

Excerpt: *Spontaneous Healing*, The New York Times Bestseller

by Andrew Weil, a Harvard-trained M.D.

WHEN I FINISHED my South American travels in 1973, I began a long process of settling down in the vicinity of Tucson, Arizona, where I live to this day. I felt a strong affinity with the natural environment of the desert and made good connections with people and places in the area. One of those connections was with Sandy Newmark, a graduate student in anthropology at the University of Arizona, who became one of my neighbors in Esperero Canyon in the foothills of the Catalina Mountains. Sandy subsequently left anthropology to be a farmer in the White Mountains of central Arizona; then he returned to Tucson to enroll in medical school. Today he is my family's pediatrician.

Sandy and his wife, Linda, now a clinical psychologist, have a daughter, Sophia, who is developmentally retarded. When Sophia was a baby, many of the Newmarks' friends offered suggestions for treatment. One was to take the baby to an unusual osteopathic physician named Robert Fulford, who had a good record of working with children suffering from all sorts of problems. Sandy and Linda were so impressed with him that they took Sophia for a number of his gentle sessions of "cranial treatment," and Sandy, then in his first year of medical school at the University of Arizona, worked with Dr. Fulford for a time. He kept telling me I should meet him, but I was not interested, partially due to my ignorance about osteopaths. With the usual prejudices of medical doctors, I considered them second-rate M.D.s who dabbled in the kind of manipulation of the body more

frequently done by chiropractors. I was also probably still attached to the romantic notion of finding a healer/teacher in some far off, very different culture—this despite my repeated experience of coming back empty-handed from trips to remote places. It took many people telling me many times that I had to meet Dr. Fulford before I finally paid him a visit.

Bob Fulford was then in his late seventies. He had come to Tucson from Cincinnati in retirement from an overwhelming practice. One night, after spending a year recovering from exhaustion, he received a desperate call from a friend whose baby was severely ill with pneumonia. The baby was in the hospital, not responding to antibiotics. Dr. Fulford went to the hospital, gave hands-on treatment, and the next morning the baby was out of danger. Within hours people began calling him with requests for treatment, and he found himself drawn inexorably out of retirement and back into the practice of his own special form of osteopathic medicine.

I was struck by the simplicity of Dr. Fulford's office: a waiting room with a nurse-receptionist and two treatment rooms. Except for a diploma from the Kansas City College of Osteopathy on the wall, there were no distinguishing features and none of the equipment normally associated with a medical office. Dr. Fulford appeared kind and grandfatherly. He was tall, strong, and relaxed, with large, wonderful hands. He spoke quietly and sparingly. I told him I had heard much about his effectiveness and wanted to experience his treatments for myself.

"Well, what's wrong with you?" he asked.

"Not much," I told him. "My neck's been bothering me a little; sometimes it gets pretty stiff and sore."

"Well, let's see what we can do about it," he said.

He asked me to stand, put his hands on my shoulders, and observed my breathing. Then he moved my head in different directions. "Just get up here on the table," he directed. I lay on my back and watched him wheel over a stand with a curious instrument on a long power cord. The instrument was his "percussion hammer," a modified dentist's drill motor with a thick, round metal disk that vibrated up and down. Dr. Fulford sat on a stool next to the table, adjusted the vibration rate, and put the disk in contact with my right shoulder. I could feel the vibrations through the whole right side of my body, pleasant and relaxing but hardly major therapy. After several minutes, Dr. Fulford's hand gave a little jerk and he muttered, "There she goes." With that he removed the percussion hammer and placed it in a new spot on my right hip. He continued this routine for twenty minutes, while I drifted in and out of daydreams; then he turned off the machine, moved his stool to the end of the table, and put his hands on the sides of my head, his fingers around my ears.

For the next few minutes, he cradled my head, applying the gentlest of pressure, now here, now there. It was one of the least dramatic forms of body work I had ever felt, so much so that I doubted it could accomplish anything. At the same

time it felt reassuring to be held by such experienced, confident hands.

