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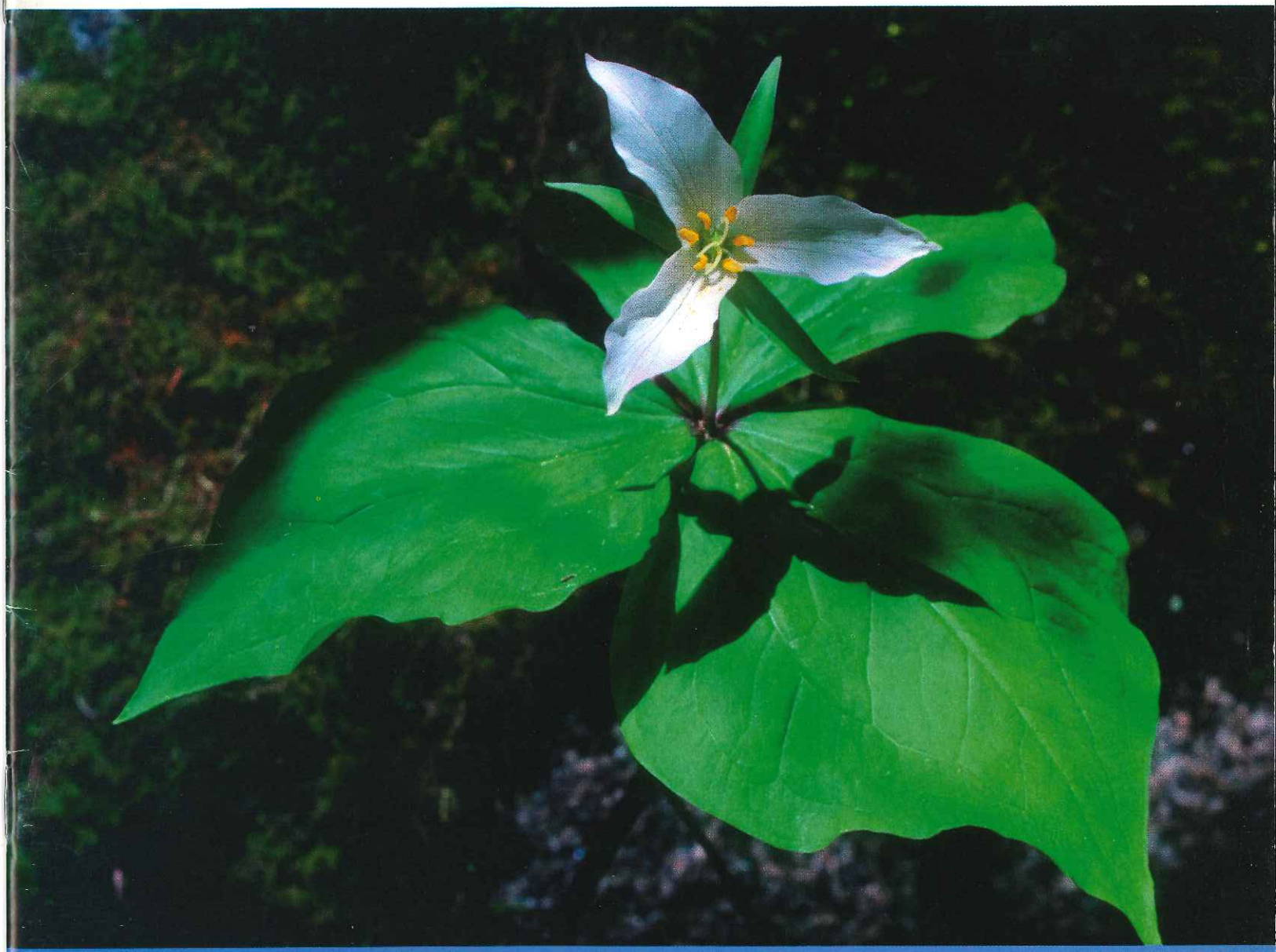

The Triune Profession

William A. Kuchera, D.O., FAAO

AAO Northup Memorial Lecture

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THE AAO
JOURNAL
A Publication of the American Academy of Osteopathy

The mission of the American Academy of Osteopathy is to teach, explore, advocate, and advance the study and application of the science and art of total health care management, emphasizing palpatory diagnosis and osteopathic manipulative treatment.

TABLE OF CONTENTS

Advertising Rates for the AAO Journal

An Official Publication of the American Academy of Osteopathy
The AOA and AOA affiliate organizations and members of the Academy are entitled to a 20% discount on advertising in this Journal.

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From the Editor

OSTEOPATHIC UNITY

We hear a lot of talk these days about osteopathic unity. I think it's safe to say, without fear of irritating anybody too much, that we have become a fragmented profession in many ways. Actually, this is not a new phenomenon, as fragmentation seems to have existed in the profession even from the time of A. T. Still. In fact, if one reads the book Frontier Doctor - Medical Pioneer, by Charles E. Still, Jr, he tells us that his grandfather was quoted in 1897 as having said the following: "We need not fear our enemies who have contested every step we have taken. They can't harm us; their kicks are only a blessing in disguise. Our great danger, in fact the only danger that could threaten the future of Osteopathy, are the mistakes of those who profess to be our friends."

Like every new and unique idea, it is easy to develop internal struggles and disagreements when everyone involved wants the same vision but wants it in different ways. I believe this is true of our own profession. In spite of whatever disagreements that may arise, I believe that Osteopathic physicians all want to see the profession as a viable and growing entity, separate and distinct from the rest of the health care world. That in itself gives us a common ground from which to build true unity in the profession.

On the surface of it, this seems like a formidable task. Developing unity in a profession as large as ours will cost a lot in terms of time, effort and energy spent. But if we think about it a little, we should realize that it will cost much more if we don't do this.

So how can we set about this project of developing a unified Osteopathic profession? What are some things we can do to achieve this goal? I suppose everyone would have his or her own ideas as to what the problems are and what the solutions are. For what it's worth I would like to offer a few thoughts of my own about some things that I think would help us to find unity in the profession.

First of all, we should all study Osteopathic history. One of the nice things about the Osteopathic profession is that it is still young enough that its history is clearly demarcated in time and well documented. We can easily read the writings of A.T. Still, as well as the writings of others who were the early pioneers of the profession. The more I study these things the more feel I understand the true meaning of Osteopathy. I also feel I get a better picture of the kind of pride in the profession and shared vision these great people had. It's my feeling that knowing about the roots of the profession is one of the best things we can each do for ourselves. Knowing where you've come from helps you to define more clearly where you're going.

Second, we need to get back our self-pride. One way to do this is to look at the tremendous amount of research that has supported the principles of Osteopathic medicine. The principles given to us by Dr. Still have indeed stood the test of time, and the type of medical practice he founded is exactly what the public is looking for today. The two recent symposia held by the Academy have shown us that there are scientists all over the world who have proven that the basic principles of Osteopathic medicine are sound. The public and the rest of the medical community should be made aware of this information.

Third, we need to make the public more aware of Osteopathic medicine. This public awareness begins with each of us as individuals. An Osteopathic physician who appears on a radio talk show and talks about hypertension is nice, but if that discussion is no different from that of a non-osteopathic physician, what have we accomplished in terms of making that radio station's audience more aware of OSTEOPATHIC medicine and its principles? An Osteopathic physician talking about hypertension in light of Osteopathic concepts — now THAT'S worth something!

Above all, we should never forget what an advantage it is to be in this profession because of its uniqueness. In his book Practical Visions, Francis P. Millard, D.O., said: "Until Dr. A. T. Still discovered the principles and practice of osteopathy, there never had been a complete diagnosis made in any instance in the world's history. The ideas brought out by Dr. A. T. Still absolutely revolutionized the therapeutic reckonings. The older method of diagnosing from symptoms, subjective and objective, did not include the most important phase from a diagnostic standpoint." This to me is an amazing perspective, and is only one of the many unique things we have to be proud of in this profession. Developing Osteopathic unity may be a big task, but with this kind of basis to start from, we should easily be able to convince ourselves that it can and will be done. ❑

About the cover: Trillium–A genus of chiefly N. American herbs (family verticillium) having short rootstocks and an erect stem bearing a whorl of 3 leaves at the summit with a corolla that is white, pink, purple, yellow or greenish. This ancient representative of the trilogy has survived despite its simple structure.

INSTRUCTIONS FOR AUTHORS

The American Academy of Osteopathy (AAO) Journal is intended as a forum for disseminating information on the science and art of osteopathic manipulative medicine. It is directed toward osteopathic physicians, students, interns and residents, and particularly toward those physicians with a special interest in osteopathic manipulative treatment.

The AAO Journal welcomes contributions in the following categories:

Original Contributions
Clinical or applied research, or basic science research related to clinical practice.

Case Reports
Unusual clinical presentations, newly recognized situations, or rarely reported features.

Clinical Practice
Articles about practical applications for general practitioners or specialists.

Special Communications
Items related to the art of practice, such as poems, essays and stories.

Letters to the Editor
Comments on articles published in The AAO Journal or new information on clinical topics.

Professional News
News of promotions, awards, appointments and other similar professional activities.

Book Reviews
Reviews of publications related to osteopathic manipulative medicine and to manipulative medicine in general.

Note: Contributions are accepted from members of the AOA, faculty members in osteopathic medical colleges, osteopathic residents and interns and students of osteopathic colleges. Contributions by others are accepted on an individual basis.

Submission
Submit all papers to Raymond J. Hruby, DO, FAAO, Editor-in-Chief, University of New England, 11 Hills Beach Road, Biddeford, ME 04005.

Editorial Review
Papers submitted to The AAO Journal may be submitted for review by the Editorial Board. Notification of acceptance or rejection usually is given within three months after receipt of the paper; publication follows as soon as possible thereafter, depending upon the backlog of papers. Some papers may be rejected because of duplication of subject matter or the need to establish priorities on the use of limited space.

Requirements for manuscript submission:

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1. Type all text, references and tabular material using upper and lower case, double-spaced with one-inch margins. Number all pages consecutively.
2. Submit original plus one copy. Please retain one copy for your files.
3. Check that all references, tables and figures are cited in the text and in numerical order.
4. Include a cover letter that gives the author's full name and address, telephone number, institution from which work initiated, and academic title or position.

Computer Disks
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2. For journals, include the names of all authors, complete title of the article, name of the journal, volume number, date and inclusive page numbers. For books, include the name(s) of the editor(s), name and location of publisher and year of publication. Give page numbers for exact quotations.

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To The Editor

While we maintain close contact with David Abend, D.O. and heartily applaud his efforts to promote osteopathic medicine, I am afraid some of his comments in the Winter 1992 issue of The AAO Journal may communicate an inaccurate picture of the American Osteopathic Association's public relations effort. Dr. Abend says that although he has written letters to enlighten people about osteopathic medicine, "the AOA certainly has not helped to do this." In the past few weeks, on behalf of the nation's 33,500 D.O.s, I have written letters to New York magazine, Chicago Sun-Times, Chicago Tribune, Citibank and National Public Radio (NPR) in attempt to "enlighten people about osteopathic medicine." Responding to the media, proactively and reactively, is something we do every day.

Dr. Abend also talks about the sports angle as "the type of savvy P.R. we need and that the chiropractic profession has so effectively usurped." In 1992, the AOA created a sports medicine press kit for just this purpose. The kit is highly professional and effective in generating placements, such as the Jan./Feb. issue of Fitness which uses information from the kit on Robert Sing, D.O. and Mitchel Storey, D.O. It is important to point out, however, that many of our sports medicine doctors do not wish to have their physician/patient relationships made public; unlike the chiropractors who appear to place a greater emphasis on P.R. and marketing. For example, a few years back, the American Chiropractic Association placed one ad in Reader's Digest, which was in equal in cost to three full years of the AOA's entire public relations budget.

We are, however, very proud of the positive public relations the AOA has generated on behalf of the profession. Within a limited budget our program continues to grow in scope and effectiveness. In the past six months alone, the AOA has generated an estimated $30 million in placements. This includes 57 million audience impressions from stories generated from The DO and JAOA, 11.6 million impressions from advertising, 5 million impressions from the National Health Screening Fair, 8 million impressions from centennial stories, and 2.5 million impressions from Share the Care stories.

