own state of being. Disease involves a palpable loss of connection with, or blockage from, essential intrapersonal and interpersonal rhythms. Each body pulses in a rhythm akin to the fundamental tide of its own life. This may sound mystical, but actually these innate rhythms can be, and are able to be, sensed by those trained to perceive and work with them.

AT: Which is easier to sense, disease or health?

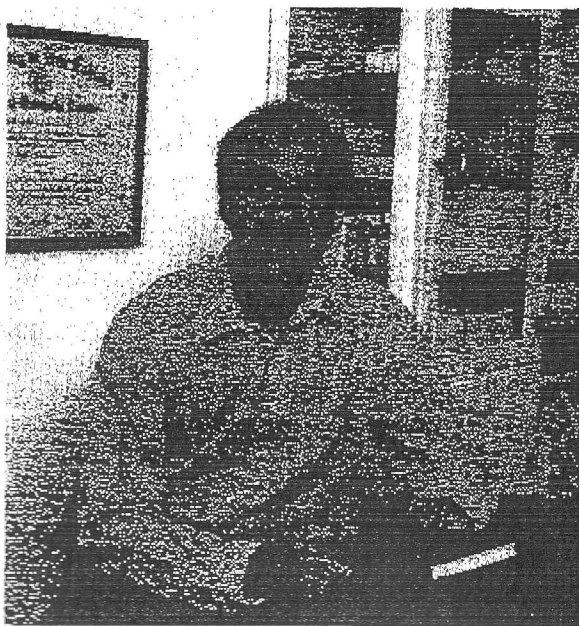
Hagopian: Disease. It jumps off the page, so to speak. Health seems to bleed into a harmonious sea of quiet, and it's therefore easier to ignore. Also, culturally we are educated from a very early age to ask, "What's wrong with this picture?" and later, as Western scientists, to ask and pinpoint, "What's wrong with this system?" often losing contact with a vast presence of healthy functioning.

AT: If we're innately healthy, do we immediately bounce back to health the second we find and remove the cause?

Hagopian: It's not always that simple. A whole lifetime of physical or emotional adaptations, behaviors, and traits may have developed in compensation for a cause now decades old. Simply removing the cause could hurt if all those compensations then crash like a house of cards. So we need to work congruently with the patient's existing homeostatic mechanisms (they could be called homeodynamic)—these are what patients will use to heal themselves, once a treatment is applied.

There's joy in this. If what is done can be very precise, we really don't need to do much at all. Once we can discern from the sum total of self-healing activity how a body's attempts to heal have been prioritized, how they protect or otherwise dynamically relate to an injury, then doing osteopathy is no longer a procedure. It becomes much less a matter of manipulation and much more a matter of "being in the right place at the right time."

But both in adults and children, there's no single treatment or set of techniques that work routinely in a particular illness. Each patient is individual.



AT: Can you give a case example of this?

Hagopian: Yes. The last asthma patient I saw couldn't breathe easily through the airways in his nose. He'd been trying to breathe against resistance, causing negative pressure in the chest and secondary bronchial constriction. Both problems resolved with treatment of some birth-injury patterns in the upper face that had caused this restriction and congestion around the nasal airways.

A second patient required more attention to the diaphragm and other tissues in the chest, along with some dietary and medication changes.

A third case of asthma in an 11-year-old boy developed after a bad ankle sprain that left him, 2 years later, with 40% of normal mobility in one ankle. This wasn't enough to cause a noticeable limp, so it went untreated. In this case, the restrictions in his bronchial airways were related to rib cage immobility that in turn couldn't correct until his ankle mobility was improved. There are actually mechanical linkages between those distant parts of the anatomy.

There are other aspects that involve deeper relationships, multiple dimensions of involuntary motion, or smaller structures. Many nerve entrapments, for example, are very complex. You can't push or cut here and have them release there. Often a nerve is irritated by dysfunction among connective tissues that may extend some distance from the nerve itself. Or these connective tissues around the nerve may be tense or relatively immobile, which in turn increases fluid compartmental pressure in and around the nerve.

We're not just perceiving how the joints, muscle groups, and large organs move in dysfunction or disease. We're also following physiologic motions in another dimension entirely: how things move involuntarily according to a design that is the same in all of us—the flow of life. This is very little about disease and very much about health when we bring forth the body's abilities to resolve disease.

AT: How do you do that?

Hagopian: To me this is one of the most profound aspects of this science, and it was first described clearly by W. G. Sutherland when he identified what he called the primary respiratory mechanism. This includes a breath of life that manifests as palpable phenomena in the human body: involuntary mobility of meningeal tissues and bones, fluctuations of cerebrospinal fluid, and much more. We synchronize our efforts with these motions so they can resonate together more harmoniously instead of buzzing in discord. By balancing these bio-physical systems we can often influence biochemical functions, which in turn regulate metabolism, perception, and the immune system.

We need to perceive so many relationships, all involuntary, all coordinated with the gross physical body, as well as the most subtle phenomenon. Summaries are great for discussion, but practice isn't simple. If practitioners tell you they understand the whole thing and can fix it in a flash, they're either joking or naive.

Behind all motion lies a stillness. Every great philosophy references this concept. Of course, within stillness are other dimensions of what you might call motion. But let's just talk about stillness. If you try to contact stillness without knowing every nuance of the motion in front of it, you'll very likely unintentionally interfere with that motion.