When this phase of the treatment was over, Dr. Fulford checked the mobility of my limbs, then asked me to sit up. He finished with a few, more familiar manipulations to crack my spine.

"There, that should do it," he said.

"What did you find?" I asked.

"Not much," he replied. "A few little restrictions in the shoulder that were probably causing your neck to get sore. Your cranial impulses are very good."

I had no idea what cranial impulses were, but I was glad to hear mine were good. As for "restrictions in the shoulder" and how they might cause a stiff neck, I was equally in the dark. But no further explanation was offered, and Dr. Fulford indicated that our time was up. He told me I was welcome to come back anytime and watch him work.

I was pleasantly surprised to learn that the charge for this session was only thirty-five dollars, clearly a bargain, if only for the relaxation it provided. Still, I failed to see how this minimal intervention could account for all the stories I had heard about Dr. Fulford's clinical successes. I resolved to come back and watch him treat others.

The next day I was surprised to find that I was fatigued and sore, I called Dr. Fulford to ask if this could be a result of his work. "Oh, yes," he said, "that's perfectly normal; you might feel it for a couple of days." And so I did. After that I felt fine, and my neck did, indeed, bother me less, but I did not notice any other change.

About a month later, I began spending a few hours a week in the doctor's little office on Grant Road, watching the old man work with patients. His office was always full, often with parents and children, representing a cross-section of the diverse groups that populate southern Arizona, including Hispanics and Asians, city folk and country folk. All came with high expectations and gratitude just for the chance to see this man. At the least, Dr. Fulford was a wonderful role model of the old-fashioned, caring family doctor who made people feel better just by the warmth of his presence and his own personal example of good health.

Observing him, I was surprised by the brevity of his histories and physical examinations. He asked very few questions when a new patient walked in the door—“What's the problem? ... How long has it been bothering you? ... Did you ever take any bad falls in childhood? ... Do you know anything about the circumstances of your birth?” and maybe a few more. Then he stood people up, checked the patients' limbs and breathing, rotated their heads, and asked them to lie on the table. He administered to most people the same kinds of treatments I received: a slow going-over with the percussion hammer, held to various parts of the body until some sort of release occurred (when his hand holding the instrument would jerk suddenly), then slow, imperceptible hands-on manipulation of the head, and finally a few adjustments of the back. He rarely volunteered explanations of what he thought was wrong or what he aimed to do; but if people asked, he would do so in a few words. Most people did not ask; they just seemed to entrust themselves or their children to the doctor and let him work in silence. Everyone relaxed in Dr. Fulford's hands, even restless, fussy chil-

dren, who would calm down almost as soon as he touched them.

Often, at the end of the session, he gave people strange daily exercises to perform, exercises that I had never seen before. One he recommended frequently went like this: Stand with your feet apart at shoulder width and extend the arms to the side fully with the left palm facing up and the right palm facing down. Breathe deeply and regularly, holding this position until the strain in the upper arms and shoulders becomes unbearable. Then, as slowly as you can, raise the arms above the head, keeping them fully extended, until the hands touch. Then lower the arms and relax. What was that supposed to do? I asked him. “It opens the chest and allows the breath to expand,” was the answer. Another Fulford exercise was to sit on the edge of a chair with feet flat on the floor and shoulder width apart, then bend forward and, with the arms inside the legs, grasp the bottoms of the feet with the hands. Hold this position for a few minutes, and it gently stretches the lower vertebrae, allowing for greater motion of the spine. Sometimes when patients came back, Dr. Fulford, on examining them, would say, “You haven't been doing your exercise,” or “Good, you've been doing your exercise,” and the patients would confirm that this was so.

He often told patients not to come back. “When do you want to see me again? “ they might ask as they got off the table. “I don't need to see you again,” Dr. Fulford would say. “You're fixed.” “But don't I need any follow-up?” they might persist. Dr. Fulford smiled and shook his head. “I took the shock out of your system,” he would say. “Now just let old Mother Nature do her job.” If there was any disappointment among Dr. Fulford's patients, it had to do with their not hav-

ing to see him again, since the experience of his treatment was so satisfying.