The total number of audience impressions created by tho communication activities of the AOA in these past six months is more than 664 million! Important osteopathic messages are communicated in these placements, such as prevention, primary care, musculoskeletal emphasis and D.O.s quoted as medical experts.

This tremendous public exposure to messages about osteopathic medicine is something we can build on in the coming months and years. However, it starts with each individual physician and her/his own trumpeting of the osteopathic medical profession. Obviously, people pay more attention to a news story about osteopathic medicine if they can relate it to someone in their own community. If each D.O. took Dr. Abend's lead and proactively promoted osteopathic medicine, the profession's national P.R. effort would be significantly enhanced.

Iris Shaffer
AOA Public Relations Manager

Dear Steve,

Joanne and I would like to take this opportunity to thank you, the members of your Board and your entire staff for the many courtesies extended to us during the recent American Academy of Osteopathy meeting held in Dallas, Texas.

The meeting was a pleasure to attend as it was so well organized. Joanne and I had the opportunity to visit with old friends and meet with many new ones. I feel that the dialogue between your members and myself was meaningful and should help us attain our goals of a unified profession.

I am looking forward to working closely with you in the future. Fell free to call upon me at any time as I have an "open door" policy and want to make sure that all of the components of the osteopathic profession are included in all AOA issues. With best regards,

Sincerely Yours,
Edward A. Loniewski, D.O.
President

Dear Dr. Yates,

Ninette and I want to thank you and the Academy for your friendship and hospitality during your recent Annual Convocation in Dallas, Texas.

I was pleasantly surprised at the wonderful turnout of students- something I have not seen at any other function. They are most enthused about the Academy and the Principles of Osteopathic Medicine. Thank you for arranging a meeting with Dr. Viola Frymann to review her experience in Washington with those involved with Health care Reform. She is a delight-

continued pg. 29

Message from the Executive Director

• • The AAO Ad Hoc Committee on Strategic Planning had arranged for the Academy to present a workshop at the Council of Osteopathic Health Care Executive's convention, which was held in conjunction with the American Osteopathic Directors of Medical Education meeting in Clearwater, Florida last week. Committee co-chairs **Raymond Hruby** and **Laurie Jones** teamed with **Mark Cantieri** to present a three-hour workshop on increasing the delivery of osteopathic manipulative medicine in the hospital setting. They addressed a combination of motivation, quality management and medical economics issues. Each spoke for 35 minutes to a group of 45 participants who included osteopathic hospital CEOs, trustees and DMEs. After a brief break, the group subdivided into three discussion groups to explore the feasibility of integrating OMT into their hospitals.

The Committee rated the interest level very high and expects several requests for a repeat of the workshop at individual hospitals. Dr. Hruby has sent a survey to all certified Academy members to assess their interest in participating in future workshops which might be scheduled through the Committee and Academy.

• • Along with AAO President **Herbert Yates** and Council liaisons **Raymond Hruby** and **John Cifala**, I attended the May 7 meeting of the AOA Council on Federal Health Programs in Washington D.C. Items of interest included:

++ The AOA had held a press conference on May 5 for congressional staff and the press to outline the key components of the AOA's policy statement on health care reform. Council Chairman Marcelino Oliva reported that the White House staff had contacted the AOA's Washington Office on the morning of the Council meeting to schedule an appointment to discuss the statement. Dr. Yates immediately approached Dr. Oliva to recommend that the Academy be represented in that meeting since the AAO had initiated the grass roots campaign to advocate the inclusion of osteopathic medicine in the reform movement.

++ The Council distributed copies of correspondence from the Academy regarding the AOA's statement on health care reform and on utilization review. Dr. Yates had written a response to AOA President Edward Loniewski on the health care reform statement, expressing disappointment that the basic principles of osteopathy and, specifically OMT, had not been included. (Copies of Dr. Yates letter are available upon request.) While she was AAO President, **Judith O'Connell** had called for the Council to become involved in ensuring that D.O.s are evaluated in utilization review programs by fellow osteopathic physicians. The AOA currently is "dealing with a situation in Maryland" where a UR company is overlooking osteopathic physicians.

++ The Council reported that the AOA's Washington Office had been receiving copies of correspondence from D.O.s to the Health Care Reform Task Force. They had tallied a total of 147 letters from the Academy's call for grass roots contact and 144 letters from the AOA's appeal which was initiated later than the Academy's. While this is good news, AAO members should continue to send letters to the Task Force and congressional representatives to advocate the inclusion of osteopathic medicine in the basic package of health care services.

++ Two outside speakers addressed participants at the Council meeting. Congressman Dale Kildee (D-MI) offered remarks on health care reform and President Clinton's budget. Physician self-referral issues were the topic of luncheon speaker Marc Rodwin, J.D., Ph.D., an associate professor of Law and Public Policy at the Indiana University School of Public and Environmental Affairs.

• • The Academy's Membership Committee, chaired by **John Glover**, and Ad Hoc Committee on Federal Regulation of Osteopathic Manipulative Medicine (OMM), chaired by **Richard Feely**, have cooperated on an extensive survey of AAO members in active practice. In addition to gathering information on the AAO's track record in meeting its members' needs, the instrument will gather data on practice patterns, coding of OMM, reimbursement levels for OMT codes, and other professonal practice issues. The resultant statistics will be reported to the membership in a future issue of *The AAO Journal* and will serve as a guide to the Academy's leadership in the future.

Drs. Glover and Feely realize that this document is extensive, but they ask that you complete the survey and return it to Quality Expectations, Inc., the independent contractor who will tabulate and analyze the data for the Academy. Confidentiality is assured to participants!

• • Academy members were highly visible at Grant Writing Workshops held at five sites by the Office of Alternative Medicine of the National Institutes of Health (NIH), which will fund 20 grants of $30,000 under its "Exploratory Grants for Alternative Medicine." In this issue of *The AAO Journal*, readers will find the report of Louisa Burns Clinical Observation Committee Chairperson **Deborah Heath** for a thorough review of the grant program. Those who are unable to meet the June 8, 1993 application deadline should begin now to plan their research projects for next year's grant cycle.

• • Dr. **A. Louise Astell**, who served as the Academy's first full-time executive director in 1974-76, has found her health deteriorating and is now living in a nursing facility in Kirksville. AAO Board member **William Kuchera** has asked that I notify her friends that she would appreciate their cards and letters at this difficult time. A 1945 graduate of KCOM, she was President of the Academy in 1966-67, following which she became an AAO Life Member. She received the A.T. Still Medallion of Honor in 1977, the same year as she delivered the Scott Memorial Lecture. Friends may write Dr.

continued pg. 27

Banquet Address 1993 Convocation

Judith A. O' Connell, D.O.

Good evening. One year ago, I began serving you as your president. The Academy had set itself upon a great course of change and I was to begin to implement it. Steve Noone and I began together. We shared a great commitment to the vision of the Academy's future as laid out in the long range plan, and we did not hesitate to begin our labors of love.

This year has been a very active one for the Academy. We rededicated ourselves to the fulfillment of Dr. Still's medical revolution through the advocacy of Osteopathic principles. In the centennial year of our profession, this was quite needed. We began to reengage the profession in committees, Board meetings and educational programing, and we were successful. We voiced our political opinions, and we were heard. We began to reach outside of ourselves and had dialogues with HCFA, NIH and the AMA on behalf of the Osteopathic profession, and we were successful. We have mobilized our membership to become politically aware and active. We have helped our profession to understand coding and reimbursement issues, as well as, Osteopathic technique. In short, we have been advocating OSTEOPATHIC MEDICINE in all phases of our activities. You have much to be proud of.

As your President, I have had the opportunity to help the AOA in negotiations with HCFA for higher RV-work values for OMT codes; with NIH in the historic first meeting of the new Office of Alternative Medicine; with the AMA/CPT for the inclusion of OMT codes in a separate section in CPT 1994; and I was successful in all of these endeavors. I do not claim these as personal accomplishments for I did not succeed in a vacuum. I must thank the AOA for all their hard work that paved the path to success and for choosing me to negotiate. Even though that choice was not politically correct, it was appropriate for the tasks at hand. I thank Drs. Lonieweski and Bucholtz for their vision and courage in doing so. I also challenge Dr. Bouchard to continue to choose representatives because of their skills and not because of their good old boy rank. It is time for us all to grow and embrace a new era of accountability.

I am quite proud of the Academy. I could not have been successful if it was not for Steve Noone and his tireless devotion to the Osteopathic dream. He and I grew up together in our jobs and as I leave office, I am pleased to know that he will still be there guiding us all to fullfill our Osteopathic dreams. Thank you, Steve. The staff at the Academy, in it's efficient and professional daily actions, quietly complete the great volumes of work that it takes for us all to be successful. Thank you all. The committees of the Academy, who worked with me sometimes with very short notice, efficiently and expertly. Without them, I would not have succeeded. Thank you all. Betsy Beckwith, the Director of Governmental Affairs at the AOA, has provided me with documents, contacts and direction in all my negotiations. Without her help, I could never have been prepared. Thank you, Betsy. My family, who did without me so that I could serve you, I love them more than words can express. I would like to thank the Lord God, Creator of the Universe, who causes all things to be and blesses us all with the divine gift of free will and choice. Without God's grace change, growth, and enlightenment would not be possible. To God, all praise is due.

I would like to leave you with some challenges. To our new President, Herb Yates, I challenge you to stay true to the Academy, even though there will be many who would lead you astray. There is true strength in the silence, it is there that the light of inspiration lies. Curb the desire to act without broad bases of knowledge, for the true leader cherishes wisdom and acts accordingly. And know your limitation, to not heed this is the downfall of all leaders. To the President and President Elect of the AOA, Drs. Lonieweski and Bouchard, I challenge you to rediscover each day the wonders of Osteopathy as a true revolution in progress, whose success is up to you. Resist the easy road of similarities and commit yourselves to the distinct wholeness that Osteopathy offers to healthcare. We are the premier healthcare system, and we need you to help Osteopathy to attain it's rightful place as the standard of healthcare in America. And to the Academy, I challenge you all to demand of your leaders integrity, commitment, service, dedication, accountability, reliability and Osteopathicness in all that we do. If we should loose sight of these lofty attributes, do not hesitate to tell us. You must remain involved and not sit back and be content to let others blindly rule. It is time for leadership to become responsive to the members and for the members to become active in leadership. With this kind of partnership, we cannot fail.

Thank you all for allowing me the opportunity to serve you. God bless you all. ❑

Judith A. O'Connell and Herbert A. Yates

THE TRIUNE PROFESSION

NORTHUP MEMORIAL LECTURE
1992 AOA CONVENTION

William A. Kuchera, D.O., FAAO

Preface

I didn't know Thomas L. Northup, D.O. even though he lived in my lifetime. I had to learn about this great man from people who did know him. He was born March 21, 1885 at Granville, New York. I am told that he was a kind, mildmannered man with definite goals; and he had energy and willingness to move toward solutions for problems as he saw them. In the 1930s he was uneasy and dissatisfied with the attitude and the pattern of care given by osteopathic graduates; he wanted the osteopathic physician to incorporate, practice, and continually improve upon diagnostic and treatment advantages gained by including the musculoskeletal system in the care of patients. He knew osteopathy had much to offer and he did not want that advantage lost.

In 1937 he gained permission from the American Osteopathic Association to have a special section in the AOA annual program. They permitted him to lecture on and provide osteopathic structural diagnosis and treatment at an AOA national convention. The first program was offered in 1938 by a support group called the Osteopathic Manipulative Therapeutic and Clinical Research Association. Five years later this group became known as the Academy of Applied Osteopathy; and 27 years later, 1970, it became the American Academy of Osteopathy.

As I get older, history becomes more important and interesting to me. Thomas Northup was born just 7 years before Dr. Still opened his first osteopathic school in Kirksville. He was engaged in the shoe manufacturing industry before studying osteopathy. Recently I went back to my hometown in Albert Lea, Minnesota to visit the grave sites of my parents and was surprised to discover some unusual historical similarities.

- My father, Louis H. Kuchera, D.O., was born in Glenville, a small south central Minnesota town, just 6 years after Dr. Still opened his first school in Kirksville.
- Like Dr. Northup, Dad's father and mother were also cobblers, making shoes from sheets of leather for their private customers. (Although my grandmother Kuchera was a very good cobbler, I have been told that the news of her good work was carefully concealed because the perception of women working in society was quite different in those times.)
- Both my father and Thomas Northup were just ordinary people and they became great osteopathic physicians.

