

: Theories, practices and beliefs of Osteopathy as explained by renowned Osteopath, Jim Jealous.

JIM JEALOUS, DO.

HEALING AND THE NATURAL WORLD

Interview by Bonnie Horrigan • Photography by Dan Higgins

There is a reason that people drive from neighboring states to see Jim Jealous, DO, at his clinic in Vermont. It is the same reason that students line up to take his classes and that the University of New England College of Osteopathic Medicine founded a scholarship in his name—the James Jealous Scholarship for Excellence in Osteopathic Medicine. Dr Jealous has dedicated his life to exploring the natural world in its most essential, fundamental form and it is this knowledge and the resultant skill that makes him one of the most respected osteopathic doctors in America today.

Dr. Jealous graduated from the Kirksville College of Osteopathy and Surgery in 1970 and is certified by the American Osteopathic Board at special proficiency in osteopathic and manipulative medicine. In private practice since 1971, he runs a clinic in Milton, Vermont and is a clinical instructor at the University of New England College of Osteopathic Medicine. Dr Jealous, a member of American Academy of Osteopathy, the American Osteopathic Association, and the Cranial Academy, is past president of the Osteopathic Center for Children in London and a prior member of the Sutherland Cranial Teaching Foundation.

Alternative Therapies interviewed Dr. Jealous at his clinic in Milton Vermont in the fall of 1996.

Alternative Therapies: Our philosophy is that while conventional medicine is very effective in many situations, it doesn't have all the answers. That's what I'd like to talk to you about—the answers conventional medicine doesn't have.

James Jealous: Let's look at the conditions in medical education. The whole process of becoming a physician is largely contradictory to the principles of healing. Students are not nurtured, nor are they encouraged to explore, nor are they communicated with as fellow travelers in a remarkably beautiful journey into the mountains of life. The healing arts have become quite sterile and the biomolecular limits, limits that trim off the "individual." This, of course, is a reflection of the educational ecosystem. The growth and development of a physician should be nurtured by the most loving and perceptive environment that is humanly possible. This is paramount to bring a complete picture of illness into focus.

Osteopathy in its conception contained a philosophy as well as a science. Osteopaths were asked to consider questions of the soul, death, transcendence, and use only their hands in healing. The background in which life occurs has meaning. I believe that any healing art needs to help individuals find the way to a deeper reality than a biomolecular model of health.

It is interesting to me to see how many alternative medical models are slowly becoming biomolecular. Many "natural" cures are really biomolecular remedies and are used like traditional medicine uses "drugs." From my perception that's not necessarily alternative, because an alternative medical practice would be of a larger vision and be very individualized in its application. It would not have a remedy for each symptom or disease, but a unique option for the patient. The deeper questions about life need to enter into the picture and be part of the inquiry about healing. We are oversimplifying the art and losing the essence of what healing is about. Holistic is not using a variety of "cures," it is seeing the Spirit, Soul, Body as a Whole. The treatment is not subdivided; if it is, then one must see one's position relative to the Whole and not try and "destroy the disease" (allopathic) but support the health of the Whole. This was osteopathy's beginning; it remains barely alive, but is practiced by several hundred DOs.

The idea of Whole, a unit, the undivided, is foreign to our culture and is slowly vanishing like an aboriginal form that is viewed as "primitive" by the intellect. Each one of us faces the reality in ourselves and must meet that responsibility first, then the perception will follow. For our culture it's a "deep" question;

for the aboriginal soul it's a natural state. We need to focus not so much on cause and effect but on the priority of the Whole as it moves in relation to a Great Mystery. Teaching requires an effort in the same direction, a view of the Whole individual moving into new dimensions of life. We need to protect the eco-receptive perception that is our natural state of being. This is slowly being trimmed away and as a result, people are more sick than necessary. If they become ill, their inner balance and "peace" view of healing as distinct of mind" are not juxtaposed to the causal event, and as a result, suffering is increased. The same process is present during education.

If we are seeking an alternative system of healthcare, then training must reflect that difference. Philosophy is not enough. We must try and live the principles. Physicians must not prioritize their relationship with the patient around time. This is a serious problem. An office call for an acute illness requires at least a half hour.

