

## **Interview for *Osteopathy Today* March 2011**

Leon Chaitow is a name probably best known for the publication of numerous health-related books .

An osteopath, naturopath and acupuncturist of 50 years experience, Leon is a well-known figure in the holistic and natural health-care world.

He qualified from *The British College of Naturopathy and Osteopathy* in Hampstead (now *The British College of Osteopathic Medicine*) in 1960 and lives in Greece where he writes and edits. Although semi-retired from practice he makes visits to the UK several times a year to see patients in London, and remains in demand as an international lecturer.

He is editor of the peer-reviewed *Journal of Bodywork and Movement Therapies*, published by Elsevier (now MedLine indexed) and is a member of both the Scientific and Planning Committees for the 2012 3rd Fascia Research Congress (Vancouver).

Leon's prolific writing has led to the publication of over 60 books for practitioners and the lay-person, on subjects as diverse as myofascial trigger points, breathing pattern disorders, fibromyalgia, chronic pelvic pain and safe alternatives without drugs, for the treatment of arthritis, skin complaints and asthma.

His wide expertise led to his involvement in the establishment of *The School of Integrated Health* (now *The School of Life Sciences*) at the University of Westminster in the 1990's, where he developed and taught modules on soft tissue manipulation, cranial manipulation, naturopathy and neuromuscular therapy, at both undergraduate and masters level. On his retirement in 2004 the University awarded him an Honorary Fellowship: "for services to osteopathy and complementary medicine."

*Q) Leon why did you chose Osteopathy as a career at a time when it was it was a little-known and unrecognized profession?*

**I grew up in South Africa, and completed high school there. A basic ambition was to leave that troubled country for Europe, and so I selected a profession that could not be studied in South Africa at that time. It was also the profession that had been successfully followed by my father's brother, Boris, and his cousin, Stanley Lief.**

In other words, when I arrived in the UK in 1956, to study osteopathy (and naturopathy) at BCNO (now BCOM), it was for the sole reason of getting out of Africa.

*Q) Who has inspired your work and what did you learn from them?*

**Around 18 months into the 4 year training I began to find myself fascinated by my studies. I spent a great deal of time with Boris Chaitow ND DO DC, who was then practicing in London, and was indeed inspired by his example, as I was by Stanley Lief, who was still in practice at his resort, Champneys, as well as in London. Both had an extraordinary dedication and conviction to that most basic aspect of their work – the self-healing potentials of body. Apart from their extraordinary manual skills, they had a powerful ability to inspire and induce compliance in their patients, in terms of lifestyle reform, better eating practices etc. I believe that they were gifted healers precisely because they were able to enhance self-regulating mechanisms, by removing obstacles to recovery and by improving functionality – as well as by inspiring belief (certainty) in the *possibility* of recovery.**

*Q) We often here the term “gifted healer” from your generation of Osteopaths - What is meant by that? and in your view is healing more than simply the application and integration of skill and experience?*

**Healing comes from within – a practitioner’s role is to make self-regulation more likely, by improving function and by removing adaptive load – so that lifestyle, attitudes, diet, posture, breathing, exercise, patterns of use, sleep, stress management, and more, are in harmony with the needs of the individual. A gifted healer is one who can help to create such a situation. Too many practitioners, osteopathic or otherwise, have too narrow a focus nowadays.**

*Q) Your therapeutic tool box is huge – you know about diet, naturopathic remedies, acupuncture, breathing pattern disorders, different manual techniques like cranial, neuromuscular and myofascial release, to name a few - can you describe your approach when you treat a patient?*

**My aim is to do as little as necessary, drawn from that repertoire of ‘tools’. I recognized early on that trying to ‘fix’ everything is a doomed approach. Treatment of any sort, by definition, produces adaptive demands on the individual. Treatment, whether a modification of diet, a neuromuscular manual treatment, an osteopathic manipulation, a needle insertion, or anything else....demands adaptation. Therefore the therapeutic intervention that is likely to help someone is one that matches their current ability to respond – and needs to be tailored to the patient’s degree of vitality, adaptation exhaustion, vulnerability and specific needs. I am minded in answering this question of the words of Donald Schon (1984): *“Often when a competent practitioner recognizes, in a maze of symptoms, a particular pattern, and constructs the basis for a coherent design in dealing with it, or discerns an understandable pattern in a jumble of information, something is being done which cannot easily be described. Practitioners/therapists make judgments of quality for which they cannot [always] state adequate criteria. They display skills for which they cannot describe procedures or rules.”***

**Therefore, I believe that it’s impossible to always say why I choose one approach over**

another. The key to Schon's formula is that – whether you are a brain surgeon, a tight-rope walker, a baseball pitcher, or for that matter an osteopath - first you need the skills ("*competent practitioner*") ....then, with experience, judgments become virtually intuitive.

*Q) How do you decide which techniques to chose?*

To some extent it relates to the patient's concept as to why they have come to see me. For the rest, the decisions as to whether to use manual/osteopathic methods, or to focus on breathing retraining, or discussion of diet and lifestyle, or stress management – depends on the patient's history, presenting condition, and of course, as explained - intuition.

*Q) Why do you think people become ill? – (In the pie chart of aetiology - structure/ emotional/ genetics/ personality / diet etc what do you think has the greatest influence on health?)*

People become ill when their ability to adapt to the stresses of life breaks down. I have a great respect for Selye's (1984) General Adaptation Syndrome (GAS) concept. This teaches us that for most of our lives we are adapting to multiple stressors, biochemical, biomechanical, psychosocial, superimposed on unique genetic and acquired characteristics. As adaptation potential becomes exhausted (an inevitability) symptoms manifest. To answer your question directly - I'd say that genetics have the greatest (but not the sole) influence on how well we manage the multiple stresses of life. The practitioner's task is to make sense of the symptoms and the history and to devise ways of reducing the stress-load, while enhancing the individual's ability to handle the stress-burden. Apart from those two objectives, most treatment is palliative. Understanding adaptation, and the individuals current degree of "reserve", their vulnerability and susceptibility, is a major part of the art of our profession – since that determines just how much, or how little (and what), we should do therapeutically. Of course not everyone, or every condition, can get better – so realistically the aim should be to help the patient achieve the best outcome possible, which in some cases may be complete recovery, in others a slowing of degenerative situations, and in others achieving a modest improvement.