Gradually, I began to realize that I was seeing something quite extraordinary. This old man of strong hands and few words was, in fact, fixing people who came to him with a wide range of disorders, often in one session of treatment that, on the surface, seemed minimal. I heard tale after tale of longstanding problems resolved after one or two visits to Dr. Fulford, problems that had not responded to conventional medicine. And these were not just aches, pains, and other musculoskeletal ailments but also hormonal and digestive disturbances, sleep disorders, asthma, ear infections, and more. How could such undramatic treatment give such dramatic results?

I began to ask Dr. Fulford about the why and wherefore of his methods. What was the theory behind them? Just what was he doing? The answers I received sounded like nothing I had learned at Harvard Medical School.

Bob Fulford was a pure, old-time osteopath in the tradition of the man who founded the system, Andrew Taylor Still (1828–1917) of Kirksville, Missouri. A. T. Still, “the Old Doctor” to his contemporaries, was a renegade physician who disowned the toxic drugs of his colleagues in favor of a drugless system of treatment based on manipulation of bones. His idea was to adjust the body mechanically in order to allow the circulatory and nervous systems to function smoothly, bringing natural healing power to any ailing part. The new profession that he founded in 1874 was very successful in its early years, but by the middle of the twentieth century it was eclipsed by the spectacular rise of modern scientific medicine, also known as allopathic medicine. In response, osteopaths abandoned Still's teachings and

began to behave increasingly like M.D.'s. Today the M.D. and D.O. degrees are equivalent; most osteopaths rely on drugs and surgery, and few use manipulation as a primary modality of treatment.

Nevertheless, there has always existed within the osteopathic profession a minor tradition of healers who use no drugs and continue to refine A. T. Still's insights into the nature of the human body and its potential to heal itself. One of those was William Sutherland, who in 1939 announced to his colleagues his discovery of an aspect of human physiology he called the primary respiratory mechanism, and a technique for modifying it that became known as cranial treatment. Sutherland worked on his theory for many years to ensure its correctness before going public. Nonetheless it met with great resistance, and only a small percentage of osteopaths accepted it. One of those was the young Robert Fulford, then just beginning his general practice in Cincinnati.

Sutherland's insight was that the central nervous system and its associated structures were in constant rhythmic motion, and that this motion was an essential feature—perhaps the most essential feature of human life and health. He identified five components of the mechanism:

- Motion at the cranial sutures, the joints linking the twenty-six bones of the skull.
- Expansion and contraction of the hemispheres of the brain
- Motion of the membranes covering the brain and spinal cord
- A fluid wave within the cerebrospinal fluid that bathes the brain and spinal cord
- Involuntary subtle motion of the sacrum (tailbone).

Sutherland thought the rhythmic expansion and contraction of this system resembled breathing, but since it was occurring in the most vital, most essential organ, he called it “primary respiration” to indicate its importance in the hierarchy of body functions and distinguish it from “secondary respiration,” the familiar motions of the chest, lungs, and diaphragm associated with the exchange of air. He postulated that an intact, freely moving primary respiratory mechanism was necessary to full health; any restrictions in it could lead to disease, since the central nervous system regulated all other organs.

One of the main heresies in Sutherland’s formulation was the notion that the cranial bones move. Generations of anatomists had taught that the joints of the skull are fixed and immobile. Not only M.D.s but also most D.O.s refused to consider the idea of cranial motion. Dr. Fulford was not one of them, and he started training himself to feel those motions by putting his hands on people’s heads. It is only in recent years that researchers at Michigan State University’s College of Osteopathic Medicine have confirmed Sutherland’s theory with X-ray films of living skulls that show cranial motion. Those motions can be measured by sensitive instruments. Bob Fulford would argue that the most sensitive instruments are the hands of a practiced physician. He trained himself to feel a human hair under seventeen sheets of paper, and he says that anyone can develop similar touch sensitivity with enough practice.