AT: Not 7 minutes?

Jealous: I'm not bright enough to practice medicine in 7 minutes. Taking longer is necessary and prudent, but also it's economical. I mention this because alternative medicine should not be more expensive. An osteopathic treatment is usually applied once (for an acute illness), the patient has a perception on why they got ill and how that impacts their essential goals in life, and recovers more quickly without medications. Long-term patients begin to "manage" their inner balance and learn about staying healthy. All this requires remarkably less healthcare. Healers are teachers, fellow travelers, and explorers. Patients are in similar roles within the sphere of their lives. We are here to free people from needing routine healthcare, not create dependence. Short, quick office calls leave the patient frustrated and dependent; they

either keep coming or break away and find their own way. The medical care in the United States is trying to "herd" people like cows. People are essentially spirited and will find their way forward on their own. Routine healthcare is becoming less and less sensitive. Interesting.

AT: Is this type of thinking the foundation of osteopathic medicine?

Jealous: At the foundation, yes, but is it the status quo? No. Like all schools of healing, the deeply essential core is the least evident. The individual is still the key answer; we can't blame who we are on anything. Some people just desire to serve as much as possible the Health in each of us; not fight diseases. Most DOs have bought into the status, materiality, and fear of the mainstream medical model. The exceptions that we find prove the potential of our philosophy. Only a small number of DOs continue to explore our foundations.

AT: What are those foundations?

Jealous: Our aim is to learn about the natural laws using the perceptual skills that we develop in our training and practice. The core of this work is perceptual; the concept grew out of repeated observation until the laws of nature became more clear. We learn to sense the Whole. When one meets a patient one sees the Whole—a very unique and rare event in our modern world. One does not divide life into soma/psyche/visceral, etc. This is an event contained only in the moment one is in. It's extra-ordinary. Patients are very much aware that a different attention is present. They comment on it. It's not intellectual or intuitive. It's aboriginal, instinctual. There is no immediate conclusion or diagnosis—that's much later. The moment is filled with the effort to be present with the Health in the patient and the story as it unfolds into its own answer. Sometimes this requires a distinct form of patient, slow observation without focusing on a need to conclude. The process is foreign at first, but after a time one finds it quite natural as it essentially is. We learn our skills by apprenticeship to something that has no name but it teaches us a great deal. We learn sensory perception without conceptual overlay, but it runs deeper than one can imagine. Learning this is different and demanding. Very few people are dedicated to this form of living; their interests are otherwise. So our profession is largely allopathic, and that's a loss for everyone.

We use our hands diagnostically, perceptually, and therapeutically—that's how simple and profound this is. We are not listening for symptoms but for a pre-established priority set in motion by the Health in the patient. The founder of osteopathy, an MD surgeon, had a vision and followed his insight. He trained physicians to use their hands for healing, along with very simple and natural remedies—diet, rest, meditation, prayer—nothing was added but "hands-on healing." It works!

AT: Talk more about natural laws.

Jealous: Well, first of all they are not man-made. Not conceived by research other than observation. Secondly, we are aware that many laws exist and operate in healing that we are completely unaware of, and yet they still enter profoundly into the process. The interesting thing is that our perception can sense the intention of natural laws, the intention of the Health at work, where priorities are being established. Usually, once this is communicated, the patient is already aware of it but may have discarded the information. Our motive and our skill is to understand the intention of the Health in the patient as it works undivided in pursuing balance and harmony. As I said earlier, this is not limited by terminal disease.

After being trained to sense this reality in a hands-on practice one feels very blessed to be an osteopath. Many people don't sense the beauty of this and use a more mechanical model and align structure to improve health by removing neuromuscular barriers. This is fine work but not of a continued interest for many DOs.

