

Osteopathy ^{BOA} today

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Jean-Pierre Barral

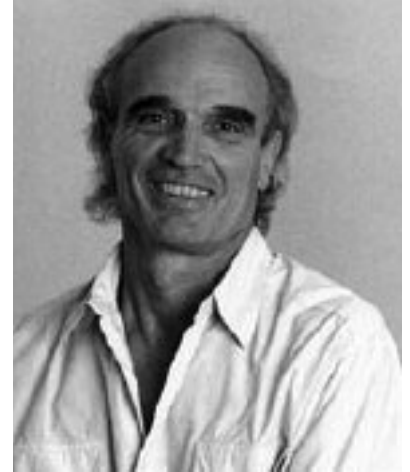
In the Spotlight ...

with Jean-Pierre Barral DO

Jean-Pierre Barral is a French osteopath and physiotherapist known for developing visceral manipulation

Cited by *Time Magazine* as one of the top innovators for alternative medicine to watch for the millennium, Jean-Pierre's work has reached a global audience.

He has written several books, lectures all over the world and has established The Barral Institute which provides research and training on visceral, vascular and neural manipulation and manual therapies for the fascia and membranes.



Yet, for all of that, in this interview, I was struck by his humility, commitment, humour and uncomplicated approach to osteopathy which reminded me very much of the spirit that permeated much of our training at the BSO in the eighties.

After qualifying at the ESO in 1974, he taught bio-mechanics for several years and also taught osteopathy to medical students at the Faculty of Medicine of Paris North at a time when it was illegal to practice osteopathy in France. He is now Chairman of the Department of Visceral Manipulation Osteopathy at the Faculty of Medicine in Paris and Grenoble. In 1990, he co-founded the International College of Osteopathy in St Etienne and he has practiced privately in France for 42 years.

Background

Jean-Pierre qualified as a physiotherapist in Lyons at the age of 22, influenced to some degree by his grandmother who was a bone setter and healer. He says although he found physiotherapy "good" he knew "it was not enough for him" and early on his career met Ange Castejon, a French osteopath who was a rarity in France at the time. Jean-Pierre could see that Ange's hands were "very good" and knew immediately that he had to learn "this stuff" although he had no idea how or where. "For me" he says "osteopathy was like a star to follow; it was as if I didn't get the chance to do anything else."

He found his way to the ESO in the UK and studied osteopathy part-time while working as a physiotherapist at a lung hospital in Grenoble which proved to be fortuitous. The dean at the hospital believed physiotherapists should have the same knowledge of anatomy as young doctors and insisted that Jean-Pierre studied dissection which complemented his anatomical studies at the ESO. It was during one of these dissection sessions on a patient with tuberculosis that Jean-Pierre noticed that the cervical spine was totally different on the side where there was a retraction of the lung. He says, "I could see that the organ was capable of deforming the transverse processes of the cervical spine to make this connection with the organ and the spine was something important to me."

The inter-connectedness of all the structures of the body is at the core of how he works and his approach is about restoring the inherent natural mobility in tissues wherever his hands direct him. We think about the musculoskeletal system affecting the organs; Jean Pierre introduces the idea of how the viscera might affect the musculoskeletal system.

Jean-Pierre, can you explain the concept of visceral osteopathy?

"The concept of osteopathy is mobility - to restore mobility to the body. Everything is moving, every cell is important in the body so to decide what is important in the body, non! we cannot decide! The body is something entire and equal, it is something whole, it is a connection of many, many elements and it is not for us to decide what is important, it is the body. So, you cannot say I am specialising in cranial, visceral or the spine, every piece of the body is important and it is our duty to respect this concept of osteopathy."

What is your approach to diagnosis?