As an osteopathic educator, I see this as a pattern happening year after year. Common, everyday fine men and women becoming osteopathic physicians, distinguishable by something that develops within their minds during their training and then it blossoms. Thereafter it is expressed by the type of treatment each provides to support and help their patients. Our profession is known by the total of each of those expressions.

When Dr. Still threw his osteopathic banner to the breeze in 1874, the science of medicine was virtually non-existent yet "medications" were given freely. Sir William Osler stated, "The desire to take medicine is perhaps the greatest feature which distinguishes man from animals." In the late 1800s, Oliver Wendell Holmes commented on the unfortunate ramifications of this situation. He firmly believed if the whole materia medica, as was then used, could be dumped to the bottom of the sea, it would be all the better for mankind . . . "and all the worse for the fishes." Conditions were right for Dr. Still to propose thoughts regarding a new form of medical care; there was a need for this new body of knowledge to be taught in a special school. The first school of osteopathy was opened in Kirksville, Missouri in 1892, exactly 100 years ago. That first school, The American School of Osteopathy, was the first institutional sign of our profession.

A mind of knowledge was laid down; men and women who wanted to accept that knowledge registered and came to learn. Through their training and the situations of those times, they developed what is called the "spirit of osteopathy" and they went forth to tell their patients, their com-

munities, and the country about their profession. Dr. Still told them, "Let your light so shine before men that the world will know you are an osteopath, pure and simple, and that no prouder title can follow a human name . . " They were proud osteopathic physicians. This pride must continue today.

Introduction

The theme behind this year's Convention, Mind, Body, and Spirit, provides the proud scaffolding to display those factors which distinguish osteopathy from other systems. This relationship has played a role in shaping our beginnings, guiding our growth, and if we allow it, lighting our future as a leading profession.

In this Northup lecture, I want to explain how the triune nature applies to my concept of man, the development of an osteopathic physician and the status of the osteopathic profession.

Mind:

Dr. Still wrote in his Philosophy of Osteopathy,[1] "First the material body, second the spiritual being, third a being of mind which is far superior to all vital motions and material forms, whose duty is to wisely manage this great engine of life... When this great machine man, ceases to move in all its parts, which we call death, the explorer's knife discovers no mind, no motion. He simply finds formulated matter with no motor to move it, with no mind to direct it.".

Webster's Dictionary also links structure and function of the mind by stating, the mind is what one thinks. It's the intellect, the direction for thinking and feeling. The mind for each practicing osteopathic physician is the sum of all the sciences, the individual's and the profession's philosophies, and osteopathic principles. This mind is a template for the professional life of each of us as osteopathic physicians and I believe it explains (in some way) how we can be identified by our deeds. Thank goodness all of our colleges have special departments dedicated to preserving and teaching basic osteopathic principles and osteopathic diagnostic and treatment techniques. This tradition and necessity has been perpetuated in a large part by the members of the Educational Council on Osteopathic Principles.

"This pride must continue today."

At the organizational level also, the osteopathic mind is linked to the structure and function of the osteopathic profession. The mind of our national organization consists of those principles applied to and upheld by the profession. It sets the course by which osteopathy presents itself to the nation and the world. The public judges us by the mindset we portray. In this context our national philosophy reads:

The body is a unit.

Each osteopathic physician is a part of the unit and the action of each individual is important to the health of the profession. The action of each individual, regardless of political activity, affects the entire profession and each and every osteopathic physician is important to the national association.

The body has self-healing and self-protective mechanisms.

With proper processing of afferent impulses from the membership and by working together as a unit, the membership has the ability to react properly to stresses both outside and within the body—protecting itself, maintaining homeostasis and continuing to grow.

Structure and function are interrelated.

Because this is a basic truth, our purpose must be clear and profound; the structure of our profession must allow for the interchange of ideas to insure ideal function for all of osteopathy, not just one group or one individual.

Care given considers all of the above principles.

Total triune health can only be achieved if we consider and actually "apply" the other three principles that we say we believe and cherish.

Body:

The body on an individual basis, is tangible matter—human tissue and parts that form a physical person. But the body is not just muscle, bones and viscera; it is also a pedestal for the mind containing the brain substance, the nerves and all their connections; but, even with all this, it is unable to function by itself.

Webster stated that "body" can mean a group of people regarded as a unit; the word is also applied to mean strength or concentration as in the body of wine. Just as each cell of a human body works with cells of similar properties and purpose, organizing as an organ or system to promote the health of the body, each osteopathic physician is a cell of the body of the profession. In the osteopathic body, each physician, by action or inaction, is a part of the total and a part of its concentrated efforts. These cells with their united effort are sought by modern man, especially those seeking health or relief from "dis-ease." Each osteopathic physician shares in the body's strength or is affected by its weaknesses.

Soul:

You have to admit, there is something else which allows all the parts of the human body to work—a spark, a force, an energy which permits life. Even with our sophisticated scientific

knowledge, we still are unable to explain what turns on this collection of biologic parts and keeps it running. This Intelligence, far beyond our present comprehension, somehow sparks life within the cells and gives literally trillions of cells an organized function and unity that is active long before the mind has developed to a conscious functional level. This spark, force, energy, Intelligence or whatever name science will eventually place upon it, is there; we see it in the birth of a new baby, the recovery of a patient with a very serious disease or accident, the death of a patient even when all systems are balanced and working well according to all present medical understanding. It is evident in the everyday joys and experiences we call "healthy life." I call that spark to life the soul of the individual.

Thus the body is not just pedestal for the mind but also the temple for the soul. Both are "embodied", permeating and affecting the physical. The body becomes the means by which both the mind and the soul are expressed. We all utilize this every day in our approach to the triune nature of patients, seeking clues for physical, mental, emotional, and spiritual dysfunction and using the body to access and monitor interventions designed to bring health and harmony. The ability and freedom to let this expression flow out through the body may be the difference between the results many of us obtain and the results obtained by those whom we call great osteopathic physicians. Dr. Still said, "First the material body, second the spiritual being, third a being of mind . . . The three when united in full action are able to exhibit the thing desired—complete."[2]

Perhaps this partially translates to "caring". Someone once said, "The greatest thing in the world is a human life; the greatest work in the world is the helpful touch upon that life."[3] Complete caring embodies humility in practice where each physician cares for his or her share of welfare patients, does community service or helps without regard for schedules and accounts receivable; it means not stopping when the patient is well but helping the patient prevent reoccurrence. Because the spirit presents the soul you can see how these terms are often used interchangeably.

Now, the soul of the osteopathic profession sparks life to its organization. Some attribute the soul of the profession to Andrew Taylor Still, but I like to believe, and the writings of Still would seem to agree, great thoughts come from a God that loves us all and provides knowledge to His children as He sees fit. That spirit lives in each of us as osteopathic physicians.

On a national level, the soul is revealed by the spirit of those we choose to represent us. They must realize the great responsibility they have to represent all of osteopathy. They must preserve the mind of osteopathy and keep its spark alive through their actions.

" Let's stop blaming the extrinsic and start healing the trinity within."

Osteopathic Diagnosis:

I'd like now to suggest areas where "we" have failed to appreciate and develop our mind, body, and spirit to reach its full potential. Like a child growing up, our young profession has weaknesses and it has and will have to face many challenges. Let's make an osteopathic diagnosis. As a profession, we have always recognized that in patient care, the extrinsic, attacking factors often have less importance than the intrinsic host factors. We believe this; so why are we so nearsighted when our profession is the patient?

Yes, we have been and are being attacked from the outside by the dominant medical association. First we were called cultists with insufficient, nonscientific training. In California, an attempt was made to assimilate us. Now, like Dr. Korr described in his beautiful allegory of the trains, we are being loved to death, but unfortunately this is more because our general practices are reservoirs of patients needed to fill hospital beds and not so much because of what our philosophy could offer patients.

Let's stop blaming the extrinsic and start healing the trinity within. Whether we work in our own or in mixed hospitals we can still demonstrate our unique total care of patients. Of course, there are still some medical physicians who have preconceived ideas and believe misinformation they have heard about osteopathy. We can't change many of those people. We need to realize they are working from an incomplete information base, offer insight if possible, then just go ahead, do our job the best we know how—giving osteopathic care as only we know how to do as osteopathic physicians. Our philosophy is sound, it is true, it is current and it will speak for itself.

While we are concentrating on the host factors in diagnosis and treatment, let's recognize that we are also attacked from the inside. It is sobering to realize that the greatest threat to the health of osteopathy has been and still is at the "cellular level"—each of us! In every life form, there are going to be some dysfunctional cells and some that actually go out of control. Cells out of control in a profession often command the most attention—they are like a cancer. They are identified by their actions that discredit, weaken, and deteriorate our spirit and

vitality. They're not interested in unity. A mind not supporting the body does not support health. The most dangerous diseases destroy from within, and the body weakens.

At the other extreme of the cancer cell are the non-functional cells. These detract from optimal health by demanding resources and not contributing their unique functional abilities to the body. We all have to exercise our functional capabilities and our students must recognize that they are also multipotential cells in this osteopathic body; and I believe they have demonstrated that understanding.

"We must live our philosophy... for our professional future"

There will always be those dysfunctional cells whose only desire is to graduate from one of our colleges and then just become generic doctors. They'll be good doctors, but with a different mind and spirit (unless they want to change) many of them will never be "osteopathic." In spite of their own loss, we shouldn't excise them, but we should keep our doors open to educate and to assist them. Often their own patients will open their eyes to what they have lost and point out that they were not just equal to, but they had more to offer than any other physician. Some of these men and women will then want assistance to retrain. That opportunity must somehow be made available without penalty or demotion of their character. After all, they are still a part of our body.

Now the good news! In the living body, new healthy cells are constantly being added. One third of our profession is in training and we have an opportunity to promote health of the whole by committing our resources to the nutrition of these new cells. An important, essential part of this nutrition is that our residents and students actually see osteopathic principles in practice. We must live our philosophy for our patients' benefit and for our professional future. Dr. Still said, " Unless you teach it, preach it, and practice it, neither you nor osteopathy will survive."

Therefore, how we teach it, preach it, and practice bears an additional few moments. How often you hear those infamous chants, "Osteopathy is not manipulation" and "An osteopathic physician does not have to manipulate to be an osteopathic physician." Of course osteopathy is more than manipulation, it is an entire system of patient care; but this phrase becomes an excuse for practicing an allopathic model of care, paying lip service to the musculoskeletal system or managing it only through exercise prescriptions or when it is primarily injured. To some, the chant that "osteopathy is not manipulation" implies that if you manipulate you're not a true physician.

I, like most of you, have never been able to remove osteopathic diagnosis and manipulation from osteopathy; it is a means of accomplishing our philosophy, discovering clues to disease and even treating patients with systemic problems; it links the osteopathic philosophy to the body's health and becomes a powerful non-invasive means of supporting homeostatic function when there is visceral dysfunction or primary musculoskeletal problems. When I was in school in the 50's this expanded osteopathy was not systematically emphasized, but it is now, in all of our schools. Our D.O.s in practice should ask our young externs and graduates to assist them in the total patient care of their patients. They know how to do that and many of them are just waiting to be given permission to act—to show you what they can do.

If our new graduates do not prescribe manipulation it's not because they have not been taught; their minds have been educated. Could it be that the spirit or the flesh is weak?

If this care can't be provided personally, an osteopathic physician has the responsibility to obtain this distinctive care for the patient's benefit; and I mean by this, asking a fellow osteopathic physician to work with you in the care of your patient.

We must "teach it, preach it, and practice it." We should be doing such a good job as osteopathic physicians that a PR campaign is secondary. Our actions are our best PR; they should speak for themselves. We have seen the power of this in the history of osteopathy; our patients have supported and saved this profession from itself more than once. They continue to support and ask for our unique services, many times voicing more support for osteopathy than our own cells. More than once they have kept us in motion until our own body could heal.