The natural world is endowed with a consciousness that extends in all directions. Our numbers are limited by time, interest, and teachers. It takes years, and then some, it's a way of life, really. My idea of alternative medicine is an alternative perception of the world, not just disease. Osteopathy has been alternative since 1874. We are still here. Alternative medicine, to me, is about a different view of life, a more reverent and deeply informative beauty. Giving tea tree oil for nail fungus instead of a potentially toxic chemical is a much more natural remedy, but it's still not an alternative view of healing. Any form or "mindset" that goes after the disease to override it is only partially alternative. What supports the Whole at its interface with the wisdom of the natural world is alternative. It supports the Health, the non-divisible, the transcendent wisdom of life, first. In ordinary illness, rarely is more required. About 80% of all common illnesses will heal with this approach, if the patient is able to let it work (ie, time, perception). Otherwise, a more direct allopathic approach is required. Most alternative healthcare is still re-focusing into an allopathic model. The purity of tradition is dying because very little time is being given to a deeper relationship with natural laws. We are fooling ourselves and in some cases we are being fooled by persons interested in financial gains under the banner of the alternative, but the depth and commitment aren't there. One must know for oneself.

Let me tell you a story about a patient who died, but was healed and at peace—healthy.

I had known John for 15 years. I was his family doctor in a small rural town. He was now 52 years old and a workaholic. His wife and son were very anxious and chemically ill. He was driven. I saw him for years, episodically.

At 52 he developed lung cancer from exposure to chemicals at work. We referred him, as he wished, to an oncologist. He was treated with chemotherapy and pain medication (narcotics). He called my office and came in, asking for a treatment. I agreed. This request was out of nature for him. He came every week. I never pushed or inquired why, just treated him following the purity of health, not trying to engage the disease, which I felt was far beyond curing. Over the next several months, something felt different. Remember, he was really "unreachable" before. Finally, I asked him why he wanted these treatments.

I could feel a deep change under my hands, something emerged out of the suffering. He told me that without the treatment he needed lots of pain pills and with the treatment he did not need any! I was shocked but not surprised by this. He continued, "I am more peaceful, after the treatments." Where was this change coming from? We sent him to no psychiatrist, no Zen monastery. Where did the flower bloom from? He died easily and at peace, loving and with his relationships in balance.

He helped me understand what I had only "sensed" before. The Health in the patient cannot become diseased or die. You can't kill it. It's transcendent. All we need to do is listen, use our hands in a skilled fashion, be patient, have the time and follow the Health. Then, the natural laws, not "framed by human hands" will reveal to us our role in the moment. The intellect remains in check. It's really none of my business how the process of healing is occurring.

AT: None of your business?

Jealous: All I can do is help life come into balance in the way it intends to. This is the key phrase; the way it intends to. I saw John a couple of days before he died and it was like putting my hands on the healthiest person alive. I know that sounds strange, but there was a beautiful balance in him. He was happy.

Healing is not about getting rid of symptoms. It's about an individual wholeness, that we remember instinctively the moment we touch it. The treatments help us recall and reintegrate what does not need to be learned. In some people death is a doorway to a perception our culture has trimmed away.

When a patient comes into the office we are always beginning, each moment, just waiting and perceiving the purity and sensing health at work. This requires years of training and a love for the gift of our natural essence. We are listening with our hands to a story unfolding into the consciousness of each of us. How many doctors get told the whole story?

AT: What do you experience when you heal with your hands? Can you talk about what that is like for you?

Jealous: It's not easy to explain in any way other than what it is, of itself, so I hope this is not confusing for people not associated with the perceptual skill. It took me 20 years to begin to understand. I still feel like a beginner. It's a lifelong journey into every possible corner of living in relation to natural laws. I'm learning more all the time. Really, it's a profound life that we are endowed with. Some new relationship is always expressing itself; this comes during treatment. The patients bring the learning with them. It's unspoken but our senses know it, clearly. Increasing skill is not a predictable event. New skills arise from the direct association with the natural laws of healing. One learns things completely unexpected, not found in books, not extensions of known skills, but fresh. I never know what the next "fact" will be. I trust completely that in following the principles of my training, the understanding will grow.

What happens when I put my hands on a patient, that's a deep question. My answer will be personal. I can't speak for my fellow osteopaths or my students. It's a question of integrity with one's own health and a deep relationship with the gift of living.

AT: Do you teach what you are talking about? You're not teaching how to move bones, are you?