"I use a lot of listening which means you put your hand on the body and your hand is attracted to the tissues which have a density or express a tension and then it is up to your medical knowledge to know what kind of tissue you have found. It is to let the body express itself. For me, it is not so important to interrogate the patient, I prefer to let the hand give the diagnosis and after, of course, complete the diagnosis with the case history and medical background. So I feel first and think after. For example, a female patient, around the age of the menopause, who has a pain in the shoulder. In a lady at this time, the shoulder is

very connected with the hormonal system and the liver so sometimes it is better to work on the liver than on the shoulder. If you follow the symptoms you are not doing osteopathy but just doing as we do in physiotherapy and allopathic medicine so that is why it is so important for us to let the body express. That is for me very osteopathic."

Are you looking for a 'primary lesion' then when you treat?

"It is what we call the 'less-secondary-lesion' because life is certainly the primary lesion!"

PAUSE ... so you call 'the primary lesion' the 'less-secondary-lesion'?

"Voilà! You know because we must be modest, we never find exactly what is the primary lesion. I remember, once, I watched a baby being delivered and when the cord was attached the baby was totally free but as soon as they cut the cord, the thorax went into tension a little through the mediastinum and around T4 so a part of the difficulties for babies appear when they start to breathe. When you are attached to the cord you are free, you are swimming in the water and when the cord is cut reality is coming to you and it's a little difficult!"

How do you know if you've got to the "less secondary lesion"?

"You know because of when you fail. When I first started osteopathy I was not very good. I failed but because I didn't like to fail I tried to understand why my results were not so good. The answer is "with experience!"

How do you go about treatment once you find where you think you should start?

"The idea is to feel if there is good elasticity or 'distance ability' of the tissues. You feel if there is good circulation of the tissues so we can work on retraction, fibrosity, we can work on the vascular system, we have a lot of techniques for the arteries, the nerves so we are not only focused on a little situation in the spine. For instance, a patient who has had an operation for cruciate ligaments in the knee - very often, there is a lack in the venous /arterial circulation so you work on the vascular system of the knee to help the tissues recover."

When you put your hands on a patient what do you feel?

"You try to identify what tissue you are feeling - is it capsule? cartilage? bone? nerve? artery? fascia?...etc. so you try to understand what kind of tissues are suffering underneath your fingers and you treat this tissue."

Are you also looking at the quality of the tissues?

"Of course"

...and you have different techniques for each tissue?

"Voilà! Depending on what you have found of course."

Your knowledge of anatomy must be amazing to know exactly what structures you are feeling!

"Oui! Even now I do about 3 hours of anatomy a week, after 42 years and I still do not feel totally satisfied."

Is it not difficult to access some parts of the deep anatomy?

"You know there is no limit of the anatomy, there are no limits to our sensitivity, it is a question of training and

practice. At the beginning you feel one metre, then you feel 10 cm and after one cm.... one mm...there is no limit! It is a skill that takes a long time to develop. You cannot be a good osteopath after one or two years of practice you need a minimum of 10 years and then it is up to you to work. If you don't do anatomy you will be good, maybe, but not excellent because we must deserve something. There are many theories about osteopathy, you have many people thinking sometimes different things. The only thing we have in common is our anatomy because anatomy doesn't change so a good osteopath must be an anatomist. There is no other way to be a good osteopath!"

Can you describe in more detail how you treat - what do you follow?

"Normally a good tissue is supple, it has good circulation, there is no tension. When you put your hand and you feel a tension it means that there is something which doesn't permit this tissue to be in good health. So I follow the tension ... increase a little the tension to receive the message more precisely and I go in what we call 'induction'.... we exaggerate a little with the listening and then we go in the direction of the tension. A simple example: you have lack of extension in the elbow - it is not because you force the extension that you will have a good result. You follow what the elbow is telling you - very often it is in flexion, you increase the flexion and after that your extension comes back. So if you choose yourself sometime you make a mistake and you hurt the patient. Only the body knows - you must let the tissues speak!"

What are the risks of working in this way?