Under Dr. Fulford’s guidance I began feeling heads myself to see if I could detect cranial impulses. At first I felt mainly my own pulse, but as I practiced I began to feel the subtle breathlike motion that Dr. Fulford considers the most vital

expression of life. At least I felt it in people who had well-running primary respiratory mechanisms. Once he asked me to feel the head of a woman who, he said, had no detectable cranial impulses. She had been in several bad accidents, one twenty years before, and now suffered extreme fatigue, insomnia, migraine headaches, weak vision, poor digestion, and increased susceptibility to infection. Her head felt like a bag of cement, a dead weight, the rhythm of life not present. After several sessions of treatment, her cranial motions began to return, and as they did, her health began to improve.

“What causes impairment of this system?” I asked Dr. Fulford.

“Trauma,” was the answer. “Three kinds of trauma. The first is birth trauma. If the first breath of life is not perfectly full, the cranial rhythms are restricted from the start. That first breath is so important. In my lifetime I’ve seen problems of this sort increase steadily, which, I think, is a black mark against our obstetrical practices. The second common reason is physical trauma, especially in early life. Any fall or blow that knocks the wind out of you, that causes the breath cycle to be interrupted, even for a moment, can cause permanent, lifelong restriction in the primary respiratory mechanism. It’s possible to feel and identify and undo those restrictions with your hands. That’s what I call taking the shock out of the body. And a third reason, maybe less common, is major psychological trauma again, especially in early life. I estimate that ninety-five percent of people have restrictions of one degree or another in this function.”

Around the time Dr. Fulford was teaching these new concepts to me, I was helping a friend through a medical crisis. Kim Clifton was a thirty-four-year-old marine biologist who spent most of the year on the Pacific beaches of southern

Mexico, trying to save an endangered species of sea turtle that was being hunted to extinction. He directed a World Wildlife Fund project that kept him in the field leading a rough, adventurous life except for the summer months, when the turtles headed out to sea. Then he would come up to Tucson, looking bedraggled, to tell his stories and gather his strength. For several years he had suffered from intestinal problems: episodes of severe diarrhea in Mexico, inability to digest many foods, and abdominal pain. He would routinely take courses of antibiotics and antiparasitic drugs, but year by year the episodes became more frequent and more intense. Now he came to me having lost twenty pounds, saying that he had not had a formed bowel movement in months, that his stool frequently contained blood and mucus, that he had constant abdominal pain and increasing debility. He did not think he would be able to continue his turtle work.

Kim wanted prescriptions to knock out what he thought were more parasites in his gut, but the picture he presented was not one of infection. Instead, he seemed to me to have chronic inflammatory bowel disease, possibly ulcerative colitis, and I urged him to see a highly recommended gastroenterologist at the University of Arizona Health Sciences Center. Kim was the son of a pulmonary surgeon, in New York, and he had great faith in conventional medicine. That faith was tested, however, when, after a long and expensive series of tests, culminating in a biopsy of the colon, the gastroenterologist could not identify the nature of the problem, except to say that Kim’s colon was severely and chronically inflamed. Ulcerative colitis was definitely a possibility. “I think we should go in and take out more tissue,” the gastroenterologist told me. “Then maybe we’ll find out what the

hell he’s got.” This did not sound encouraging, and since Kim was paying for it out of his own pocket, I suggested looking for another approach. Then it occurred to me to send Kim to Dr. Fulford.

Kim had a long history of playing contact sports, including boxing—he had been a heavyweight in the army—and had suffered many traumatic injuries. I noticed that he always breathed through his mouth. In addition to the intestinal problems he complained of episodes of bad back and neck pain. It seemed to me that Dr. Fulford might be able to make sense of this whole picture, but I foresaw two problems. The first was that Dr. Fulford was now only seeing patients under thirty, a limit he imposed because his practice was again getting out of hand as his reputation grew. “I’m almost eighty,” he said to me one day, “and I can’t work myself to exhaustion anymore. My energies go further with younger folks; their healing responses are stronger.” He had invented the percussion hammer to make things easier on himself, too. What it accomplished could be done by hand, he said, but with much more effort.