Jealous: Yes, I teach bones, but it's part of a continuum. One must understand and work with bones, a long time; it grounds the senses and helps one understand disproportion and balance in the Whole. It's the early sensory model. One learns all the techniques usually divided into manipulation, counterstrain, myofascial release, cranial, etc, and years of anatomy. Years of understanding motion until you sense a normal unit of life. One begins to sense the healing forces. At first our minds are confused because it is not a mechanical or hydraulic model. Many people stop here. I think it's too hard to believe what one senses. We study embryology, the laws of our formation, "never missing perfect proportion" as one embryologist put it. We perceive this wisdom and the precision it demands from us. We need long training. Some people really believe in shortcuts, but life wants us Whole—not a part of us, all of us. We have to have the patience to tolerate our ignorance and not hide it. We have to believe that we are "special." I don't mean better, but a conscious creation of a higher Intelligence, like anything beautiful. We are part of nature's art. Teaching requires one-on-one training and real respect for the Health in the student. We are not teachers but fellow travelers on a road of choice, not slavery. I teach at the pace set by the student. (This applies on all levels, undergraduate and many years past postgraduate.) It's heart-to-hands. The hardest lesson to teach is to work at the tempo of the Health. We don't hack away at disease. You know, 3 minutes of waiting is torture for some people. We need time, "free" time. Students learn that they already are "skilled," perceptive.

We allow what is natural to emerge; they surprise themselves. Very few teachers try and help us see the dynamic life we are. We don't need to become enlightened, we are. We need to sense our wholeness, we relax into this beauty and begin. Life by itself is beautiful. I'm not blinded by the violence and suffering. I see it and I see something "other" sustaining us. In medicine this focus is missing. My experience with mainstream medicine is not a pleasant one because of its focus. Fifteen or so years ago I had a swelling in my thyroid. I saw several specialists and was told that I had cancer. They were all very nervous, excitable, disturbed; they lacked insight and were afraid of my cancer. They laid out a morbid picture. I was very scared. I told them I was not coming back, because I realized from their fears that I was afraid of dying. It surprised me because I thought I loved life enough to die without fear. I decided that I needed to come to peace with death and not work out of fear. The doctors were angry. I never told anyone. I just decided that I wanted to be free of the fear. It was a question of integrity with the gift of living.

I did not touch the growth for one and a half years. I did this because it really was frightening to feel it and think about death, cancer, and a "void." I worked at not letting myself forget how afraid I was of death. Then I'd go about my day. Nothing else. I really tried to see my fear and help it through this misunderstanding. It went away. The growth went away and it never returned. I'm not claiming a self cure. I have no idea what happened or why. But I had a choice between my spirit and fear, I am proud to be part of nature, I love nature. I am proud to be mixed in with the trees and the sun and everything. This feeling of wholeness was violated by the fear. I could not stop loving what gave me form and consciousness. I took my fear along with me and continued. We are enlightened, we know we belong intimately to life, and it's precious, it keeps giving each of us 100% without reservation. It's simply true.

AT: Does osteopathy have a definition for death?

Jealous: The founder, AT Still, MD, said, "The body is a second placenta." I guess the question is best answered by saying death does not exist. I don't superimpose my understanding on the patient. I support all their decisions once they are clear about their choice of healthcare. I have patients from all sides of the issues. My job is to remain aware of the "undiseasable" health in them and support it. Patients are skilled; it takes humility to come for help. When I place my hands on a patient I begin by sensing the wholeness, the transcendent, not as an idea or as an immortal truth but by waiting until it is evident. I see the fear, I feel it in my hands, I sense the disease, the lesions, the history, and I wait. I'm looking for what I don't know; not a diagnosis, that's later. Now in this moment the Health is interfacing with disease. This priority must be seen directly, not by deduction.

AT: How would you change our healthcare system to accommodate this?

Jealous: If we look at whether or not we can change the healthcare system in this country, we can't. We want things to change because we believe differently than other people, but certainly people who practice medicine have a right to practice medicine their way, and there are

patients who prefer different formats. I don't think it's our place to dictate what should be done.

We've never had a safe, intelligent, and effective haven for people who want to practice holistic medicine. We need to acknowledge them. Instead of putting them down because they want to spend time with the patients, we need to say, "That's fine." There needs to be some form of recognition. I don't think we're going to change the healthcare system in this country, because it's not being run by physicians. The psyche, the metaphoric content, behind the healthcare system is the same thing that's happening in the movies and everything else. It's fast food. People want action and they want it right now.