An Osteopathic Prescription For Health:

How can we stop using up our energy on internal fires and use it for support and growth of the profession? What is the cure? Do we adopt an allopathic treatment model and attack our own cells as extrinsic invaders? If we systemically irradiate or give chemotherapy, we risk killing good cells, or worse, crippling or killing the entire body. We could locally excise cells as we did when we would not let our own well-trained specialists come back to the AOA after non-osteopathic residencies. But until we are assured that our osteopathic graduate medical education is uniquely osteopathic, I for one, am very glad that we provided a way to welcome these DOs back into our association. Their function will sustain the profession

while a new generation of osteopathic specialists are being born.

1. WE NEED TO WORK TOGETHER AT A NATIONAL LEVEL:

Based on our osteopathic diagnosis, I propose an osteopathic solution. First in this prescription, we need to work together at our national level. For a profession that claims that optimal function arises from all the parts of a body working together, we don't seem to work very well together for our national level. Often we fail to speak out in support of what we see is needed and best for the health of our patients and the health care of this country. Too often, it seems, we sit back or just do nothing while others decide; then we react to their decisions as if they should have known what we were thinking; or we realize that it was our idea in the first place and we had been doing that all along; or we try to catch up after the fact rather than being leaders.

How many "receptor" cells reporting to the central nervous system does it take to create a facilitated segment? To fill the prescription, we may need to change structure in order to improve function.

2. WE MUST WORK TOGETHER LOCALLY:

Second, we must work together at the local level. Getting along on a local level has always been a difficult task for osteopathic physicians. This state of affairs is supported by a standing piece of osteopathic "black humor"—"one osteopathic physician practicing in town is fine, two in the town is probably better so each will have the other to talk with and provide coverage; put three or more in a town and they will probably build two osteopathic hospitals."

When are we going to realize that shooting ourselves in the foot hurts? Those injuries take time to heal; and when and if they heal, there is a scar. Function will not be as good as it would have been without the injury.

When any one osteopathic physician or hospital does well, we all do well. When anything happens to osteopathy at any level, we either all share in the success or we all share the insult. Health comes from within, from the mind the body and the spirit of each one of us, the cells of this great profession.

We have to identify the mechanisms that change and confuse minds so that unified strategies can be instituted to correct them. We need to look beyond individual differences, identifying and repairing our weak spots, and uniting behind the banner of osteopathy. Only if this occurs can there be a smooth growth, health and strength.

" ... let's engage in true osteopathic research. "

Not working together locally, or nationally for that matter, encourages perpetuation of an "autoimmune disease" with self-destruction arising as a consequence of the inability of the body to recognize "We" and "They." Healthy solutions cannot be found if the body incorporates these inappropriate classifications: We and They; AOA and Us; Faculty and the Real Doctors; MDs and The DOs; the Governmental, ABC, NBC, and CBS health "experts" versus "in the trench" real Physicians. As a profession, we are part of a system which A.T. Still began "....to improve our present system of surgery, obstetrics, and treatment of diseases generally, and to place the same on a more rational and scientific basis, and to impart information to the medical profession..."[4]

What is important for osteopathy as a profession? What is best for our practices and for the health care system? Our leadership needs to have a plan for the future and then convey that plan down to the cellular level. Priorities need to be carefully evaluated and energies and actions redirected according to that plan; then we all must work toward that goal as an informed unit; but first, we need to know what that plan is. Mixed messages which support the osteopathic profession on one hand and on the other conducts National business favoring individuals and special interest groups cannot be tolerated.

3. WE NEED TO DIRECT SELF-HEALING RESERVES:

Finally, we need to direct our self-healing reserves—by this I mean our clinicians throughout the profession and the basic scientists at our schools—and let's engage in true osteopathic research. There are certain osteopathic research projects that should be investigated. The American Academy of Osteopathy should be praised for sponsorship of international symposia structured to highlight some of these areas. We can't expect the allopathic profession to structure their research to meet our needs.

We need to expand on facilitated segment research started by Korr and Denslow; we need to show that manipulative intervention can speed recovery from disease and prevent reassurances; we need to document results obtained by basic manipulative treatment techniques. With today's modern methods, means of quantification and recording some of these projects could be accurately and scientifically undertaken.

We treat people, not diseases, with osteopathic manipulation. We need to realize that the research model used to determine the effects from the use of distinctive osteopathic treatment is not a disease model. In this past year NIH has begun to be slightly more

interested in prevention and it is hoped that this extrinsic resource for substantial research funds will be made available to us sometime in the near future. In the meantime I would suggest we direct our intrinsic resources as a unit. Leadership in the AOA should assemble the best scientists, clinical researchers, and our professors of osteopathic manipulative medicine to outline the most promising osteopathic research projects.

- We need to begin now, gathering and organizing important information needed to secure the larger grants as soon as they are announced and available.
- We must make a united osteopathic effort to work together in all of our colleges. We need to start now, planning research that is especially important to osteopathy.

We also need to take personal responsibility for the effectiveness of our colleges. One of the great weaknesses of our osteopathic body has been the one-sided functional desire of each of our cells to practice their strength only. A vast majority of our individual practitioners, cells in our body of osteopathy, have focused on their strength, patient care, to the exclusion of being involved in organization, money, or politics. Consequently, we have given these responsibilities to non-D.O.s who don't necessarily share our mind, body, or soul.

Until an osteopathic mindset prevails throughout the curriculum—from administration to faculty to student body—we shall continue to see cuts in the total hours required to adequately train students in distinctive psychomotor skills and more patterning of our schools toward the basic science or allopathic model.

We cannot afford to compromise our teaching of osteopathic principles. Our administrations must realize, teaching of psychomotor skills will always require many man hours and much time in the curriculum. This arm of training may never be budget neutral; but it is vitally needed by our students and the profession to put our principles into practice. Without psychomotor skills our philosophy consists only of beautiful words. Our colleges need to step back and redirect their priorities, moneys, and energies and must reconfirm their goal of training uniquely osteopathic physicians. There must be unity of purpose.

In conclusion, we have the body, we need to continue to offer the mind, and with constant reinforcement, rekindle the spirit of osteopathy to the bright flame it deserves. We need to strengthen structure where it hinders

continued pg. 27

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From the Archives

PHILOSOPHY OF OSTEOPATHY

SOME INTRODUCTORY REMARKS

A.T. Still

NOT A PLEASANT TASK

I dislike to write, and only do so, when I think my productions will go into the hands of kind-hearted geniuses who read, not to find a book of quotations, but to go with the soul of the subject that is being explored for its merits, weigh all truths and help bring its uses front for the good of man.

Osteopathy has not asked a place in written literature prior to this date, and does not hope to appear on written pages even to suit the author of this imperfectly written book.

WITHOUT ACCEPTED THEORIES

Columbus had to launch and navigate much and long, and meet many storms, because he had not the written experience of other travelers to guide him. He had only a few bits of drift-wood not common to his home growth, to cause him to move as he did. But there was a fact, a bit of wood that did not grow on his home soil.

He reasoned that it must be from some land amid the sea whose shores had not before been known to his race. With these facts and his powerful mind of reason, he met all opposition, and moved alone; just as all men do who have no use for theories as their compass to guide them through the storms. This opposition a mental explorer must meet.

I felt that I must anchor my boat to living truths and follow them wheresoever they might drift. Thus I launched my boat many years ago on the open seas, fearlessly, and have

never found a wave of scorn nor abuse that truth could not eat, and do well on.

TRUTHS OF NATURE

We often speak of truth. We say great truths, and use many other qualifying expressions. But no one truth is greater than any other truth. Each has a sphere of usefulness peculiar to itself. Thus we should treat with respect and reverence all truths, great and small. A truth is the complete work of nature, which can only be demonstrated by the vital principle belonging to that class of truths. Each truth or division as we see it, can only be made known to us by the self evident fact, which this truth is able to demonstrate by its action.

If we take man as our object to base the beginning of our reason, we find the association of many elements, which differ in kind to suit the purpose for which they were designed. To us they act, to us are wisely formed and located for the purpose for which they were designed. Through our five senses we deal with the material body. It has action. That we observe by vision which connects the mind to reason. High above the five senses on the subject of cause or causes of this, is motion. By the testimony of the witness the mind is connected in a manner by which it can reason on solidity and size. By smell, taste and sound, we make other connections between the chambers of reason and the object we desire to reason upon; and thus our foundation on which all five witnesses are arrayed to the superior principle which is mind.

After seeing a human being complete in form, self moving, with power to stop or go on at will, to us he seemed to obey some commander. He seems to go so far and stop; he lies down and gets up; he turns round and faces the objects that are traveling in the same direction he does. Possibly he faces the object by his own action.

"...we have to decide that man is triune when complete."

Then by about facing, he sees one coming with greater velocity, sees he can not escape by his own speed, so he steps aside and lets that body pass on, as though he moved in obedience to some order. The bystander would ask the question, "How did he know such a dangerous body was approaching?" He finds on the most crucial examination, that the sense of hearing is wholly without reason. The same is true with all the five senses pertaining to man, beast or bird. This being the

condition of the five physical senses, we are forced by reason to conclude there is a superior being who conducts the material man, sustains, supports and guards against danger; and after all our explorations, we have to decide that man is triune when complete.

BODY, MOTION AND MIND

First the material body, second the spiritual being, third a being of mind which is far superior to all vital motions and material forms, whose duty is to wisely manage this great engine of life.This great principle known as mind, must depend for all evidences on the five senses, and on this testimony, all mental conclusions are bad, and all orders from this mental court are issued to move to any point or stop at any place. Thus to obtain good results, we must blend ourselves with, and travel in harmony with nature's truth. When this great machine man, ceases to move in all its parts, which we call death, the explorer's knife discovers no mind, no motion. He simply finds formulated matter with no motor to move it, with no mind to direct it. He can trace the channels through which the fluids have circulated, he can find the relation of parts to other parts; in fact by the knife, he can expose to view the whole machinery that once was wisely active. Suppose the explorer is able to add the one principle motion, at once we would see an action, but it would be a confused action. Still he is not the man desired to be produced. There is one addition that is indispensable to control this active body, or machine, and that is mind. With that added the whole machinery then works as man. The three when united in full action are able to exhibit the thing desired-complete.

OSTEOPATHY TO CURE DISEASE

The Osteopath seeks first physiological perfection of form, by normally adjusting the osseous frame work, so that all arteries may deliver blood to nourish and construct all parts. Also that the veins may carry away all impurities dependent upon for renovation. Also that the nerves of all classes may be free and unobstructed while applying the powers of life and motion to all divisions, and the whole system of nature's laboratory.

A full and complete supply of arterial blood must be generated and delivered to all parts, organs and glands, by the channels called the arteries. And when it has done its work, then without delay the veins must return all to heart and lungs for renewal. We must know some delay of fluids has been established on which nature begins the work of renewal by increased action of electricity, even to the solvent action of fever heat, by which watery substances evaporate and relieve the lymphatic system of stagnant, watery secretions. Thus fever is a natural and powerful remedy.

THE OSTEOPATH SHOULD FIND HEALTH

To find health should be the object of the doctor. Anyone can find disease. He should make the grand round among the sentinels and ascertain if they are asleep, dead or have deserted their posts, and have allowed the enemy to get into camps. He should visit all posts. Before he goes out to make the rounds, he should know where all posts are, and the value of the supply he has charge of, whether it be shot, shell, grub, clothing, arms or anything of value to the Company or Division. ❑

A Growth Industry

Graduate programs in health care are expanding rapidly

While the nation's 15 accredited schools of osteopathy are too few in number to be ranked in the *U.S. News* study of America's Best Graduate Schools, their total enrollment has increased by fully 37 percent in the past decade. The occupational attraction of osteopathy, which focuses on the relationship between the musculoskeletal system- the bones, joints and muscles- and all other body systems, is clear: Although the nations 33,500 osteopaths- who are licensed to practice in all 50 states- make up only 5 percent of all physicians, leaders of the profession estimate that 1 out of every 10 Americans visits an osteopath at least once a year.

Doctors of osteopathic medicine must undergo the same eight years of training as doctors of medicine- four as undergraduates and four in osteopathy school. Besides standard courses in medical science, future D.O.'s also study manipulative therapy and also the philosophy and history of their profession. Then, like their medical counterparts, graduate osteopaths must also serve both clinical internships and residencies.

The above article appeared in the March 22, 1993 U.S. News.

