Palpation: Electric or Magnetic?

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Osteopathy was inspired by the notion that aberrant structure impaired normal function and the osteopath's duty was to restore structure to its original configuration to restore health. Dr. Still advised us to keep our "minds full of pictures of the normal body."[1] He also said to exaggerate the lesion to the degree of release and then allow "the ligaments to draw the articulations back into normal relationship."[2] Further, he said, "The x-ray by tremendously increasing the vibrations brings to light what is beneath the surface. Why can we not train our minds to do it?"[3]

All of these ideas set the stage for our work, the essence of which is subtle palpation, both diagnostic and therapeutic. When we use osteopathic palpatory diagnosis it can immediately become osteopathic treatment as the tissues respond when we place our attention upon what the body is already trying to correct. We align with the forces for healing that are already proceeding under our hands and change occurs spontaneously. Adding attention from an outside osteopathic palpator assists the Health already at work in the patient. With experience, we can visualize the tissue that wants to correct itself as though we are looking inside the body. Layering on top of that our visualization of normal anatomy, we further assist the ongoing process. As the tissues change under our observation, we are privy to how the body heals itself and specifically how it is healing this person in this moment.

As novices in this art of palpation, we are taught to let the information come to us and not invade the patient with our heavy hands or weighty attention for fear that something unfavorable will be imparted to the patient or conversely, the palpator could receive adverse effects from the patient with a coupling that is too intense. Paul Dart, MD captured the intention of this admonition to back off with his analogy that we, as palpators, must observe the process as if we are in a car watching through the windshield at what is unfolding before us. Instead of being in the front seat, however, we can slide into the back seat to observe absolutely without any attempt to control what is going on.[4] This passive attitude provides information as the palpator is able to perceive and as the body is able to reveal. As we "listen, listen, listen," according to Ken Graham's famous instruction,[5] we discover more and more, until we alight on what the body is already accomplishing. Then we can follow its lead to assist.

I call this style of palpation *magnetic* as opposed to electric. It is passive, rather than active. It just is – being, not doing. It is responsive rather than initiating. It is allowing the power in the system to do the job instead of applying force from the palpator. Of course, the power within the system is primary respiration, the potency of the fluid. We can rely on the *potency of the tide* to do the job from within. Dr. Sutherland assured us of this, instead of having to apply blind force from without.[6]

Why call it magnetic? Like a magnetic field, this type of palpation operates within a space, a space cleared by the operator's mind. The observer watches what lies between his or her hands and then beyond… and perhaps beyond that. Without identifying an object (ligament, joint, organ or vessel) the process unfolds through proprioceptive input into the operator's nervous system and perhaps through unnamed senses as well to unveil a field of energetic influence. Identifying specific anatomic parts may not be required in this style of manipulation.

The epitome of magnetic palpation is *Biodynamics*. With this style of treatment, we utilize magnetic perception routinely. We discover how energies affect physical form and energies of origin (breath of life) affect physical reality. But we may not necessarily identify that which is disturbed, distorted or dysfunctional by naming it or visualizing it specifically. Correction comes with attention on the forces for healing, with finding the Health, with pure observation. We find an energetic fulcrum associated with a dysfunction. The fulcrum could exist within the body or not. Through that portal – the stillness of the fulcrum – the Health emerges to provide the correction. There is no requirement for anatomic detail.

We work with fulcra, fields, forces and fluids. We observe and remain passive in intention. We follow the body's initiative to heal but apply no initiative of our own. Our only intention is to assist through a sense of love and wholeness, in harmony with the All That Is. The end point is integration of the patient's system and integration of the system with the whole. All the qualities of this style of palpation remind us of the force fields of magnetism.