A second problem was that Kim, having grown up with conventional medicine and lacking any experience with alternative practitioners, might be reluctant to trust himself to one. I did my best to explain to both Dr. Fulford and Kim why they should see each other, and I succeeded, except that Kim couldn’t see how an osteopath was going to help his colon. “Just tell him all your symptoms,” I urged him, “all the intestinal symptoms as well as the pains in your back and neck.”

I was unable to be in the office that day and waited expectantly to see Kim when he came home. “He’s a quack, were Kim’s first words. “I mean, he’s a nice old man, but he doesn’t do anything.”

“What did he tell you?” I asked.

“He said I was in critical condition, that my cranial motions were completely shut down because of old injuries, and that the cranial nerve controlling the digestive system was not functioning as a result. Also that the same injuries make me breathe through my mouth, and that don’t nourish my brain as breathing should.”

“Did he say he was able to help you?”

“He said he took care of most of it and that I should come back in three weeks. But he seemed so feeble, and he’s got all these nervous tics; I felt sorry for him. At least it didn’t cost much.”

“What do you mean by ‘nervous tics?’” I asked.

“You know, when he has that vibrator on you, every few minutes his hand flies up in the air and his whole body jerks.”

“Really?”

“Yes, it’s kind of sad.”

I called Dr. Fulford for his view of the session. “Mr. Clifton came in not a moment too soon,” he told me. “His whole primary respiratory mechanism was shut down. I think he would really have gone downhill fast.”

“Were you able to help him?”

“Oh, yes, I got major releases from many parts of his body, undid a lot of the trauma, and got the impulses flowing again. Once the vagus nerve kicks in, he’ll be all right. He should just take it easy now and let old Mother Nature do her job.”

Six hours after the treatment, Kim’s diarrhea stopped for the first time in eight months, never to return. Over the next three months he regained all of his lost weight and energy. The back and neck pain disappeared, and he stopped breathing through his mouth.

“He saved my life,” Kim told me later. “I’m convinced that man saved my life.” He has since become a passionate convert to alternative medicine in general,

and osteopathy in particular. This cure was so impressive that I tried to arrange a conference to discuss the case with Dr. Fulford, Kim, myself, and the university gastroenterologist. That doctor said he was interested but failed to show. When I asked him why, he told me, “Look, I’m not going to argue with success, but I can’t believe that osteopathic treatment had anything to do with the outcome.”

Shortly afterward I had another opportunity to witness Dr. Fulford’s skill with the human body, this time firsthand. I was working in my garden with a friend. In a freak accident that I could never reconstruct, he stood up as I bent down, and his shoulder hit me hard in the right side of my face, just forward of my ear. There was a sharp pain, and I could neither open nor close my mouth fully. It felt as if my jaw were partially dislocated, and I couldn’t get it to go back, no matter what I did. I called Dr. Fulford and told him what had happened. “Get on down here,” he said. I drove myself to his office and walked in, still in pain and still unable to make my jaw work. He made time in his lineup of patients and told me to get on the table.

As soon as he put his hands on my head, he named the bone in my skull that was out of place. Then he began the gentlest of manipulations. After a few minutes, he said, “There, it’s back.” I felt nothing happen and no change in the discomfort. He said I could get up. “It still hurts,” I said, disappointed.

“Oh, the muscles will be sore for a little while,” he replied. “Well, I’ve got to get busy.”

I left, unconvinced that I had been helped, contemplating a visit to the emergency room of the university hospital. But ten minutes later, as I was sitting at a stop light, I suddenly realized that the pain was not there, and that I could open and close

my mouth normally. Incredible! Thank you, Dr. Fulford! Then I thought: What would you have done if you didn’t know about him? Probably, I would have visited an emergency room, undergone X-rays, and been sent home with painkillers, muscle relaxants, and the expectation of a large bill. Possibly I would have remained unhealed for weeks or months.