GLUCOSAMINE — A NEW POTENT NUTRACEUTICAL FOR CONNECTIVE TISSUES

LUKE R. BUCCI, PHD., C.C.N

About the author: Dr. Bucci received his Ph.D. in Biochemistry from the University of Texas at Houston Graduate School of Biomedical Sciences. After a Postdoctoral appointment in cancer research at M.D. Anderson Hospital, he was the Research Director for a nutritional supplement company for over six years. Currently, Dr. Bucci is in private practice as a Certified Clinical Nutritionist at Inner-Path Nutrition in Houston, Texas. Dr. Bucci has taught and continues to teach Continuing Education relicensing seminars for healthcare professionals on nutritional topics. In addition to teaching nutrition and physiology classes at local colleges, Dr. Bucci also works at Bering Care Center, an HIV day care facility, and consults for home health care companies on nutritional needs of patients.

Connective tissues include more than just cartilage, tendons, ligaments and invertebral discs. Less obvious connective tissues form basement membranes, blood vessels, body cavity linings and intra-organ frameworks. Even less obvious is "ground substance" or loose connective tissue, which literally fills in gaps all over our bodies.

Connective tissues have common components. The chief component is collagen, a tough ropey protein that physically connects our tissues. Collagen makes up one third of our total body protein content, being our most common protein. The other major component is proteoglycans (PGs). These large and complex macromolecules are mainly glycosaminoglycans (GAGs) — long chains of modified sugars. PGs are the framework for collagen to follow. They also hold water to give connective tissues flexibility, resiliency and resistance to compression.

Connective tissues, being subject to mechanical forces and damage, are equipped to repair themselves by manufacturing and remodeling prodigious amounts of collagen and proteoglycans. This constant and ongoing process is further placed under stress when an injury occurs to connective tissues. Production of connective tissues (along with collagen and PGs) can double or triple over normal amounts. A large demand for building blocks of collagen and proteoglycans occurs.

Connective Tissue Components Are Derived From Nutrients

Building blocks for collagen are amino acids, especially proline, glycine and lysine. Building blocks for GAGs are sugars. Like almost every biosynthetic pathway in the body, collagen and GAG production has a long sequence of events from single molecule precursors to final polymerized product. Also characteristic of biosynthetic pathways is a key step — one highly regulated control point beyond which there is a commitment to finish. It is much easier and efficient for our bodies to control complicated processes by focusing on one point. If conditions demand production, and all raw materials are in place, then stimulation of a key step will cause production of the endpoint to happen. When it is time to stop or slow production, simply regulate the key step. This is called a rate-limiting step

During production of collagen, the rate-limiting step is maturation of newly synthesized collagen, rather than production. Unused collagen is simply degraded back to amino acids. Proteoglycans, however, have a specific rate-limiting step in their production.

The conversion of glucose to glucosamine is the rate-limiting step for production of GAGs, and thus, PGs, and thus connective tissues. Once glucosamine is formed, there is no turning away from synthesis of GAG polymers.

Key Connective Tissue Precursor — Glucosamine

Glucosamine is the key precursor to all the various modified sugars found in GAGs — glucosamine sulfate galactosamine, N-acetylglucosamine, etc. Glucosamine also makes up 50% of hyaluronic acid — the backbone of PGs — on which other GAGs like chondroitin sulfates are added. Thus, glucosamine occupies the pivotal position in connective tissue synthesis.

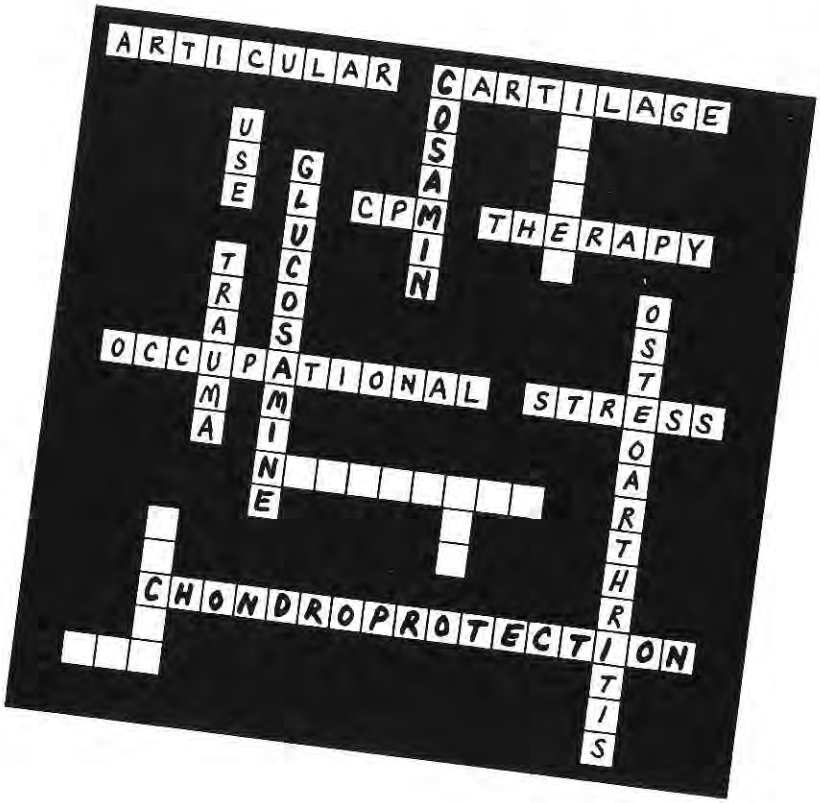
What would happen if this important precursor was available in unlimited quantities to connective tissue cells? Being the key , rate-limiting step, excess glucosamine should stimulate production of GAGs like hyaluronic acid, chonddroitin sulfate, etc. Glucosamine would then stimulate production of collagen and finally, connective tissue.

Glucosamine Findings

Research spanning three decades has found that glucosamine can act as a precursor for GAG synthesis, bypass-

continued pg. 27

Take The Puzzle Out Of Connective Tissue Problems...



A myriad of joint and spinal conditions are associated with articular cartilage and disc deterioration. Several factors can lead to the deterioration, such as direct injury to the joints, mechanical stress due to overuse of the joints, aging and/or hereditary conditions.

Regardless of the underlying cause, these conditions can have a dramatic effect on the use of the joints and often produce pain when physical activity is attempted.

While the treatment for these conditions may vary, the regimen often includes the use of steroids, or NSAID's which, with repeated usage can damage chondrocytes and inhibit the body's natural healing processes.

The use of chondroprotective agents is an exciting new option for the management of degenerative joint disorders. These agents stimulate chondrocyte metabolism and inhibit enzymes capable of degrading articular cartilage matrix, and in doing so, protect the cartilage. **Cosamin®** is a newly available nutraceutical chondroprotective agent that offers significant protection against articular cartilage and disc deterioration without any damaging side effects. The main ingredient, glucosamine, is the key precursor and regulator of connective tissue synthesis.

Cosamin® capsules provide the raw materials that are essential for proteoglycan and collagen synthesis, thereby insuring the integrity of the intrinsic healing processes that protect and repair connective tissue.

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From the AOBSPOMM Files

A.A.O. CASE HISTORY

ANN L. HABENICHT, D.O.

IDENTIFICATION
R.M. is a 42 year old white female

CHIEF COMPLAINT
Right upper quadrant abdominal pain with nausea. "Colitis"

HISTORY OF THE PRESENT ILLNESS
This patient has had colitis for several years. She also had dermatological involved lupus erythematosus. She often had nausea and vomiting. Her complaint on this visit was that of a sharp, right upper quadrant abdominal pain. The pain increased with deep inspiration. She had some nausea and had noted some right shoulder pain. Her nausea and vomiting appeared approximately one hour after eating. She had a history of gastritis.

PAST MEDICAL HISTORY
Lupus erythematosus
Hypercholesterolemia
Gastritis

PAST SURGICAL HISTORY
Total abdominal hysterectomy with bilateral salpingectomy and right oophorectomy.

ALLERGIES
Multiple drug and environmental allergies

MEDICATIONS
None

SOCIAL HISTORY
1/2 pack cigarettes per day x 20 yrs, occasional alcohol usage

PHYSICAL EXAMINATION
Heart- Regular Rated and Rhythm without S3,S4, or murmur. Lungs-clear to auscultation. Abdominal exam showed decreased bowel sounds in all quadrants, soft with generalized tenderness, positive Murphy's sign. There was an acute tissue texture change noted at T9 on the right with motion change of T9 sidebent and rotated right, flexed. There were no other somatic findings on this exam.

INITIAL ASSESSMENT
1. Right upper quadrant abdominal pain- Rule out cholecystitis
2. Somatic dysfunction- thoracic. Probably viscerosomatic reflex.
3. Lupus by history
4. Hypercholesterolemia by history

TREATMENT PLAN
Osteopathic manipulative medicine was used to treat T9 on the right using HVLA and counterstrain technique. R.M. was placed on a fat free diet and a gallbladder ultrasound was scheduled. In reviewing R.M.'s chart, it was noticed that her T9 somatic dysfunction was present on her last two visits with her complaint of colitis.

COURSE OF THERAPY
R.M. was seen weekly for the next three weeks during which time I continued with her work up for cholecystitis. Her ultrasound revealed only small amounts of sludge. She continued with back pain, right upper quadrant pain, and nausea with occasional vomiting. Her tissue texture change remained acute at T9 on the right. Each time she was seen, she was treated with manual medicine. An Upper GI showed a hiatal hernia, a gallbladder scan was normal. An osteopathic surgeon concurred that R.M. indeed had an acalculus cholecystitis. R.M. was taken to surgery with the above normal gallbladder findings and a viscerosomatic reflex pattern for gallbladder disease. She was found to have an inflamed gallbladder with early adhesion formation causing a ball valve intermittent obstruction of the common bile duct. There was also noted to be migration of the omentum to the gallbladder. She subsequently did well post-operatively, with the absence of her right upper quadrent pain. Her back pain persisted and was treated with HVLA technique on several revigsits. Her back pain has resolved.

DISCUSSION
This is an interesting case of an acalculus cholecystitis that was suspected because of physical findings and a recurrent viscerosomatic pattern for gallbladder. I have had three patients with the same complaints and patterns. Peptic ulcer disease and gastritis had been present, but a persistent T9 right reflex has lead to the diagnosis of acalculus cholecystitis. All patients have benefitted from fat free diets and have had exacerbated symp-

continued pg. 25

JACK AND JILL;

A CONVERSATION OVERHEARD ON THE WAY "UP THE HILL"

I.D. CLARE

Jack: How did your interview go, Jill?

Jill: Not bad; although I don't know if they really know WHY I want to come here.

Jack: Why do you say that?

Jill: Well, they seemed to want to know mostly what I had done in school, whether I liked my college, if I was satisfied with my MCATs and they really didn't ask me much about my interest in an osteopathic school.

Jack: You must be kidding! They grilled me, especially that one old guy with the moth—eaten beard.

Jill: That's not nice. He's a prof in the OMM department, I think. He did ask me what thought was the most important idea of A.T. Still and when I said "the body does its own healing" he just nodded his head and then I think he went to sleep.

Jack: I 'll be darned! Miss Jones asked me what I expected to be asked,—like "Why an osteopathic school"—so I told her.

Jill: What DID you tell her?

Jack: I said,"I've volunteered in two mixed hospitals, you know with D.O.'s and M.D.'s, and I found the D.O.s had more compassion, and I like Osteopathy because its holistic and because they train primary physicians and finally because I considered Osteopathy a viable alternative".

Jill: Where did you get that "viable alternative"?

Jack: My medical advisor used that term. Anyway, I thought I had covered it pretty well when old greybeard says, "Don't you think there are M.D.'s who have compassion, and who might practice wholistic medicine?", and I said "well, I guess so" and then he asked if there was anything distinctive about Osteopathy; figured now I knew what he was after so I told him: "Well you teach manipulation but most D.O's don't use that anymore"; that seemed to shake him up a little. Then he wanted to know what I thought manipulation might do and so I said I thought it made patients relax and there could be some psychological value in touching. So then he dropped that subject and asked me if I thought there was anything in—what's his name—Arthur Still's teaching that had (what did he call it ?) "a modern counterpart."

Jill: Not Arthur—it was Andrew—anyway, how did you answer that?

Jack: I figured that he tried to get along without medicine since all they had in those days was purging and bleeding and heavy metals and all that.