Magnetic fields can be relatively stationary, with some possible variation over time, holding a pattern of energy. A magnetic field represents a response from an electric current. The electric current is intensely moving but creates a magnetic field that is relatively stationary with respect to the flow of electrons within the conductor. Such electromagnetic interactions are the underlying rule of quantum physics.[7] Every chemical reaction involves an electromagnetic interaction. All of biology, seen through this lens, is rich with electricity and magnetism. The connective tissues represent this reality well by displaying piezoelectricity.[8]

With respect to piezoelectricity, all proteins in the connective tissue, the majority of which are collagen, have polarity of charge within their molecules. A relative

positive charge at the head of the collagen molecule organizes them into a liquid crystal, into a liquid crystal, which renders a characteristic behavior of the connective tissue. All crystals display piezoelectricity, characterized by electric input rendering a mechanical response, or mechanical input rendering an electric response. Essentially, piezoelectric crystals are electromechanical transducers. By this fact, it is clear that tissues respond with some sort of movement from electrical activity and respond with electrical activity with any movement. This is the heart of biodynamics, how energy and matter inter-relate. With respect to connective tissue, mechanical qualities represent structure, while electric qualities represent function. Piezoelectricity is the basis of the structure/function inter-relationship.

We also understand that a magnetic field accompanies an electric current and that moving a conductor through a magnetic field causes electrons to travel down the conductor, the phenomenon we know as "induction." In other words there is a relationship among the three variables: mechanics, electricity, and magnetism. You see, we can get mechanical change by working with magnetics. The electric charges on the proteins will be affected by the magnetic energy, which will move the protein fibers to restore them to their original conformation of health. The structural proteins of the connective tissue enmesh and nourish the important functions of circulation, nerve conduction and metabolism. We advance these functions by restoring the arrangement of the tissue architecture of the structural proteins.

We can conclude from all of this that magnetic, passive, and energetic work is all that is necessary to obtain full health in the previously dysfunctional patient. Since the three variables are inter-related, we could also claim that mechanical treatment is all that is necessary for full health. If we change the mechanics will not the other aspects of this tripartite relationship hold sway? In my experience, the answer to this question is, "no." One cannot achieve full restoration of the configuration of the connective tissues by manipulating joints of the spine and extremities. Those protein fibers of the connective tissue have still retained the distortion that the force of trauma induced whether or not the joint was corrected. The connective tissue distortion of fibers will pull the joints back out of place after mechanical realignment. I believe this is why we see people returning for repeat treatment in many cases. They need the energetic work to reposition the fibers of the connective tissue through magnetic palpation.

What about *electric* palpation? Does it have a place? And what is it? Electric palpation is what I do when I treat an inflammatory condition by treating from the brain. [See treating inflammation from the brain, *Cranial Letter,* August 2014, available on my webpage: cranialosteopathy.com.] In this method, I teach that the Central Autonomic Network (CAN) inhibits the efferent flow of parasympathetic activity from the vagus nerve. Since the neurotransmitter from the vagus is acetylcholine and acetylcholine inhibits the production of TNF alpha by leucocytes, we can inhibit inflammation by stimulating the vagus nerve. We accomplish this by downregulating the seven nuclei in the brain (CAN) that inhibit the vagus. In order to perform this feat, one must localize the various nuclei and through palpation observe their downregulation (recalibration) in sequence. One cannot achieve such definite localization or downregulation without using electric palpation.

When I teach how arachnoid hyperplasia [See article that appeared in *Cranial Letter* "Arachnoid Hyperplasia" at cranialosteopathy.com.] produces many familiar symptoms of sciatica, headache, or organ dysfunction, I teach electric palpation. One must be able to locate the obstruction of cerebrospinal fluid flow within the subarachnoid space around the brain and spinal cord by arachnoid adhesions and then use the power of the CSF, by directing the tide, to release these arachnoid tethers, strangulations and obstructions created by traumatic, chemical or infectious scarring of the arachnoid.

When I teach how to perceive the potency of the cerebrospinal fluid from the action of the cerebellum as a dynamo, I use electric palpation. I use electric palpation to identify the shift of the position of the cerebellum or of the thalamus from traumatic forces. All of these treatments are achieved by using palpation to find something, a nucleus, a membrane, or a function of the cerebellum, for instance. We will not be able to find a nucleus in the brain by passively waiting for it to appear. We must know the anatomy and be able to locate the appropriate tissue or motion in question. This is an aggressive style of palpation and must be recognized as such.

