At the tender age of 3 months, Mary Ann's vision problems due to the dysplasia were not so easily rectified. “We were told that around age 10 Mary Ann would have to have surgeries to correct her vision,” Angie says. “One would be a complete cranial reconstruction, moving her eye orbits closer together, and the second would be to restructure the muscles in both the outer and inner eye muscles.” Though still less than keen on the idea, the Burrusses set a date for surgery. Then came the story that changed everything.

While her hernia was surgically corrected, Mary Ann began physical therapy with Brenda Horn, a CranioSacral Therapist since 1986. At the recommendation of Mary Ann’s optometrist, Dr. Sam Oliphant, the Burrusses consulted with Kenneth Salter, MD, founder of the Dallas-based World Craniofacial Foundation. Though still less than keen on the idea, the Burrusses set a date for surgery. Then came the story that changed everything.

Dr. Oliphant told us that his wife had pursued physical therapy and needed someone — aka Francine — to practice her new skills on. “It was such a profound experience,” Francine says. “When she finished, I said, ‘That’s what I’ve been looking for!’”

From the start, Francine was impressed with what she learned in class. “I have always loved working within the realms of anatomy and physiology,” she says. “Through the classes I could understand the why and how of the ‘magic’ I had felt in that initial session.”

After graduating from massage therapy school, Francine set her sights on being part of the intensive program team at UI HealthPlex. “I began working two days a week as a volunteer therapist in 1990 and was hired full-time in 1994 because I wouldn’t leave,” she says jokingly.

In her 14 years at UI HealthPlex, Francine has worked with a wide range of involved medical conditions. “I have seen people suffering from chronic pain leave here able to enjoy their lives better, able to do simple things like sleep, sit on airplanes, and enjoy the company of their families.”

On a personal level, Francine says, “The one thing that has shaped my life the most profoundly is the awareness of how important our relationships are. It has made me very conscious of how I interact with people and what my intention is in those experiences.”

It is those collective experiences that Francine now takes with her to Houston, in a move that brings her closer to family — namely daughter Leslie Michelle, son-in-law Greg, and granddaughter Rowan Avebury, due in September. “My immediate plans are to enjoy my family and to spoil my granddaughter just enough to get even with my daughter,” Francine says in a tone of mock seriousness.

Beyond that, Francine intends to set up a private clinical practice as well as teach at The Upledger Institute. "I enjoy working with people who may have been given up on by the traditional medical model, but who know there are answers out there for them. I’m honored to be part of their journey of healing and discovery, helping them find the answers that are inside their bodies.”

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Clearer Vision Gives Youngster New Outlook

Mary Ann Burruss is a bright, spirited 10-year-old who likes to play basketball. To her delight, her viewpoint and her game are a lot better these days. Since returning from a two-week intensive program at UI HealthPlex in August 2003, she says, “I can see everything better now. My eyes see a lot of things I could never really see before.”

This is music to the ears of Angie and Charlie Burruss, Mary Ann’s parents. Born six and a half weeks premature, with a right-sided diaphragmatic hernia and frontal dysplasia, Mary Ann has seen more doctors’ offices than playgrounds to this point in her life.

While her hernia was surgically corrected, Mary Ann’s vision problems due to the dysplasia were not so easily rectified. “We were told that around age 10 Mary Ann would have to have surgeries to correct her vision,” Angie says. “One would be a complete cranial reconstruction, moving her eye orbits closer together, and the second would be to restructure the muscles in both the outer and inner eye muscles.”

The Burrusses couldn’t help wondering what would happen once Mary Ann reached puberty and her body began to change. “That was our red flag,” Angie says. “We were not going to put her through something that major and then have to go through it again in three to five years.”

At the tender age of 3 months, Mary
**Cholesterol: Friend or Foe?**

As a physician who is passionate about all aspects of the human body, I frequently get questions about situations outside the realm of CranioSacral Therapy. One such topic that has come up a lot over the last few years is that of cholesterol. With all the talk about the evils of cholesterol, you might think it is a dangerous substance that should be avoided at all costs. Yet is it really as terrible as it seems? Let’s take a look.

Cholesterol is abundant in a wide variety of animal tissues, including that of humans. It is especially abundant in brain, spinal cord and peripheral nervous tissue. It is a generous constituent of the myelin sheaths that serve as insulation for all of the white nervous tissues. Without adequate cholesterol, the myelin distacts, and the conduction of impulses in all nervous tissues, including the brain, is impaired. So when cholesterol is not present in adequate amounts, brain function is proportionally compromised.

In addition to cholesterol’s contribution to myelin, it has more recently been discovered that cholesterol molecules are essential for nerve cells to communicate with each other. We do not yet know precisely how this works, but we do know that cholesterol is necessary for the nerve impulse to be transmitted from one neuron to the next. We also know that cholesterol is the primary molecule from which all the corticosteroid hormones of the adrenal glands are derived. Without these hormones we would lose in pain. Sensitized by the adrenal glands, corticosteroid hormones mitigate the inflammatory responses that are induced and produced by the immune system under certain circumstances.

Therefore, the proper level of corticosteroid hormone production, we probably wouldn’t survive attacks of various bacteria, viruses, fungi, molds, allergens, etc. We would simply inflame our lives away. We would get a tremendous amount of pain in the muscles, tendons, ligaments, fascia, and from bone wear and tear. The corticosteroids tremendously reduce the inflammatory responses in those tissues and bones. I could go on and on about corticosteroids and what they do for our creature comforts.

Yet another arena that requires cholesterol as a primary substance is that of the sex hormones. Cholesterol is the essential basic substance from which our bodies manufacture both male and female sex hormones, i.e., testosterone and the various estrogen- and progesterone-related hormones. Where would we be without cholesterol? We would be asleep and childless.

Here’s one other thing we know for sure about cholesterol: It is converted to vitamin D in our skin in the presence of sunlight. Lack of vitamin D in children results in rickets (the condition in which bones are very soft and easily become misshapen). These represent, just of the things we know require cholesterol.

**Cholesterol Gets a Bad Rap**

In the category of cholesterol functions, we find a very big prevailing argument that I believe began in the mid- to late-1950s.

That’s when Ancel Keys, PhD, at the University of Minnesota, discovered the presence of abundant cholesterol in the plaques that form in arteries. These plaques serve to partially and sometimes completely obstruct the flow of blood through the involved arteries. The medical community immediately took this piece of information to heart and decided that cholesterol was the plaque-causing demon, and that its formation in the coronary arteries was what red blood cells referred to as “heart attack” (myocardial infarction). So it was simple. Cholesterol in the blood was the cause of ischemic (not enough blood) heart disease. Dr. Keys tried to reason with the powers that be that the presence of cholesterol in the plaques did not mean it was the cause of the plaques.

A few years later, in the early 1960s, I recall a heart surgeon from Texas named Michael DeBakey saying that perhaps the artery first became infected by a bacterium, virus, etc. Part of the body’s defense might be to isolate the infected and inflamed area in the artery so that it would not spread throughout the body and become lethal. Dr. DeBakey hypothesized that the cholesterol deposits might be part of the body’s attempt to isolate the inflamed/infect ed part of the artery before it spread.

Putting all this information together, I offer you the idea that cholesterol is not the demon that it is touted to be. If it were, the liver would not manufacture cholesterol. As far as “good” and “bad” cholesterols are concerned, I believe that Mother Nature can deal with that better than medicine can.