Now I was truly inspired to learn everything I could from Dr. Fulford. I also became increasingly frustrated in trying to explain my excitement to colleagues. Most doctors were no more interested in my stories than the gastroenterologist had been. It was especially annoying to try to talk with pediatricians about the Fulford approach to ear infections in children.

Recurrent infection of the middle ear—otitis media—is the bread and butter of pediatricians; so common is it that an ever-growing number of people in our society accept it as a normal part of growing up. The conventional treatments are antibiotics and decongestants and sometimes surgical placement of tubes through the eardrums to equalize pressure. Commonly the drug treatments end episodes of infection sooner or later, only for new episodes to recur at frequent intervals.

Bob Fulford was outstandingly successful at permanently ending this cycle in young children, often with just one session of treatment in which he concentrated on freeing up the sacrum. “I just beat the heck out of their tailbones” was the way he put it, because he found that the sacral end of the cranosacral system was often the one that was locked up in children, probably from trauma suffered during birth. Here is how he explained the situation:

“When the sacrum is restricted, the whole primary respiratory mechanism is impaired. Along with this goes a pat-

tern of restricted breathing, and it is the force of the breath—the rhythmic pressure changes in the chest—that pumps the lymphatic circulation. With inadequate lymphatic circulation there is poor fluid drainage from the head and neck. Stagnant fluid builds up in the middle ear, providing an ideal breeding ground for bacteria. You can wipe out the bacteria all you want with antibiotics, but if you don’t correct the underlying problem of fluid stagnation, they’re just going to come back.” Certainly that is the usual experience of kids, parents, and pediatricians; the bacteria just come back.

I saw case after case go through Dr. Fulford’s office in which this simple treatment cured otitis media permanently. Often I could see a change in breathing as soon as the child got off the table: greater, more symmetrical expansion of the chest, deeper breaths. Yet I could not get one pediatrician from the Tucson medical community to come to Dr. Fulford’s office and watch. Instead of being interested in my accounts of his treatment, the medical men seemed threatened. Finally, one practitioner, an Englishwoman, agreed to watch. She even sent a patient, with such good result that she consented to help me make a documentary film of Dr. Fulford with the biomedical communications department of the University of Arizona.

The more I watched Bob Fulford work, the more I was impressed by his own health and vigor. At eighty he was an inspiration for successful aging. Once I asked him for his personal secret of good health. “I’ll show you,” he said, and with that took a deep, slow breath that went on so long that I stared in disbelief. His chest expanded enormously. Then he exhaled as spaciouly. “The more air you can breathe in and out, the more nourishment you can give to the central nervous system,” he said afterward. “Good breathing is the

key.”

The medicine I saw Bob Fulford practice was the kind of medicine I had longed for during my years of clinical training and my years of wandering. It was nonviolent medicine that did not suppress disease but rather encouraged the body's own healing potential to express itself. Dr. Fulford was the first practitioner I met who adhered religiously to the two most famous admonitions of Hippocrates: “First, Do No Harm’ (Primum non nocere) and “Honor the Healing Power of Nature“ (the *vis medicatrix naturae*).

I learned so much by simply watching him work, being worked on by him, and having informal discussions with him. His answers to my questions were always brief and in ordinary language, unsophisticated by the standards of academic medicine but bright with wisdom and full of useful practical information. Here are some ideas I took away from my time with him that I have found most useful in my own work as a Physician:

- The body wants to be healthy. Health is the condition of perfect balance when all systems runs smoothly and energy circulates freely. This is the natural condition, the one in which least effort is expended; therefore, when the body is out of balance, it wants to get back to it. Treatment can and should take advantage of this tendency to return to the condition of health.

- Heating is a natural power. When Dr. Fulford told patients to relax and “let old Mother Nature do her job,” he was expressing in a folksy way his great faith in the *vis medicatrix naturae* of Hippocrates, a concept missing from conventional medicine. Never in my years at Harvard Medical School did anyone mention it to me and my classmates, nor do medical school professors talk about

it to students today. That seems to me to be the greatest single philosophical defect of modern medicine, a defect that has immense practical significance, since it underlies our inability to find cost-effective solutions to common health problems.