Maybe I'm ignorant, but I think it's foolish to try to change anything by dictation. What makes alternative medicine what it is, if it's going to be anything, are the individuals. Instead of having everybody recruiting other people, I'd rather see them in their offices, working. Let students come to them. Make them work. Because it is work. Stand on the center and wait.

AT: Let's go back to the subject of healing.

Jealous: Healing is the emergence of originality. Let's take a look at this one sentence for a moment. The breath of life comes into the body. We can sense various rhythms that are created from it, and we can perceive that process taking place. We're not interpolating it. We're not analyzing it. We can actually perceive the breath of life come into the body, come to the midline, and from the midline, generate different forms of rhythms in the bioelectric field, fluids, and tissue. Essentially, what's happening is genesis. It never stops. Moment to moment we are building new form and function. One senses this, directly.

When I was reading the embryology literature, [I found the] research done by a German man named Blechschmidt. He was a scientist in love with embryos. • "His question was about the biodynamics and biokinetics of human development. How does this thing work? What happens? He never got his answer. He wrote that the cause of the origin of the embryo is held within the consciousness of the embryo itself. That's not a direct quote, but there was a secret, a mystery, that must remain. One can sense it's genesis. It is at the center of the Healing process.

Blechschmidt was fascinated by the fact that there was a force inside the fluids of the body that was not coming from the genetic field. This force inside the fluid actually contains the idea of the form of the human body, whether it's a kidney or vertebra or eye, and it brings it into manifestation. Then the genes modify it. So we have genetic/cultural and race modifications. Before these modifications, there is divine form. It coexists during our whole life. There is a moment when we're all perfectly held in the matrix of a much finer Intention, a moment of healing.

Blechschmidt described six different ways in which fluids will interact with each other inside the body. William Sutherland, who is the founder and genius of osteopathy in the cranial field, perceived these forces in the fluids, yet the two men had never met or read each other's work. When I read that this embryologist was describing the same forces in the fluids as one of the great teachers of osteopathy, that's all it took.

Since then, I've spent a lot of time just looking at pictures of embryos in the first 6 weeks of life, before the genetic field takes over. Many people won't agree with what I'm saying, or perhaps they will misinterpret it, but these forces exist. Many old cultures recognize this truth. But how did they know it? They knew it because it was something they perceived, directly, a natural occurrence.

Now, are we just taking a philosophical trip or is there some practical knowledge in the perception and understanding that there's a force breathing into the body 24 hours a day? It's on watch, it's on call, working for the patient. It cannot become diseased. It's before that. All it does is carry the original form into that person. And it's the thing that emerged from the man that had cancer when he knew he was dying. It's what we would call "his spirit." Why it came the way it came in that moment in time, we don't know. But it interfaces with every moment of our life. The air pollution coming in our nose, the good thoughts we have, our hair, our age, how much we have to urinate. It interfaces with every moment and if it stopped being there, you wouldn't die, you'd dissolve. You would have no matrix for your consciousness, even after death.

Let's say, 3 years ago, you hit your head, and ever since you've had dizziness. You've had all kinds of medicine, and nothing worked. You've still got the vertigo. If you walked into my office and I put my hands on you, I would not be looking for the strain pattern in your body. I wouldn't look at your disease, I observe the breath of life, this force in the body that's unchangeable, and look at how it was trying to help you. Your illness was precognitive. It knew you were going to walk into that wall before you did, not in a psychological way, but perceptually, something knew.

AT: Are you talking about premonitions?

Jealous: I'm not talking about premonitions. If you talk to enough people who have automobile accidents, just milliseconds before it happens, they know it. I'm talking about how the body is set up to receive the shock, whether it was emotional, biochemical, genetic, or physical. So the treatment program is set up almost before, and certainly during, the process of the insult to the body, or spirit, or soul.