Jill: Maybe he was trying to get you to connect the "healing of the body" with the immune system

Jack: I don't get it.

Jill: Well, what's the immune system but antibodies and special cells that the body itself is capable of manufacturing.

Jack: So what, you're going to tell me next that manipulation can affect the immune system.

Jill: I really don't know that much about it but it seems to me that if things are produced in the body, its because the body has the materials to make those things.

Jack: O.K.! So now you're talking about nutrition, maybe on top of genetics. (I like genetics!)

Jill: All right, but at every step of nutrition you have—look, like you start with the right food, then the stomach has to be able to digest it and the intestines to have to assimilate it, and then things have to be synthesized; and at every step there is a control system, that's the nerve and blood supply.

Jack: Jill! You're off the subject. "Immune system"-there you're talking about fetal cells and spleen and B Cells and T cells...

Jill: The same idea holds. The fetal liver has to work right, the spleen has to work right and so on, and these are like the digestive system,—they all depend on adequate blood and nerve supply.

continued pg. 23

NIH Grant Writing Workshop

San Francisco April 22-23, 1993

SPONSORED BY

THE OFFICE OF ALTERNATIVE MEDICINE

DEBORAH M. HEATH, D.O.

CHAIRPERSON OF THE AAO'S LOUISA BURNS OSTEOPATHIC RESEARCH COMMITTEE

An opportunity for Osteopathic clinical research now exists for the osteopathic physician that seems too good to be true.

"Alternative Medicine" or unconventional medical therapies are sought by one in three people according to a recent report in new England Journal of Medicine. This study caught the attention of many including the National Institutes of Health's Office of Alternative Medicine. Although the office was formed out of a Senate Bill in Oct. 1991, it's profile has certainly been heightened in recent months with popular media coverage of unconventional medical practices. With a total budget of $2 million dollars, $600,000 will go to support 20 one-year pilot projects ($30,000 each) for the purpose of small scale studies to obtain preliminary data relevant to the evaluation of alternative medicine. Requests for Applicants (RFA) has gone out to many alternative practitioners to get their involvement in this research. Realizing that many practitioners are not skilled in NIH grant writing, national workshops were held in four locations for an introduction to the process. The workshops were informative on many levels. The following are highlights from the workshop held in Chinatown, San Francisco, April 22-23, 1993.

Daniel Eskinazi, Ph.D., deputy director of the NIH Office of Alternative Medicine admits in his grant writing workshop in San Francisco that the task is very large with limited resources, but "we have to start somewhere." In one day, he handled 70 phone calls while his own work waited. Success of the innovative NIH program is dependent on the many practitioners of alternative practices, according to Dr. Eskinazi, he cannot do it alone or with his four other staffers. He solicits the support and participation of all that have an interest in unconventional medicine. An overwhelming response to the "RFA" would signal that this area of research is important. It's impact could be enough to increase the OAM's budget in order to support research on a much larger scale over several years. It could expand the budget to include development of research methods and designs for high quality research; the development of data bases to include important literature generally not catalogued by National library of medicine or other existing depositories. Dr. Eskinazi repeats "do not worry about getting funded this year, just submit your proposals for review," it will help them determine the scope of their task and plan for future RFA's and budget needs.

There are a few important prerequisites in order to submit an grant application summarized below. More details can be obtained from the packet of information from the AAO.

1. Collaboration: an inexperienced researcher is required to collaborate with an <u>experienced</u> researcher.

2. Alternative: the study needs to include in its therapeutic regimen an alternative practice of medicine(e.g. homeopathy, meditation, manipulation)

3. Clinical efficacy: the study needs to show effectiveness of a particular intervention. (although laboratory proposals will be considered if clearly relevant)

4. Scientific merit: the study must meet the usual criteria for quality research although paradigms, and research designs may be uniquely adapted to the topic.

Once applications are funded, OAM will hold one to two meetings with the grantees for guidance through the grant process and if needed help with arrangements for getting approval from an appropriate human subjects committee.

DEADLINE FOR APPLICATIONS: JUNE 8, 1993

<u>How do we fit into "Alternative Medicine"?</u>

Observations that I made at the meeting:

1. The NIH guide did not mention osteopathic manipulative treatment in the list of examples of structural manipulations.

2. Many of the herbalists, acupuncturists, homeopaths, and "body workers" that I met at this meeting said

they do "cranial."

3. Many of these practitioners were delighted to meet an Osteopath that maintained an Osteopathic approach to medicine.

4. A concern was voiced by many practitioners that these grants may be a very easy way for disciplinary boards to identify individuals practicing "alternative or non standard patient care." If identified, there was no protection of the practitioners by NIH and examples of revocation of medical licenses was a potential risk in some states. Non medical practitioners using certain therapies could also be at risk for potential negative consequences.

5. Collaboration with an experienced researcher and institution may be very difficult for practitioners using alternative treatment.

6. Institutional review boards for the protection of human subjects may resist studies using alternative therapies.

7. Alternative care practitioners need a united voice in order to be heard loud and clear by powerful lobbyist groups with a vested interest in maintaining a status quo health care system.

8. Qualified peer reviewers are needed for review of proposals in osteopathic medicine.

9. Osteopathic physicians are in an ideal position to lead the "alternative care movement." We are respected by conventional and unconventional medical practitioners. We have both conventional and "unconventional" approaches to patient care. Our theory and practice is supported in conventional and unconventional medical practitioners. We have both conventional and "unconventional" approaches to patient care. Our theory and practice is supported in conventional wisdom with a broad scientific basis. Mechanisms are already in place for executing pilot studies-hospital and outpatient populations are available to us; our institutional review boards will allow "osteopathic" treatment of our patients; our disciplinary boards will support our osteopathic approach; many experienced researchers and research institutions are excited to collaborate with us. And most importantly, our osteopathic patient care management helps patients get well!

What do we need to do?

Submit, submit, submit, proposals to demonstrate the efficacy of Osteopathic structural diagnosis and treatment in a wide range of patient care management. The emphasis should be on osteopathic palpatory diagnosis with good descriptions of treatment with assessment of outcomes in response to treatment.

Be willing to collaborate with experienced researchers and alternative medical practitioners. For years, we have been leaders in successful acceptance of both. Now, we can integrate the practices on a larger scale and create an even stronger liaison. Ultimately, to the benefit of the patient.

Establish standards for the practice of manipulation for all levels of practitioners. Clearly define boundaries and parameters so that patients can discern the scope and skill of the practitioner.

Submit your CV to be a peer reviewer to:

Daniel Eskinazi, DDS, Ph.D.
Office of Alternative Medicine
National Institutes of Health
Building 31, Room B1C35
Bethesda, MD 20892

We'll see you at the next NIH meeting for grantees. ❑

Frymann Presents to Clinton Task Force

Viola Frymann, D.O., FAAO, the only Academy member to be invited to speak to President Clinton's Health Care Reform Task Force, was ask at the Annual membership meeting of the AAO to report on the meeting. The section of the Task Force that Frymann presented to is concerned with alternative medicine.

The AOA had made several requests for a hearing, but neither they nor the AMA had been invited. The purpose of her discussion was to provide information as to the content of a basic health care package. She emphasized that she could not disclose the full contents of her meeting since nothing has been finalized at this time; the meeting was strictly for gathering information.

Other health care modalities represented included homeopathy, acupuncture, midwives, and naturopathy. All agreed that the comprehensive plan should include freedom of choice so that individuals are not forced to choose traditional medicine. There was an overall agreement, among the panel, that individuals must be informed somehow of the various modalities available so that they could make informed choices. Frymann was impressed with the members of the task force because they seemed to have put aside political motives and are truly attempting to form a better system of health care. ❑

Viola Frymann, D.O., FAAO

Jack: O.K.! But the body really only gets in trouble mostly because of accidents or infection, that's what makes up most of practice and that's what we have to learn to take care of —

Jill: Accidents can mess you up, yes, but infection occurs when the body resistance is lost. My biology prof told us :"D= E/R, where "E" is the Exciting factor or the Etiology (like a virus or bacteria) and "R" is the Resistance." When that equation gets top-heavy—when there's more bacteria or less resistance, then disease occurs (that's "D").

Jack: That sounds pretty cool; but you'll have to agree: everything comes back to nutrition?

Jill: No, not really; I just said that nutrition itself may depend on proper nerve and blood supply and that's where structure and function come in.

Jack: Structure?—O.K. So then your constitution and body build and your inheritance — all that is everything?

Jill: No not everything.The musculoskeletal system is the biggest system in the body and it is constantly faxing information to the central nervous system which can then change what goes on in the motor systems— but not only that—it can change things in the organ systems.

Jack: Where do you get all this? It sounds theoretical to me. Let's be practical. All patients want is to have something to relieve their headache or their stomach ache.

Jill: Well, maybe so—but how about trying to find "why?" the headache or the stomach ache, you know, an underlying cause.

Jack: I didn't really mean that and I do go for finding the underlying cause because then you can think about prevention.

Jill: Right! And prevention includes cutting down on anything, whether pain or stress, or mechanical strain that is affecting the balance in the nervous system—which in turn will affect the total health of the body.

Jack: "Balance"—yeah I've heard about the balance between the two parts of the involuntary nervous system the sympathetic and the parasympathetic.

" Osteopathy grew when it was opposed ... its strength has to come from its own integrity if that is possible."

Jill: Well, maybe I shouldn't have said "balance", those two systems are not always antagonistic, mostly they are synergistic; an example: take stomach ulcers...

Jack: You take "em!

Jill: Be serious ... stress is supposed to stimulate the Vagus nerve...

Jack: Right! and that's a parasympathetic nerve which causes increased hydrochloric acid in the stomach, and that can cause an ulcer.

Jill: Yes and no—maybe you went too fast. It could be that a strain or injury in the back set up interference through the sympathetic nerves to the stomach (or duodenum) and that cut off the blood supply and mucous protection—THEN the ulcer could happen.

Jack: I know what's coming now.You're gonna tell me that manipulation to the sore back could bring back the resistance of the stomach wall.It sounds good but where's the proof.

Jill: They're working on that, same as they're working on trying to find out how Aspirin works. There's been enough anecdotal evidence to keep this profession alive for over a hundred years and it got there by pioneering in health care.

Jack: Wait a minute! You're trying to compare Osteopathy to the advances in bacteriology, the discovery of antibiotics, the marvels of electron microscopy...?

Jill: No way! Most of the advances in science have been by research scientists and their findings can be used in all areas of medicine, but Osteopathy has been on the forefront of knowledge of function of the immune system. The Academy of Osteopathy just had a symposium on nociception and the immune system and the endocrine system. I really wish I had been able to talk about some of that in my interview.

Jack: So when you get in practice you're going to be one of those drugless docs?

Jill: Cut me a break! If all I wanted was manipulation I could have gone for physical therapy or chiropractic. There's nothing wrong with that but I want to learn everything I can possibly learn about taking care of patients. I understand there's a Dr. Korr who talks about a cybernetic loop between the patient and the doctor, that means there's something really special about osteopathic palpatory diagnosis and treatment. I want to be able to know when surgery is indicated, when antibiotics might be help-

ful and how to use them. I really want to know it all but I won't lose sight of "Resistance". Remember the formula I just mentioned?

Jack: D equals E over R.

Jill: Hey, You were listening! Further probably most of all I want to learn all that I can do with my hands.

Jack: I guess I'm impressed but I never heard of this side of Osteopathy.

Jill: Well, I was raised on Osteopathy, our family doctor was a D.O and he took care of all of us for everything: He took care of my whiplash, he took care of my brother's compound fracture when he fell out of the maple tree, he brought us kids through measles, mumps, colds and fevers with no complications. He treated Mom for pneumonia. He used to say" Don't underestimate what osteopathic care can do." . . . I also saw him shake his head and say "'Osteopathy grew when it was opposed from the outside; now with 'equal rights' its strength has to come from its own integrity if that is possible." You know, I never wanted to be anything but a D.O.

Jack: You really are gung-ho for Osteopathy.

Jill: (laughingly) Try it you'll like it.

Jack: Well, I hope I can. I'm willing to learn. What are you doing about lunch?

Jill: If that's an invitation, I'll take you up on it!

Epilogue: They made it up the hill.