That's why osteopathy takes so long to learn. There are many types of motion and many types of stillness. And then there's the challenge to maintain clear contact with health when disease arises and can seem to draw all your attention.

There's an old proverb that says if you open the door of a dark closet, the darkness doesn't go into the room—the light fills the closet. The body's capacity to heal itself is our natural law. With the help of the greater whole, the whole will recruit the damaged part, reorganize it, reclaim it, and integrate it with the whole again.

AT: Would you talk about the study of embryology?

Hagopian: It's the science of a process; it details the universal guidelines of physical history. If we understand how the body develops, we can get more than a picture of now. We can work along with a vast memory of a very perfect process that takes a long time to etch itself into the human form. Core health isn't a static object to seek and get, it's a developmental process.

Now, let's say you have a valuable machine and it breaks. The parts are there, but the problem seems to be with some essential interactions. You don't know which ones and you don't know how to fix it. You can bring in a repair service to make adjustments, zap it with chemicals, or replace some parts. Or you can call on an engineer who knows the design. The way the machine was materially created offers insight into how it might be repaired and retuned.

The engineer is not just the osteopath. The engineer is the patient. The osteopath is here to heighten, with receptive attention and informed actions, the health universally inherent in the patient's design. The result isn't just an increase of health, it's also an increase in awareness.

AT: That's interesting. How does osteopathic treatment increase an individual's awareness?

Hagopian: In the spectrum of symptoms, numbness—loss of sensate awareness—is further down the road of disease than is pain. People can easily be pushed in that unfortunate direction by some commonly prescribed medications. Some of the body's own compensations for disease, or for the common allopathic treatments of disease, will also numb you. So a lot of people enter treatment partially numb.

Most often, we're engaging in a basic process: restoring motion to a place that's designed to move. An organ. A joint. An area of connective tissue. As a result, these structures function better. And then body parts can rid themselves of waste products. It's no small matter when blood, metabolic constituents, and nerve signals can flow better to where they're needed. The areas around the injured or diseased parts gain vitality too. Quite

suddenly, the patient isn't struggling against restrictions. This newly recruited energy can then allow the nervous system to communicate better with the whole self. We frequently see a concomitant upswing in mood and clarity of thinking as well as physical and proprioceptive function.

If one part of the body isn't talking to another part, there's less harmony throughout. If tissues or fluids are out of synch with one another and with the whole, energy is depleted, we fatigue, and we're more vulnerable to disease. Reestablishing integrated motion is fundamental to homeostasis. It unifies the structural, physiological, and biochemical functions that need to work together according to their original design.

AT: When you are working with people, do you get intuitions about their life and what happened to them?

Hagopian: Yes, when you're working with your hands, you may intuit what's going on presently with that person or what happened in the past. Sometimes you can explain these intellectually, sometimes you can't. We have ways to verify whether it's just our own perceptive filter that's producing an impression, or whether it's something that's actually pertinent. But even when we've verified an impression, that doesn't mean we always discuss it or follow it through right that moment. It's tricky. It may or may not be a useful or appropriate matter to open at the time.

One patient came in for migraine headaches. As soon as I placed my hands on her I felt a sadness fill the room. For reasons I can't explain, I knew it was related to her father. When I asked her, it was so upsetting that she didn't return for a long time. This was a misuse of intuition.

AT: How has the study of osteopathy changed you?

Hagopian: This study has deepened my insight. Practice requires me to become organized. You can't do this if you don't live it. You can't practice at your best if your whole life isn't congruent. There are a lot of things in life you can do well enough by just going through the motions of a skill, but osteopathy isn't one of them.

So when I find an area in my life that isn't congruent, I try to transform it. I try to heal it in the same way as when I work with a patient. I can't be burned out and do this kind of work, so I maintain my priorities, which are my health and spiritual

growth and my relationships with family and friends.

AT: What does osteopathy say about other dimensions of reality?

Hagopian: Our bodies express themselves the way they do thanks to some very conscious directives that are larger than human. Whether we talk about God or not, most people, even the most quantitative of rationalist scientists, would say yes if asked if they believe in order—in some overriding principle and spirit of generation or creativity—when asked if they believe in a spirit of life.

Dr Still said that osteopathy was a very sacred science, "nothing less than the Law of Mind, Matter, and Motion": the laws of creation (Mind), interacting in our world (Matter), through life (Motion).

Still also said, "We start with the bones." Now, 100 years later, we can read between the lines and bring them into our

own experience and language. Did he mean that when we take hold of our patient before us, we lay our hands on the most reliable landmarks, the most crystallized structures in the body? Or was he referring, in an indirect way, to the human body developing in time, which starts embryologically, with the first identifiable body part to appear being the notochord, or center of the future spine? This appears in the primordial layers of the embryonic disc, before any structural

indication of the nervous system or other organs.

If you think about it, bones are at the beginning of human life, with their marrow at the core of us throughout life. And at the end, what remains is the bones. This has helped me to understand the term *osteopathy* and some of what it represents.

The great teachers of osteopathy speak a lot about the perfection of creation and about an "inherent Wisdom," a "Physician within," the "Health" present in every living human being. Tapping into that perfection is our goal, and it goes beyond words.

When we bring to our work the qualities of attention and skill, we have the capacity to find cause and relieve suffering. For physicians this awareness can come in part from going to the depths of human experience, by staying up all night with a pregnant mother, or a dying elder, or a child with some unfathomable illness. But it also comes from this added dimension in the use of our hands, with a philosophy that respects a divine intelligence in human life.