*Q) How did you get into writing?*

Around 1971 one of my patients, a publisher (Thorsons, which later merged with HarperCollins), asked me to write a short book introducing osteopathy to the general public. The result was "*Osteopathy: Head to Toe Health through Manipulation*" ...which was pretty basic and is thankfully long out-of-print. A year or so later I suggested a more ambitious title "*Acupuncture Treatment of Pain*" which was accepted and published in the mid-70's, and is still in print in the USA. My next book focused on neuromuscular technique, the soft tissue method that Stanley Lief had developed (assisted by Boris Chaitow) in the 1930s. That book, after a slight revision, reemerged as "*Soft Tissue Manipulation*", and this too is still in print in the USA. Since then one book has followed another, and in the early 90's I moved to a different publisher, Churchill-Livingstone – which is now Elsevier. During the last year I have been working on the second editions of direct descendents of the soft tissue manipulation

book, “*Clinical Applications of Neuromuscular Techniques*” – a coauthored, two-volume (Upper body & Lower body) text. In 1995 I suggested to Elsevier that a multidisciplinary journal would fill a gap in the market that was filled by specialist, discipline specific, publications (osteopathy, chiropractic, physiotherapy etc). The result was the *Journal of Bodywork and Movement Therapies*, which I edit, now in its 15<sup>th</sup> year, having achieved MedLine Indexed status 2 years ago. Details of these books, and the journal, can be found on my website [www.leonchaitow.com](http://www.leonchaitow.com).

*Q) There are dangers in raising your head above the parapet - climates change. I haven't read it but I imagine your book "Vaccination & Immunization : Dangers, Delusions and Alternatives" for instance might be considered controversial today, even dangerous?*

**Short answer – yes. In the 1970s I was vilified for my books on vaccination, and on cancer care. The vaccination book is controversial, is still in print, and although my views have changed a little since it was written, I hold closely to most of what I expressed back then. Incidentally, having commissioned the book, Thorsons decided not to publish it due to its controversial nature, however fortunately it was taken on by a CWDaniels, who displayed more courage.**

*Q) What are your thoughts on the shift towards evidence-based medicine?*

**I like to describe what I practice as *evidence-informed, experience-based*, medicine. The trend towards EBM is fine, but only if *all* elements – including clinician experience - have equal weight with research evidence. What's happening however is not scientific, and has led to EBM being used as a weapon to control anything not seen to be 'orthodox, mainstream'. This has become a feature of intolerant 'scientism' - a virtual religion.**

*Q) What's your view on the subsequent scrutiny over what we can claim to treat and the backlash against practices like homeopathy and acupuncture?*

**If the same criteria were used to focus on pharmacological approaches, as used in medicine, most drugs would have to be withdrawn. El Dib et al (2007) found that only about 40% of Cochrane reviews (meta analyses) showed a positive, or possibly positive, effect for mainstream medical treatments, with fewer than 10% showing harmful effects, *but about 50% having no effect or insufficient evidence of benefit*. These percentages are supported by *BMJ Clinical Evidence* (see web address below in reference list). Throwing stones in glass houses comes to mind!**

*Q) How do you envisage the future for Osteopathy?*

**Bright – if it rediscovers it's potential (and its roots) – which in my view, and experience, lies far beyond the focus on musculoskeletal dysfunction that now prevails. It is up to leaders of the profession, the schools and professional organizations, to fight the trend towards a sort of glorified physiotherapy role for osteopathy.**

*Q) Do you ever foresee a time where there is fully integrated approach to medicine where the conventional intertwines with the complementary and the focus is on the whole person and their ability to self heal given the right circumstances?*

**It has already happened, in numerous small, integrated groups, and is I believe inevitable as the shortcomings of mainstream medicine become apparent. Much what is on offer via orthodoxy is remarkable and beneficial – largely in areas of extreme acute health care. But management (and even basic understanding) of chronic health issues is woefully managed in general practice. Osteopathy (and naturopathy, as well as other complementary approaches) have much to offer in chronic health care - if the profession has the courage to meet its potential.**

*Q) You've been prolific in your writing and lecturing, educating the public and practitioners on natural approaches to health over many decades? What has driven you?*

**The passion that woke in me during my training – at Lief's college – the BCNO – where osteopathy and naturopathy were intertwined, has never left me. It is all so simple, and so obvious – that all we have to do as clinicians is to tap into the self-regulating potentials of the body. Our task is not to fix or cure, but to remove obstacles to healing – whether structural or other. My present work (clinically and in writing) in chronic pelvic pain, and breathing pattern disorders, has helped me understand this even better – and the role that a comprehensive, integrated health-care approach can have – with osteopathy very much a part of the mix. What excites me on an almost daily basis is the constant stimulus of editing a peer-review journal, attracting, as it does, submissions from around the world, by authors from all manual and movement therapies. Add to that the constant fascination of searching for new material for books under revision, or new ones, and the interaction with leading professionals as part of the planning and scientific committees for the next World Congress on fascia research (Vancouver March 2012 [[www.fasciaresearch.com/](http://www.fasciaresearch.com/)]). Much of this is unpaid of course, but the rewards far exceed financial considerations.**

## **References**

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