The blueprint to get the patient well is there because the thing that made the body is the thing that sets up the blueprint. It creates compensation, to hold balance—what we call homeostasis—as long as possible. Now I know that a physician hearing this would say, "This is crazy." Some ideas of health are extremely narrow-minded, so death is an insult to a physician. But it's much bigger than that. We can feel the movement of this force inside the body, unchanged in the adult from that of a new-born, and for 2 or 3 days after death. Then it seems to disappear. Now, I won't go into that, because that's getting on the edge and there are a lot of things I don't know about it. But I think Elizabeth Kübler-Ross has done a great service for humanity. She made us wake up to the fact that there was more to life than just what was apparent to us. She put love on the front line. It wasn't emotional love. It was an unconscious awareness of a bond that exists between every human being before you even meet the person. It's very much a reality.

AT: Tell me more about the practice of osteopathy.

Jealous: The patient comes into the office. He's banged his head, he's got the vertigo. It's been going on for 3 years. So if we put our hands on the patient's body, the first thing we do is we open our senses to the peripheral space in the room, and extend it to the horizon, by its own force. Not by intention. A lot of people like to use their intention, their attention, and they like to visualize. I know enough anatomy to know that if I tried to visualize anatomy, I would be making a terrible mistake, because there's so much variability. For me, those elements of intention, attention, and visualization don't enter into this therapeutic process. They have places in other motifs but not in this.

Just like your lungs breathe in and out, attention breathes in and out. You know how you can relax the abdomen so you're not breathing up top all the time? What would happen if your mind was allowed to breathe?

Instead of working with breath, or air, we work with the breath of life. We let the mind breathe. This takes hard work. Some people start crying after they do it for the first time because they realize they were handmade, on purpose, by an artist who loves his work. They feel completely embraced by life and they get the magic. Then one struggles to get it to come back. That's when they fail because you have to let go of it. The first step in feeling this breath of life is not about palpation or poking around looking for lesions. You're feeling the Health of the patient first. You're feeling the breath of life as it comes into that living organism, into that person, and you're feeling the body, soul, and spirit as a complete unit of function. One does not partition. If you divide the body, soul, and spirit, even conceptually, under your hands, you're not doing what I'm talking about. You're doing something else.

I'm not talking about putting your hands on a person and saying, "This person is nervous," or he's having a bad day. That's intuition. This is a totally different thing. You feel the breath of life come into the body and up the midline. The midline is a bioelectric line that's a remnant of the notochord formed in the embryonic plate. It's a primary line of orientation for all spatial dynamics. The breath of life comes in along that line, and then it creates changes in the body. It creates movements, fluids, tissues, and so forth. We feel that.

This Health in the patient has been trying to heal him since the disease was imprinted. So in the case of the person with the vertigo, the Health has been working on it for 3 years. It has the blueprint to heal it. Now, the most common question I get right now from students is, "Why doesn't it heal the patient without our help?"

AT: I was just about to ask you that.

Jealous: When you get into the vortex of the interface between the healing forces and distortion, there could be 100 pounds per square inch of pressure being held in the distortion. The force of the insult set up vectors in the body. I don't wish this on anyone, but let's say you saw a friend run over by an automobile. How many pounds per square inch do you think that shock is putting into your system? A lot. Enough so you could lift an automobile off the ground if you had to. Let's suppose that this healing force could balance out that hundred pounds per square inch in your body. If you put a hundred pounds per square inch of force into the body, you would rupture every artery, vein, and lymphatic. If it generated the force necessary to heal it directly, its own architecture would collapse. So there's no gain. In other words, it has to heal through

transubstantiation, which is changing the physical force into another form of force that it can deal with. At a certain point of softening, very quickly, just like the snap of a finger, it switches into another form of energy. The information for that change is coming from the breath of life. So the disproportion of the lesion or injury or disease is bounded on all sides. The disease process is an intelligent decision made by the breath of life to protect the organism from destroying the whole of itself. Disease is not the enemy. It's an intelligent, wise decision to come into balance. Think about death. What do you reclaim at death?

AT: Your original form.

Jealous: Right. Your original form. It's incredible when you see it. Do you know how many times, after a couple of treatments, a patient will say, "I feel more like myself." They will say, "I can see light moving across the surface of the leaves after it rains." I say, "It's always been there. That's not a mystical perceptual field. It's normal." We are naturally quite gifted.