My friend Linda Newmark said that Dr. Fulford told her the best thing she could do for her husband, Sandy, while he was in medical school, was to take him out in nature for regular walks. He explained to her, “He’ll need that to balance all the other stuff they’re putting into his head.”

- The body is a whole, and all of its parts are connected. Dr Fulford had a brilliant, intuitive understanding of the body as a unified functioning system. When a patient came in complaining of pain in the knee, he did not automatically conclude that the problem was in the knee and proceed to work there. He knew that the knee is the compensating joint for both the ankle and the hip. If there is a restriction in an ankle, as a result of an old injury, the ankle will not be able to respond as it should to gravity and motion and will transmit a distorted force up the leg. The knee will compensate for the distortion in order to keep the pelvis in its normal position, and the strain of the compensating effort might be experienced as knee pain. If the knee is locked for any reason, the distortion from the ankle can reach the hip, causing lower back pain. How many knee and back operations were performed, Dr. Fulford wondered, for problems that actually originated in locked-up ankles? I saw him cure cases of chronic knee and back pain by unlocking ankles with his percussion hammer.

Bob Fulford thought the restrictions he talked about occurred in the fascia, the tough connective tissue that covers

muscles and separates spaces inside the body. Anatomists teach that fascia exists as separate sheets, but Fulford worked on the premise that all of the fascia throughout the body is one big, convoluted piece. If a restriction occurs anywhere in it, it distorts the fabric of the whole; hence local changes can have global effects.

Similarly, when Kim Clifton came with his complaints of back and neck pain, mouth breathing, and chronic bowel disease, Dr. Fulford looked at this whole picture of disturbed physiology and identified a common root in an old traumatic injury of the head. The gastroenterologist, who looked only at Kim’s colon, could make no sense of the problem and had no treatments to offer except drugs to suppress the inflammatory process in the colon.

- There is no separation of mind and body. Just as Dr. Fulford believed that psychological trauma could interfere with the respiratory motions of the central nervous system, so also did he presume that physical interventions, by their effect on the nervous system, could improve psychological function. He regularly raised IQs of learning-disabled children by his cranial treatment; in fact, he was so successful at this that a state hospital for developmentally retarded children in Louisiana had him come for a few weeks every year to work on its patients.

- The beliefs of practitioners strongly influence the healing powers of patients. Dr. Fulford believed that the patients he treated could get better. He had a simple, genuine, and very beautiful faith in their potential for healing, which he communicated in many ways, both verbal and nonverbal. That was one reason so many people gravitated to him. He was also careful to select those cases he thought he could help. If you had a broken bone, he would tell you, “There’s nothing I can do

for a broken bone. Let nature heal it, then come to me, and I’ll take the shock of the injury out of your system.” Neither would be treat problems requiring surgery or other forms of emergency care.

As he got older and the demands on him increased steadily, he kept lowering the age limit of patients he accepted. Soon it was twenty-five, then twenty. Ideally, he would have liked to restrict his practice to infants, “because their healing potential is so great, and the restrictions have not had time to become fixed in body structures.” He also thought all newborns should have prophylactic treatment, because “so many illnesses in later life are long-term consequences of traumatic birth, and for the first twenty-four hours of life, the bones are just like jelly; it takes no effort to put them back the way they should be.”

Dr. Fulford did not succeed with everyone, but he had a higher percentage of successful outcomes than any other practitioner I have met.

Eventually, the workload became overwhelming, and Bob Fulford, to the great dismay of his patients and followers, announced that he was going into permanent retirement and moving back to southern Ohio. He did so; but, as I write this, he is still, at the age of ninety, actively teaching cranial treatment. He travels around the country lecturing, instructing students in technique, and inspiring new generations of physicians to become true doctors.

Discovering Dr. Fulford in my own backyard after chasing all over the world was a powerful lesson: I did not have to look Out There for what I wanted. Neither do most people have to look Out There for healing. Of course, it is worth searching for the best treatment, since treatment comes from outside. But healing comes from within, its source in our very nature as living.