- David Heilig, D.O., FAAO
(under the pseudonym I.D. Clare)

PIONEER WOMEN IN MEDICINE

CATHERINE CARLTON, DO, FAAO

There is an old Chinese proverb that says "When you drink the water remember those who dug the well." Some of our pioneer women helped dig the well for medicine.

Elizabeth Blackwell was the first woman physician in the USA. She was graduated in 1849 from Geneva Medical School in New York. With her sister Emily Blackwell, who was graduated 5 years later from what is now Western Reserve, they established the first clinic for women in New York. Emily went on to study in Paris and Edinburgh to become the best educated physician in the world at that time. They were friends of Florence Nightingale.

Marie Montessori was the first woman to receive a medical degree in Italy. She was graduated from the University of Rome in 1894 and was appointed to be assistant director of the Psychiatric Clinic in Rome. She was sent to see the "lunatics" where she saw they had nothing to do with their hands. She was also sent to the poor section of Rome where the children roamed the streets. She was to teach the 3 to 6 year olds in a humble room in that area. Dr. Montessori observed that the children retained in their memory the fundamentals of touch and attention, so she provided them with learning tools. She gave them letters and numbers in wood.

In 1906 she gave up her private practice, and her professorship in the University of Rome to teach teachers all over the world the Montessori method of teaching.

President Woodrow Wilson's daughter invited her to come to the USA to teach her method to teachers. She came and spent a number of months instructing teachers, then returned to Europe where she taught till she died in 1952. She is buried in Holland.

In 1903 Louisa Burns received her medical degree from the Pacific College of Osteopathy. She later earned her masters degree in Science. She became a faculty member and head of the research laboratory. She was the first woman to do research for the osteopathic profession. She contributed scientific proofs to the osteopathic profession. She wrote seven books, many articles and gave many lectures on the Osteopathic Pathology. That is the term she used to describe structural changes in skeletal anatomy as cause of disease both locally and in distant parts of the body.

Some of her quotations are as follows:
"An Osteopathic bony lesion is a disturbance in the relations of the bones not associated with rupture of the ligaments."

"Bony lesions vary slightly according to the nature of the joint affected, and the length of time they have been present. Any articulation may become the site of a bony lesion."

As examples, the heart is easily and seriously affected by osteopathic lesions between the occiput and atlas, or the third and fourth thoracic vertebrae, the symptoms being irregular pulse, variable but low systolic pressure and an increase in edema in the tissues. Osteopathic lesions of 10

continued next pg.

continued from pg. 24

months duration at the 5th thoracic vertebrae have been associated with anemia, ulceration and erosion of the gastric mucosa by hyperchlorhydria in experimental animals. Chronic lesions in the upper lumbar vertebrae in experimental animals caused their offsprings to have deformities. Correction of these lesions showed an improvement in the reproduction of animals.

Dr. Louisa Burns was head of the Louisa Burns Osteopathic Research Lab from 1936 until 1957, a year before she died at 88 years of age.

Dr. Helene Larmoyeux, a slender 1910 graduate of ASO and a graduate nurse, took the train to Laredo, Texas, a town on the Mexican border. She had learned that they needed doctors. She got off the train in August 1910 and carried her one little suitcase to the Chamber of Commerce. She put down her suitcase and said "I'm your new doctor."

The Spanish language came easy to her for she already spoke French. She opened her office, rented a horse and buggy and started making house calls and delivering babies in the home. The raids of Pancho Villa and his bandits did not stop her. Bullets would come flying across the border as these "Terrorists" as they would be called today, raided Laredo and other towns along the Rio Grande River. This fearless little woman fulfilled her obligation to care for the sick with the knowledge that God would protect her.

Later, she married Dr. Charles Kenney, whom she had known at ASO, and they continued to practice in Laredo till 1920. They did well there, but moved to Ft. Worth to rear their two daughters. Through the good example and influence of these two fine D.O.s , some nineteen members of their family became Osteopathic physicians, including both of their daughters. My sister practices in England and I have stayed in Ft. Worth in the same location.

Not until World War II were women commissioned as officers in the military. Two hundred women physicians from England and the USA were in the medical corps to help care for the sick, the wounded and the dying service personnel.

Women physicians in the occupied countries of Europe were allowed to keep their cars, phones, have gasoline and make house calls. These women worked bravely in the underground movement helping Jews and Allied airmen to escape to England. They would receive a call about a sick child, which was merely a cover, to travel to a country home in the evening. There they would load the downed Allied airmen in their car, cover them and drive them to a drop off point. The point was often a bridge where a waiting boat would take the airmen to safety across the channel. Their valiant efforts saved the lives of many airmen and Jewish civilians who were in danger behind enemy lines.

A quotation from Robert Frost seems to describe these women: "But I have promises to keep and miles to go before I sleep and miles to go before I sleep." ❑

AOBSPOMM continued from pg. 19

toms when fat is returned to their diets. Two patients have chosen surgery with the same surgeon. Both have had significant gallbladder disease at surgery. All have had negative scans and ultrasounds. This case shows the use of viscerosomatic reflexes in aiding in diagnosis and treatment. ❑

LETTER TO A. T. STILL

March 29, 1993

Dear Dr. Still,

I just returned from the annual Academy Convocation. I always look forward to the Convocation for a number of reasons. First of all, it is always an inspiration and a major reminder of your genius. Then I always see old friends and invariably meet new ones with the same goals I have. We are grateful for our predecessors who formed this organization to carry on your vision and work.

At this Convocation I received a beautiful plaque for my participation in the Golden Ram Society at the A.T. Still Club level. I don't consider my contribution to the Academy a gift at all, but rather repaying a gift given to me, the knowledge and skill to practice Osteopathy. I have been very happy, and successful in many ways in my 42 years of practice. Most of what I use in my practice I have learned from the Academy meetings, of one kind or another, I have attended over the years. I have tried participating in Academy organizational functions, and by giving back to the Academy. I shall continue to do so as long as God grants me the ability to do so.

Your grateful student,
Harold I. Magoun, D.O., FAAO

Cynthia Rutherford, MSI, COMP and Dr. Magoun at Convocation '93

FINLEY JOINS AAO STAFF

I am pleased to announce that I have hired **Diana L. Finley** as the Academy's Associate Executive Director, replacing **Joyce Ann Cost** who had resigned her position after eight years with the Academy. Ms. Finley comes to the AAO after serving the Texas Osteopathic Medical Association (TOMA) for 24 years, most recently in the capacity of Associate Executive Director, publications director, convention and meeting planner. Her experience at TOMA has included all phases of association management.

A native of Keokuk, Iowa, Ms. Finley served in the U.S. Marine Corp after high school and pursued a business management program at Tarrant County Junior College in Fort Worth, Texas after she joined the TOMA staff. Her references, which included many of the leaders of both TOMA and the American Osteopathic Association, were impeccable and highly complimentary. Professionally, she has been active with the Association of Osteopathic State Executive Directors and the Texas Society of Association Executives.

Ms. Finley is very familiar with the profession since she had two uncles who were D.O.s and has been a lifetime patient of osteopathic physicians. She is committed to the osteopathic profession and is excited to be a part of the AAO staff. I invite you to welcome her with the same warmth that you extended to me when I joined the Academy staff last year.

Diana L. Finley

Joyce Ann Cost officially joined the Academy staff as a temporary employee in April 1985, although she had provided some accounting services to AAO prior to that time. One year later, she began her full time duties and eventually advanced to the position of Associate Executive Director. Joyce's responsibilities included the supervision of accounting and bookkeeping functions as well as meeting planning, primarily the Convention, Convocation and OMT Update programs.

Friends may contact Joyce at her home — 1897 Mt. Vernon Road, Newark, OH 43055 (614) 366-2385.

Joyce Ann Cost

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BY

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" This book, ..., is an attempt to put these subjects in some semblance of rational conformity as an introduction to Osteopathic philosophy, principles and techniques for use by the beginning student."

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continued from pg. 17

ing the rate-limited step of glucose to glucosamine conversion. In fact, glucosamine is the preferred substrate for proteoglycan synthesis, including chondroitin sulfates and hyaluronic acid. In vitro cultures of cartilage and connective tissue cells produced more hyaluronic acid, more chondroitin sulfate, more collagen and more matrix than controls or other GAG precursors. Glucosamine added to human cartilage explants improved biomechanical properties. While glucosamine increased GAG production by 170% in cultured connective tissue cells, other modified sugars or GAG or GAG components were ineffective. Physiological (low) doses increased cartilage synthesis in animals by 10%, which is quite large in real life.

Furthermore, being a small, naturally-occurring molecule, glucosamine is almost completely absorbed when given orally (greater than 95%), as shown by animal and human studies. Even more important, 30% of an oral dose is retained by the musculoskeletal system for long time periods. Daily oral dosing was found to raise tissue levels of glucosamine better than intravenous administration. Glucosamine is non-toxic, with oral doses of 8 grams per Kg body weight to mice, rats, rabbits and dogs not causing any problems, even after months of dosing.

Clinical Results With Glucosamine Products

In human clinical studies, glucosamine sulfate, given in daily oral doses of 750-1,500 mg actually started to reverse degenerative osteoarthritis of the knee after two months. Normalization of cartilage health was documented by biopsies with electron microscopy. Hyaluronic acid, which is 50% glucosamine, has been in veterinary use in injectable form for many ears. Hyaluronic acid is used to help repair damaged tendons in horses and rebuild joints in other animals. Thus, clinical utility of glucosamine fits the theory of feeding connective tissue an active precursor for resynthesis of matrix to restore function.

Is glucosamine a drug or nutrient? It occurs in our cells and can be considered a nutrient when ingested in foods, although usually as part of connective tissues. Unlike most drugs, glucosamine provides the body with a normal component that happens to be an important control element and raw material. This qualifies glucosamine as a nutraceutical — a nutrient with clinical usefulness. Other examples of proposed nutraceuticals include carnitine, Coenzyme Q10, ferulic acid, anti-oxidants and even vitamin C.

Summary

Glucosamine is a newly available nutrient that is a key precursor and regulator of connective tissue synthesis. Outstanding safety, bioavailability and clinical response all point to a promising future for glucosamine products to feed and repair connective tissues. ❑

Kuchera continued from pg. 14

function to move on to what is best for the entire profession. We need to work together, destroy the "we and they" and become the triune profession—one body, one mind, one spirit—ready for service to and for all mankind.❑

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3. Charles Lamoureux
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Executive Director cont. from pg. 7

Astell at Twin Pines Adult Care Center, 316 S. Osteopathy, Kirksville, MO 63501.

• • AAO Administrative Assistant **Lisa Rader** attended the state convention of the Michigan Association of Osteopathic Physicians and Surgeons in Dearborn on May 19-21. MAOPS offered the Academy a complimentary exhibit booth which Lisa used to promote AAO programs and services.

• • AAO staff member **Gigi Rondinella** accepted an invitation from the Indiana Association of Osteopathic Physicians and Surgeons for a complimentary exhibit booth at the IAOPS Convention in return for the Academy sponsoring a Structural Consultation and Treatment Service on May 20-21 at the Adams Mark Hotel in Indianapolis. In response to a referral from the Academy, IAOPS recruited AAO member **John Hohner** to present a three-hour workshop on OMT. I also attended the IAOPS President's Banquet, where I served as Master of Ceremonies, having been invited by incoming IAOPS President **Dawn Fairley**.

• • Publications Coordinator **Sarah Neel** has a variety of projects in development, including *The AAO Journal*, the *1993 AAO Directory*, *UAAO Newsletter*, registration brochures for the Faculty Development Seminar and OMT Update/ Board Preparation Course. Sarah also published last month's issue of the *AAO Newsletter* and coordinated the publication of the packet of Coding and Documentation Tips.

• • Bookkeeper **Tamika Griffin** has worked closely with **Joyce Cost** to refine the automated bookkeeping system, not only for the AAO budget but also for AOBSPOMM and UAAO accounts. Tamika also receives and ships orders for all of the Academy's publications.

• • The Texas Osteopathic Medical Association flew Associate Executive Director **Diana Finley** to Austin for the TOMA state convention on May 14-16, where they honored her for her 24 years of service to the organization. Diana took the opportunity to promote membership in the Academy to her many friends in Texas.