What would happen if you claimed your original form? Wouldn't it be interesting to know who you were? Wouldn't it be interesting to know the intention of the breath of life when it made you?

AT: Do you talk about these types of things with your patients?

Jealous: This conversation I'm having with you, on a less detailed level, goes on with my patients most of the time. I'm not trying to talk them into it. I can't say I love them in the usual sense of the word, but I see something in them and I know it's coming out, and I ask, "Why not right now?"

Why don't they all get better? It's just not time. And that's the only answer. The patient should not be blamed for not getting well. If the standard medical people make mistakes in not giving patients enough time to understand the body, soul, and spirit as a unit, alternative healthcare practitioners make equally bad mistakes when they make the patient responsible for not being conscious enough to get well. It's no one's fault. It's more about tempo and "healing-time."

People aren't stupid. Most people are very bright. Some doctors think they're smarter than everybody else, but it's not true. We are all very human.

AT: How do you teach students to feel these forces?

Jealous: First, I tell them they can practice any way they want, as long as it's safe, effective, and intelligent. They may not choose to practice the way I do. So they watch me treat patients and I teach them based on their questions. Eventually, they want to imitate what I'm doing. So they imitate it a couple of times and it works, and they think they have it, and then it doesn't work any more. So they get self-critical, their self-confidence level drops.

I try to convince them that they are already completely skilled. I try to get them to uncover something extraordinary in themselves. It's just a matter of time. If they let their minds relax, and sit and listen to the patient the same way I do, they come up with answers. It usually takes about 2 years for them to accept this, before they'll try it with one patient. They may see seven, eight hundred patients on their own during that part of their training, but usually it's 2 years before they'll try it. Then they wait and begin to find the Health.

I received a letter from a student yesterday. I trained her for 5 years. She spent 400 hours intermittently with me before going into (a conventional) family practice residency. She was recently assigned to a 92-year-old woman who had been in good health until she developed a growth on her neck, which was a squamous-cell carcinoma.

My student wrote, "While [the patient's] physical condition quickly deteriorated, she was obviously fearful about what was happening to her, as was her family."

Now, here's an intern in a hospital, taking care of a terminally ill patient with a squamous-cell cancer. I think it's pretty good she

noticed that the patient and her family are frightened. Anyway, to make a long story short, she wrote, "I found myself alone with the patient, which was a really rare moment. And while I was listening to her heart, I realized what I was really trying to do. On one level, I could feel the fear inside of this woman, almost a hum inside of her nervous system. But underneath it was a sweet, shapeless sense of certainty and health."

Then she wrote, "While I stayed there, I felt a huge shift." (She was treating the patient.)

Now that means that the partition between the fear and the sweetness let go. The autonomic nervous system, the parasympathetic, and sympathetics came more into balance, probably through the effect of the treatment on her limbic system. She felt a shift, which she couldn't describe. She then wrote, "The patient seemed to relax. She had a quiet, peaceful night, which was very unusual, and when I checked with her this morning, she seemed very comfortable. She died a few hours later."

An extraordinary story. We don't know, but there's a good possibility the treatment let her slip across easily. Did she hasten the process of death? No. She helped the patient come into balance, and then the system went in the direction it would naturally go. We didn't make that decision, and that's what makes osteopathy a natural science.

AT: There seems to be some magic in the moment when someone perceives the sweetness, the ineffable original force. That seems to be a key moment.

Jealous: It is a key moment. The recognition of the Health is a moment that's always there. You come to a conclusion about what the blueprint is and what it's trying to do, and you actually help it go in that direction. This may be a very subtle force.

You have to be right there at that interface, and you have to have watched and watched and watched it so that at that point where it interfaces, you can be present with the action of the blueprint.

AT: Is it like a little push?

Jealous: When you read the blueprint, you read the tone, the texture, the intention, the intensity, and the tempo as one thing. You've got all those five elements, plus. When they all balance, you accent exactly what is there.

There are other ways to treat that are effective, but we're talking specifically about the breath of life and its effect on the body.

AT: Any final words?

Jealous: I want to summarize the things I think are important.