Being aware of the style of palpation one uses and being open to the other style expands one's awareness and skills. One can work biodynamically (magnetic palpation) or biomechanically (electric palpation). Using both enhances the effects of treatment.

Being aware that electric palpation is invasive means that the palpator must use it with appropriate care. One must continuously follow what is happening with the primary respiratory mechanism. Staying with the mechanism assures the operator that his or her invasion is not overriding what the mechanism wants. Further, with specific attention to only the part being observed (nucleus), the palpator is assured that the invasion is not adversely affecting other parts.

The palpator's hand emits magnetic energy.[9] A magnetic field from the hands creates electric currents in the fluids and fibers of the connective tissue and through piezoelectric effects it creates mechanical movement. If the operator synchronizes with the primary respiratory mechanism, its inherent fluctuation of fluid will accept (resonate with) the additional energy from the operator to better move fibers into their original position

according to the template from the breath of life. This is how electric, magnetic and mechanical energies all synchronize in a treatment to enhance the breath of life to effect meaningful change in the tissues.

The mind of the operator controls the manner in which the palpator's energy affects the patient's tissues. If the mind is searching out a nucleus, the energy is electric. If the mind is fully observational, the energy is magnetic. Thus, intention makes the rules. Synchrony with the ongoing inherent motion residing in the tissues assures the operator that what is happening is safe and effective. Follow the progression of events as the mechanism unwinds the dysfunction and restores integrity with a rest of the system during stillpoint. Then the treatment is finished.

I remember when I first began on my journey with the cranial concept I finally learned to palpate magnetically, with what I called, at the time, my right brain. I was meditative and would wait for the information to arrive. This was after years of trying too hard to feel something. Once I calmed my system down with enough good treatment and devoted practice, I could do magnetic palpation.

During a treatment using magnetic palpation, once I felt what the body was working on and I synchronized to assist, then, the question came, what is this structure that I am palpating? I then followed Dr. Still's advice to use images of normal anatomy to identify what the mechanism was working on. Using images of normal anatomy I said I used my left brain. Once the object was identified, I returned to my right brain to observe the self-healing that was going on. As the treatment progressed and the fulcrum shifted, I looked again with my left brain to see where the fulcrum was located. Back and forth I trudged from left to right brain functions with great intention. After a time, it became easy for me to work simultaneously from right and left. I was doing both electric and magnetic palpation simultaneously. This is a modified version of a beginner who is trying too hard to feel anything at all and a gifted palpator of high caliber floating with the fluid. This split attention, multi tasking and intentional refinement of technique has afforded me rewarding results with my patients. It is not for everyone, but an experience I choose to share for those who are interested.

Magnetic palpation is patient-directed. Electric palpation is operator directed. Magnetic palpation is allowing and passive. Electric palpation is seeking and finding. Both styles of palpation require synchrony with the prm, although working in the stillness is the advanced approach of this synchrony.

Reference

1 Still, *Philosophy and Mechanical Principles of Osteopathy,* page 9.
2 (Sutherland, William, *Contributions of Thought*, ed. Sutherland, Adah and Wales, Anne, Second Edition, Rudra Press, The Sutherland Cranial Teaching Foundation, 1998, page 133.)
3 Hildreth, *The Lengthening Shadow of Andrew Taylor Still*, 1938, p. 444.
4 Dart, extract from lecture given at Introductory Course by the Osteopathic Cranial Academy, 2013.
5 Graham, excerpt from lecture given by Ken Graham, DO at course by the Sutherland Cranial Teaching Foundation, 2009.
6 Sutherland, William, *Contributions of Thought*, ed. Sutherland, Adah and Wales, Anne, Second Edition, Rudra Press, The Sutherland Cranial Teaching Foundation, 1998, page 220.
7 Fagg, *Electromagnetism and the Sacred,* The Continuum Publishing Company, 1999.
8 *Foundations of Osteopathic Medicine*, Ed: Chila, Lippincott, Williams & Wilkins, 2010, p 70.
9 Oschman, *Energy Medicine,* 2000.