"I never had a problem in my life. The risks are not to know the anatomy for instance. Sometimes, what can be dangerous is when the therapist is a bit inexperienced and he is a little aggressive and he tries to force the tissues. We never force, we go with the wind ok...we go with the body, so we never force. If you feel good in yourself, if you are not aggressive, if you are not too much immodest. There are many questions with no objective answerswhat is life?... how and when did life appear?... how does a brain think?...we know so little about many things so if you have that kind of modesty there is no reason to worry"

Can you give me some examples of patients who have benefited from your treatment?

"I have just seen a patient who came in with low back pain but it was the prostate that was the problem. I see a lot of women for infertility. Every patient is so different but I try to be complete - it is my obsession to be complete, it is not easy and it is never finished."

What is your success with infertility?

"You never know if it is thanks to your techniques or a thing which would have appeared naturally but I have about 56 pictures of babies in my office because the

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“ Every patient is so different but I try to be complete – it is my obsession to be complete, it is not easy and it is never finished. ”

patients send me pictures when they give birth. You do your treatment - if you find adhesion of the tube you open the tube, if you find adhesion of the sacrum you work on the sacrum and after that you see what happens. It is what I say to the patients - don't believe it is me, good you are pregnant - you have a baby...that is great! One of the best examples I have was, a long time ago, a lady came to see me with low back pain. I did not find anything wrong in the back but I found a problem with the utero-sacral ligaments so I treated her and months later she called me telling me she was pregnant. In fact, she was annoyed! She thought she was infertile and had never used protection in her life and I had treated her for low back pain and now she was pregnant! It was my first experience of this and it was not a placebo effect because she came for a low back problem not infertility treatment.”

What other unusual stories do you have?

“There was a five years old child I saw who was brought in by his mother because he was hyperactive, badly behaved, difficult and not learning at school. On listening, I found something in the skull, so I worked very hard on him and suddenly something like a black liquid came out of his nose - it was very black and it smelt disgusting - oh my goodness, his mother and myself - we were on the point to vomit! It turned out that about a year before this kid had put a little piece of pencil up his nose which had become totally rotten inside creating huge tension in the skull. After just one treatment the child was totally different - he was so nice! totally different!”

How do you tackle a situation if a patient becomes very emotional during treatment?

“There is never a big drama. No, you can deal with things very simply and positively with no drama. You deal with it with exactly the same sensitivity and the same respect as you do on the tissues. You don't try to have any influence over the patient, you just try to help and not be like a guru. It's important not to be like a guru - there are a lot of people believing they are above the other - it's dangerous, very dangerous.”

So you simply stay fully present with the patient, compassionate and with little input?

“Oui!”

You have practiced for 42 years - How hard do you work?

“All my life I work from 6:30am to 8pm, four and a half days a weekwithout being tired! It took me ten years to learn not to use my energy. When I work I just use the energy of the patient - that is very important for me.”

How do you do that?

“There are many, many things you can do to protect yourself. You learn that there are certain places in the body that you must not go, that there is an electro-magnetic field around the patient which you must respect and not interfere with. When you treat you must have your two feet very grounded, your shoulders relaxed and your head not bent against the patient and you must breathe freely from your diaphragm.

And when I treat a patient, I say OK, I treat this person - they are not my family, I am a technician, it is not for me to like or dislike this person. They are a patient who will pay me and I am a technician. A free treatment is not a treatment - the patient must pay you, it is very clear.”

So a case of clear boundaries on every level?

“Voila! It is important.”

What drives you?

“You never know what drives you. My father always said you must work, it was my education. In my family it was not possible to be sick - you are not sick, you must work, you are never absent and in 42 years of practice I have never missed an hour of work. I am never sick, I am never ill, it is clear that I have to treat people. Of course, I enjoy it but for me osteopathy was not a choice it was something I had to do it. It is natural for me.”

For more information go to:

www.barralinstitute.com

and

www.barralinstitute.co.uk

With very many thanks to JEAN PIERRE BARRAL DO

Interview by Theresa Devereux DO (non- practising Osteopath)

“ ... For me osteopathy was like a star to follow it was as if I didn't get the chance to do anything else ... ”