First is that the whole is real. Holistic medicine doesn't mean that you do homeopathy, acupuncture, and osteopathy, and give them antibiotics. Holistic medicine means that the patient is indivisible. A person cannot be broken down. Holistic medicine means you have the ability to perceive the whole, and not partition it, which is a big responsibility.

We talked about the laws of generation and healing; healing as the emergence of originality, and that it can happen at any moment.

Another thing is perceptual training. You have to own the gift you are given. Sir Laurens Van der Post wrote some great books on perception. He is an extraordinary teacher. If you want to understand instinctual perception, his work with the aboriginals in Africa is a great resource.

In David Abrams' book, *The Spell of the Sensuous*, he talks to some medicine men who know about the six directions of perception. It's a good book to help a person explore reality. Three years ago I gave a lecture on perception, about the importance of the horizon in our perception. It was completely from my own experience. When I read Abrams' book, it was a good affirmation for me.

For me, the essence is to allow your attention to breathe over the edge of the horizon, set it free, and then wait for it to come back on its own. There's a perceptual bridge here that we can teach people.

The other thing that we talked about was that the treatment program for the patient is prioritized by the forces that form the body, so that when the patient comes in, the treatment program is already set up. We don't create the treatment process. We have to uncover it. That is a big sentence and it should be explored.

We talked about transmutation and about how death is not a disease.

It's important not to limit the patient to your practice. If you don't feel like you're helping the patient, get some help. If the patient doesn't want to go anywhere else, then find out why he's afraid. But keep expanding the influences on that patient's life, and don't hold on to the patient.

It's very interesting that the natural healing community has taken on the allopathic approach to medicine. The patient comes in with symptoms, and he gets symptom remedies. It's like prescribing prescription drugs. They're caught up in an intellectual format and they're not even aware of it. Natural medicine is natural medicine. Now, what does that word mean? Nature means everything that lives or breathes or is. So starlight? I bet a lot of people would get well if they just went for walks at night and could see the stars. All therapy is unique to the conditions of now, not the disease.

What good is it to start giving patients all kinds of things until we really understand what the whole process is? A real healer is not going to give exactly the same remedy for the same disease twice. So if we want to practice alternative medicine, we have to get rid of the menus. We have to look at the menus as a support system to buy time, but it's not the end of the road, and we are not all on the same timing.

Traditional osteopathy is not about episodic healthcare. It's a long-term relationship with people wherever you practice. It takes years to get to know another human being. Some of the people I've treated for 30 years. I'm not threatened by their disease, and I think that's important.

The other point that is important is that the student-teacher relationship is a long-term thing. We have to accept the responsibility of being taught. One of my greatest teachers was an old man I met on the river one day. I was way up country fishing and there was this incredible storm. He got in his car and headed back to town to his home. I didn't have anywhere else to go, so I asked him if I could come in his house. The storm came and his house trailer was rocking on its foundation. The electric wires were down in the road, and there were sparks all over the place. There were ambulances and cars coming from everywhere.

I sat there with this old man at the table, and he never moved. We just sat there. Inside this trailer was a hovering stillness. It was incredible. We were just sitting in this trailer with all this chaos going on. After 20 minutes, everything calmed down. He looked at me and

said, "I never could understand why people would rush around to make an emergency out of life." Then he just sat there. Twenty minutes later, he got up and started cooking a meal. He knew how to let the moment be the source and center of his temple; he was a living reminder.

I subsequently became good friends with him. That was an important moment, because I realized that it's not just osteopaths who are doing this kind of work and who can understand what's happening in the moment or be awake to that breath of life and that stillness. We all are aware of something greater and need to remember our Originality.

The health maintenance organization that we're all looking for is what makes an embryo. It generates and maintains life.

I don't think there is anything wrong with centering your general practice on the whole human being. Not everybody is going to be interested, and not everybody is going to think that you're doing a great job. But that's not what it's about. What it's about is whether or not there's a general pattern to your practice that's useful to people and their well being.

And the last thing, in big black letters—**it's hard work**. So prepare to really live! Thank you.

Horrigan, Bonnie. (1997, January) Jim Jealous, DO - Healings And The Natural World. *Alternative Therapies, Vol. 3, No. 1.*

