

MEET FRANCINE HAMMOND, LMT, CST-D

Francine Hammond has worked both ends of the healthcare spectrum. For 10 years she was a hospital nurse, working everything from the operating room to pediatrics, surgery and intensive care.

Through her interaction with patients Francine became intrigued by the power of touch. "I always believed there was more to healing than surgery and medications," she says. In 1989 she decided to pursue her interest in hands-on work and enrolled in massage therapy school.

That same year, a friend began studying CranioSacral 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!'"

Right 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, Texas, 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 for 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."

Francine Hammond can be reached in Houston at 281-682-3166 or by e-mail at franh020@sbcglobal.net.



Francine Hammond
LMT, CST-D

News From The Upledger Institute, Inc.®

UpClose

JULY 2004

HealthPlex Clinical Services

CLEARER VISION GIVES YOUNGSTER NEW OUTLOOK

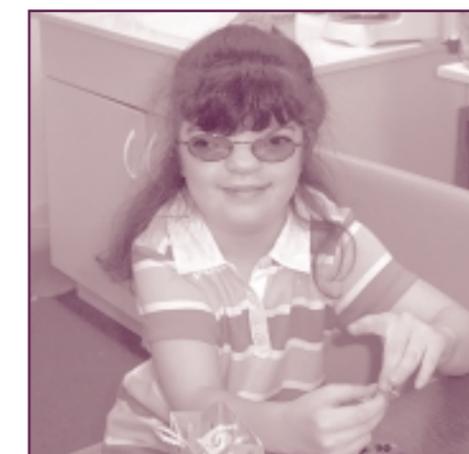
Mary Ann Burruss is a bright, spirited 10-year-old who likes to play basketball. To her delight, her viewpoint and her game are a lot better these days. Since returning from a two-week intensive program at UI HealthPlex in August 2003, she says, "I can see everything better now. My eyes see a lot of 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



Mary Ann Burruss

Ann began physical therapy with Brenda Horn, MHS/PT, a CranioSacral Therapist since 1986. At the recommendation of Mary Ann's optometrist, Dr. Sam Oliphant, the Burrusses consulted with Kenneth Salyer, 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 taken some [CranioSacral Therapy] courses through The Upledger Institute, and the work had helped his son," Angie says. "We talked to Brenda and she submitted Mary Ann's application for an intensive program."

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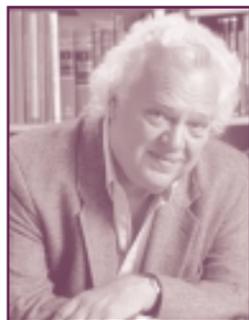
8 AM - 6 PM, FRI

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*The specialty recognition identified herein has been received from a private organization not affiliated with or recognized by the Florida Board of Chiropractic Medicine.

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 Cranio-Sacral 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.



John E. Upledger,
DO, OMM

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 tissues. It is a generous constituent of the myelin sheathes that serve as insulation for all of the white nervous tissues. Without adequate cholesterol, the myelin disintegrates, and the conduction of impulses in all nerve tissues, including the brain, is impaired. So when cholesterol is not present in adequate amounts, brain function is proportionately 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 don't 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 live in pain. Secreted by the adrenal glands, corticosteroid hormones mitigate the inflammatory responses that are induced and produced by the immune system under certain circumstances.

Without the proper level of corticosteroid hormone production, we probably wouldn't survive attacks of various bacteria, viruses, fungi, molds, allergies, etc. We would simply inflame our lives away. We would also get a tremendous amount of pain in the muscles, tendons, ligaments, fascia, and from boney 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 asexual 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 sunshine. Lack of vitamin D in children results in rickets (the condition in which bones are very soft and easily become misshapen).

These represent just some 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.

CLEARER VISION GIVES YOUNGSTER NEW OUTLOOK

Continued from front cover

From there, Angie says, "God just worked it out, because we were scheduled for surgery the same week we were accepted to the intensive program. We called and canceled surgery, not really knowing what to expect or what all was involved with the intensive."

During Mary Ann's two weeks at UI HealthPlex she experienced a number of releases. In particular, "Dr. John [Upledger] was able to create a motion between the frontal bone, nasal bones and lacrimal bones," says Kevin Rose, director of the intensive programs. "In creating that space, he allowed for a natural curvature or bridge to form, where previously it was flattened."

Angie recalls her first aha moment in the process being the sight of Mary Ann walking up the stairs by herself. "Because of her vision she'd never been able to do stairs without having someone hold on to her. By the time we left she was also walking down stairs."



Mary Ann before IP



Mary Ann after IP

"We took pictures before we left [for the intensive program] and then once we got home," Angie says. "There was a dramatic difference. Even now there is still a lot of movement and change going on, and things have gotten better with her vision. It's still not perfect, but it's getting there. She can at least hold her eyes straight together with a little bit of control, where she had no control when we went there."

Since returning to Oklahoma, Angie has noticed a number of additional changes in her daughter from before the therapy at UI HealthPlex. "I think her concentration level is better than it was," she says. "She is able to focus for a longer period of time and seems a bit more calm."

Mary Ann continues to receive CranioSacral Therapy in once-weekly sessions with Brenda Horn, and the Burrusses hope to bring her back to Florida for a second intensive program sometime this summer. "Surgery is definitely out of the question right now," Angie says.

To other parents dealing with a child's health issues, Angie offers this advice: "Don't just trust the word of doctors and everyone else, but really seek for yourself. There are ways out there that work other than just traditional medicine."

Pausing a minute, she adds, "God made our bodies to heal themselves. Mary Ann's did not form properly in the womb because she was so premature, but now I feel like it's being helped to heal itself. Dr. Upledger and everyone at the clinic has been given such a gift."

Mary Ann sums it up this way: "God has given me a way for my eyes to be healed."

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That's when Ancel Keyes, 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 from Dr. Keyes and decided that cholesterol was the plaque-causing demon, and that its formation in the coronary arteries was what resulted in

"heart attack" (myocardial infarction). So it was simple: Cholesterol in the blood was the cause of ischemic (not enough blood) heart disease. Dr. Keyes 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 bacteria, 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 arterial system and become lethal. Dr. DeBakey hypothesized that the cholesterol deposits might be part of the body's attempt to isolate the

inflamed/infected part of the artery before it spread.

Shortly after hearing Dr. DeBakey's ideas I went to Mexico City to study with Dr. Demetrio Sodi-Pallares, a well-known cardiologist, who agreed with Dr. DeBakey.

"I believe that cholesterol is an effective part of the immune system's armament against disease invasions. When we starve our bodies for cholesterol, we get sick and taken over by depressive moods more often."

I did several autopsies with Dr. Sodi-Pallares while I was there. He showed me some instances in which plaque was not present and the inflammatory response to a spreading infection in the coronary arteries was the cause of death.

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 in response to physiological need, as it does, nor would the intestines absorb cholesterol from our food intake, as they do. I believe that cholesterol is an effective part of the immune system's armament against disease invasions.

When we starve our bodies for cholesterol, we get sick and taken over by depressive moods more often. As far as "good" and "bad" cholesterol are concerned, I believe that Mother Nature can deal with that better than medicine can.