Stephen J. Noone, CAE
Executive Director

$10,000 Gift Turns into $55,000

Ross E. Pope, D.O., Chairperson
Fund Raising and Endowment Committee

Unbelievable! No, it is a fact that many not-for-profit organizations like the American academy of Osteopathy can assist benefactors in multiplying their charitable contributions through a simple gifting technique. Read on!

In march 1992, the Academy's Board of Governors adopted its Mission Statement and Goals, one of which was to establish a long range fund raising program which would generate by the year 2000 at least $10 million to supplement the AAO's operations. Beginning with this issue of The AAO Journal, I will present various gift-giving concepts that have been successfully implemented by other organizations for the benefit of their membership.

The concept mentioned above uses a vehicle called Single Premium Life Insurance. A Physician could donate a sum of money to the Academy which could purchase a fully paid up life insurance contract. The Doctor would receive a current tax deduction for the donation while being recognized for making a substantially larger gift. This vehicle is extremely flexible and can accommodate many different levels of gifts.

The listing below illustrates two different scenarios;

1. Making a $1,000 gift each year for 5 years could purchase a paid up policy in the amount of:

Doctor age 35	$45,000
Doctor age 45	25,000
Doctor age 55	16,000
Doctor age 65	10,000

2. Making a one time lump sum gift to purchase a $50,000 paid-up policy would require a gift of :

Doctor age 35	$3,750
Doctor age 45	6,000
Doctor age 55	9,750
Doctor age 65	16,500

Along the same line, another idea may exist for AAO members who have several, smaller, paid-up policies on their lives. Recently a 70-year-old physician, who had a paid-up policy with a face amount of $35,000, donated the policy to charitable organization. He received a $10,200 current charitable tax deduction which was equal to the cash value of the policy. The organization recognized the substantially larger gift of $35,000 in its fund raising campaign. Many of you probably have these types of paid-up policies in your safe deposit boxes. This would be a relatively painless way to assist the academy in reaching its long range goal of $10 million by the year 2000.

For more information on how this might work for you, please contact:

Steven T. Dum, CLU, ChFC
FRINGE BENEFITS PLANNERS
P.O. Box 1917
Indianapolis, IN 46206

AAO Faculty Development Seminar

August 6-8, 1993

Indianapolis, Indiana

William J. Kirmes, D.O.,
Program Director

Register Early
Attendence will be limited to 24

Registration Fee: $ 295

For more information contact
The American Academy
of Osteopathy (317) 879-1881

Convocation 1993

President Herbert A. Yates, D.O., FAAO and family

President-Elect Eileen DiGiovanna, D.O., FAAO and Michael DiGiovanna, D.O.,

OBITUARIES

Dale Dodson, D.O.

A resident of Northfield, Minnesota., where he had practiced since 1952, Dr. Dodson died January 15, 1993.

Born in Foreman, Ak. in 1925, Dr. Dodson grew up in Texas. He is a graduate of the College of Osteopathic Medicine and Surgery in Des Moines, Iowa.

After serving in various post in the Minnesota Osteopathic Assc., he became an officer in the American Osteopathic Association and in 1979 was installed as President. He chaired and served on many commissions and committees of the AOA, most of them having to do with education.. He served as the AOA's representative to the U.S. office of Education and to the National Committee of Higher Education. He also served on, National advisory Council for Education in the Health Profession (HEW), National Health Resources Advisory Council to the President (under Presidents Johnson, Nixon, Ford and Carter), National Advisory Council Selective Service (under Presidents Johnson, Nixon and Ford), National Institutes of Health.

Currently he was director and trustee of UOMHS-COMS at Des Moines; vice chairman of the Mayo Clinic HMO medical policy committee; member of the legislative committee ACGP; chairman of the board of directors Chicago College of Osteopathic Medicine; and in the AOA, member of the bureau of student affairs, director of the national board of examiners in osteopathic medicine, and member of the board of directors on the National Osteopathic Foundation.

Honorary degrees were conferred by KCOM, UHS-COM, UOMHS-COMS, and WVSOM. Among several medals and other awards, he was given the Phillips Medal of Public Service by OU-COM, and the Founders Day Medal of TCOM at North Texas State University.

Dr. Dodson is survived by his wife, Iva, and four children and grandchildren.

Taken from The Northfield News, Jan. 20, 1993.

Roy L. Brown, D.O.

Roy L. Brown, D.O., of Topeka Kansas, died February 26, 1993. Born in 1908, he had lived in Topeka since 1915.

Dr. Brown graduated from Kirksville School of Osteopathic Medicine and Surgery in 1932. He was an osteopathic physician for 56 years, before retiring in 1988.

He served eight years on the Kansas State Board of Healing Arts, as president. Dr. Brown was a member of AAO, life member of the AOA, and served as a Kansas delegate to the House of Delegates until 1992.

He was a life member and past President of the Kansas Association of Osteopathic Medicine. Dr. Brown was a three time Governor appointee as a member of the committee for the physical handicapped.

Dr. Brown is survived by his wife, Mary, and three children.

Editor continued from pg. 6

ful person and well represents our profession.

Wishing you well in your year as president of the Academy and please let me know if I can be of any assistance.

Fatemally,
Laurence E. Bouchard, D.O.
AOA President -Elect

Dear Dr. Yates,

With deep joy and gratitude I have received your letter announcing the Honorary Life Membership in the Academy that has been conferred upon me. Since I treasure my call to be a D.O., it makes me doubly proud to be a lifetime member ot the AAO.

I am deeply grateful.
Peace and health,
S. Anne Brooks, D.O.

Dear Dr. Yates,

Thanks to the Academy and Board of Governors and the future membership for conferring on me Honorary Life Membership in the Academy.

Due to health reasons, still recovering from quadruple bypass surgery, I won't be able to make the meeting in Boston. I am sure Bernard Siegel, M.D. will do a fine job entertaining and enlightening our group.

Thanks again. Fatemally,
Bernard TePoorten, D.O.,
FAAO

CLASSIFIED ADS

D.O. Wanted!

D.O. wanted to experience rural health care in remote mountains of West Virginia. Beautifully forested community of Man, 80 miles from state capital in Charleston. Family practitioner needed to provide primary care services to catchment of 30,000 people. Multi-specialty group or hospital-employed practice. Salary $80,000 to $100,000 with paid personal/professional insurances and other major benefits. Work with friendly people who have APPRECIATION FOR YOUR WORK and need your help. Send CV to or call: Greg Davis, Appalachian Regional Healthcare, P.O. Box 8086, Lexington, KY 40533 1-800-888-7045 or (606) 281-2537 collect.

Southeastern Mass

PAIN TREATMENT CENTER is seeking a qualified Osteopathic physician to take over the busy and lucrative OMT practice. Excellent working conditions and virtually no call. Contact: William E. Dworet, D.O. (508) 994-8493.

Cranial Osteopath Wanted !

Opportunity available for Cranial Osteopath to join an established, OMT-based, holistic group practice in Maryland suburb, north of Washington D.C. Call Osteopathic Associates (301) 587-7072 weekdays.

Boston Area:

BOSTON AREA: Seeking one or more physicians to take over a thriving OMT practice. Comfortable office in a small town/suburb just outside Boston. The patients are accustomed to osteopathy in the cranial field, but would welcome any ongoing osteopathic care. If interested contact Dr. Rachel Brooks (617) 646-2320.

ENCOURAGE YOUR COLLEAGUES TO BECOME BOARD CERTIFIED IN OMM

D.O. Needed !

Opportunity available for a Family practitioner to be part of a busy practice at the River Valley Clinic in Northfield, MN. Must be willing to do OMT. River Valley Clinics are owned by Health One in Minneapolis. Contact: David Flicek, Administrator, 1400 Jefferson Rd., Northfield, MN 55057, (507) 645-2095.

Las Vegas, Nevada

Immediate opening for Physician skilled in Osteopathic Manipulation in busy 2 Doctor practice in Las Vegas, NV. Practice specializes in industrial injuries, motor vehicle accidents and soft tissue injuries. Trigger point injections/OMT/Physical Medicine Modalities are utilized. Comprehensive benefit pkg. available. Contact: Janet Fishman, Administrator (702)876-2225 or Fax (702)879-9307.

CALENDAR OF EVENTS

June

June 2 **Connecticut**
Connecticut Osteopathic Medical Society Annual Convention Contact: Nicholas J. Palermo, D.O., President, 225 Main St., Manchester, CT 06040

June 17-20 **GOMA Annual Convention**
Amelia Island, FL. Excellent OMT program featuring Michael Kuchera, D.O., FAAO. 30 1-A CME credits. Contact: (404) 953-0801

June 19-23 **Cranial Academy 40-hour Basic Course**
"Osteopathy in the Cranial Field"- Burlington, VT. Tuition: $1,000. Contact: CA office (317) 879-0713.

June 24 **Competency Examination**
Cranial Academy Board Meeting.

June 25-27 **Cranial Academy Conference**
"Primary Respiration" Featuring Anne Wales, DO and Frank Willard, PhD. Directors: Drs. Gintis and Ettlinger. Contact: CA office, (317) 879-0713.

June 24-27 **Colorado**
Colorado Society of Osteopathic Medicine Annual meeting. Primary care updates on orthopedics, gynecology, pediatrics and more. 18 hours 1-A CME. Contact: Patricia Morlales, (303) 322-1752

July

July 10-11 **AAO Board of Trustees** in Indianapolis

July 13-15 **AOA Board of Trustees** in Chicago

July 16-18 **AOA's House of Delegates** in Chicago

August

Aug. 4-8 **Arkansas Osteopathic Medical Association**
Little Rock Hilton Hotel, Little Rock, AR. Contact: Traci Wilson, (501) 882-7540

Aug. 5-6 **AAO Education Committee** in Indianapolis

Aug. 6-8 **AAO Faculty Development Seminar** in Indianapolis

September

Sept. 10-12 **Florida**
FOMA- Midyear Seminar, Hyatt Regency Westshore, Tampa. CME credit, 20 hours 1-A anticipated, including five hours of mandatory Risk management and three hours of mandatory HIV/AIDS. Contact: FOMA Executive Office, (904) 878-7364 for additional details.

Sept. 10-14 **Introduction to Esoteric Healing: Part I**
This is the first in a series of four courses that teach the principles and techniques of Esoteric Healing. The course will be taught by the International Health Research Network. The course will be held at the Park inns International Hotel, East Lansing, MI. Contact: Barbara Briner, D.O., (517) 349-7377 after 7:00 pm.

Sept. 13-17 **Basic Cranial Course**
"The Expanding Osteopathic Concept: Basic Cranial Course. Director: Viola Frymann, D.O., FAAO, COMP campus, Pomona, CA. Contact: Jane Riplog, (800) 447-2667

Sept. 16-19 **OMT Update/Board Prep Course** in Orlando, FL.

Sept. 30-Oct. 3 **New England Osteopathic Assembly**
22nd Annual Convention, Hyatt Regency Hotel, Old Grennwich, CT. Contact: Nancy Dickey, (207) 474-2357

October

Oct. 8 **AOA Board of Trustees** in Boston

Oct. 9 **AAO Board of Trustees** in Boston

Oct. 10 **AOBSPOMM Examinations** in Boston

Oct. 10-14 **AOA Convention** in Boston

November

Nov. 6-7 **Basic Percussion Vibrator Course** in Indianapolis

December

Dec. 11 **Delaware State Osteopathic Medical Society**
Bradywine Country Club, Wilmington, DE. Contact: Edward Sobel, (302) 762-5020

January

Jan. 15-22 **AAO Cruise/ Basic OMT Program** in Eastern Carribean

February

Feb. 4-6 **AAO Education Committee** in Indianapolis

Feb. 11-13 **OMT Update/Board Prep Course** in Indianapolis

Feb. 19-20 **AAO Long Range Planning Committee** in Indianapolis

March

Mar. 23-26 **AAO Convocation** in Colorado Springs

THIRD ANNUAL OMT UPDATE

"Application of Osteopathic Concepts in Clinical Medicine and Preparation for Osteopathic Manipulative Medicine Boards"

Sponsored by:

American Academy of Osteopathy

September 16-19, 1993
(22 Hours - Category 1-A, AOA)

Walt Disney World Resort
Lake Buena Vista, Florida

For more information, please call the AAO 317/879-1881, Fax # 317/879-0563

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