

## Addressing the Skeptics, Part I

By John Upledger, DO, OMM

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*Editor's note:* A few months ago, *Massage Today* received two letters in response to Dr. Upledger's April ("Cell Talk" [www.massagetoday.com/archives/2003/04/10.html](http://www.massagetoday.com/archives/2003/04/10.html)) and May ("Applications of CranioSacral Therapy in Newborns and Infants" [www.massagetoday.com/archives/2003/05/08.html](http://www.massagetoday.com/archives/2003/05/08.html)) articles, respectively.

The first of these letters, along with Dr. Upledger's response, appear below. The second letter and response will appear in Dr. Upledger's next column. Letters have been edited for space and clarity.

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Dear Editor:

The article "Cell Talk" crossed over all acceptable boundaries. I will illustrate my point of view using information from the article:

1. Any physician, including Dr. Upledger, may suspect a cytomegalovirus infection or mononucleosis by looking at this patient's age, clinical symptoms and previously conducted treatment. Trust me, physicians do not have the extra healing power to do so. This is what the Mayo Clinic did.
2. Dr. Upledger uses insufficient medical knowledge by saying: "Normally, the prognosis for that condition (cytomegalovirus infection) is poor." [*Editor's note:* Regarding this phrase: Dr. Upledger's original article stated "The prognosis for that is normally not so good." It was edited to read, "The prognosis for that condition is poor." *Massage Today* apologizes for any confusion caused by the error.] I want to inform you and your readers that normally the prognosis for this condition is very good. This is why the Mayo Clinic recommended to "...rest until the virus burns itself out." With or without Dr. Upledger, Kayla will normally overcome this condition in time - the same [amount of] time it took Dr. Upledger to work on her. The cytomegalovirus has a poor prognosis when it is congenital, a

neonatal infection, when the patient is on immunosuppressive therapy (e.g., after organ transplant), or has AIDS.

3. Dr. Upledger successfully "convinced" the patient's thymus gland to send monocytes and macrophages to attack the virus. The thymus gland is responsible for the production of T-lymphocytes and their activation in tissues. The last effect comes from a special humoral factor, which is produced by the thymus and released into circulation. Thus, it does not matter how closely and socially Dr. Upledger know Kayla's thymus; this gland does not have anything to do with production or regulation of monocytes and macrophages.
4. Monocytes and macrophages are two forms of the same cells. Monocytes are produced in the bone marrow and circulate in the blood. When monocytes leave circulation and enter tissue, they become macrophages. From Dr. Upledger's article, the reader will get the wrong impression that monocytes and macrophages are cells of different origins, and that they are controlled by the thymus' activity. I would like to send Dr. Upledger the physiology and immunology textbooks from the first year of osteopathic school.

I strongly believe that each author has to carry a very high standard of writing or should not do it at all. Printed words have a lot of power. Unfortunately, Dr. Upledger uses a similar careless approach to the information he presents in the majority of his columns. This is professionally unacceptable.

I do not have the right to deny the ability of Dr. Upledger to directly "talk" on a cellular level; St. Francis of Assisi talked with birds. However, this discovery deserves a Nobel Prize in medicine. Dr. Upledger finally found the cure for cancer and many other pathological abnormalities. I have only one question remaining for the author: If the patient is Spanish-speaking and the practitioner is not, does the practitioner need a translator to talk with the patient's inner organs and cells, or may he or she use the English language?

I do not have anything personal against what Dr. Upledger does, or what he teaches. However, the situation reminds me of an old Japanese saying: "Do not let the blind man lead the crowd of blind people into the cave with fire."

Massage practitioners deserve a more respectable educational approach. Among all four major American [massage publications], *Massage Today* tries to build a scientific foundation for massage practitioners, and I have a deep respect for you in doing so. There are a handful of educators and researchers who try to ... restore respect to the medical benefits of massage among the medical community, patients and, more importantly, among massage practitioners.

Unfortunately, articles like this ruin all your and our efforts.

*Ross Turchaninov, MD*

*Phoenix, Arizona*

### **Dr. Upledger's Response**

Dr. Turchaninov:

I appreciate your comments related to my article, "Cell Talk." I will address your criticisms in the order in which they were presented:

1. You stated that any physician could have come up with the cytomegalovirus diagnosis for Kayla based on age, symptoms, etc. Why then didn't her primary-care physician entertain it as a possible etiology? Instead, there was no primary-care diagnosis, only a referral to the infectious disease specialist. This second physician cared for Kayla for some months, during which time she received eight different antibiotic programs, to no therapeutic avail. Her pains, fevers and general malaise simply worsened. The infectious disease specialist then referred Kayla to a rheumatologist, who was also unable to provide effective relief. Not one of the three physicians had cytomegalovirus among their differential diagnostic possibilities, nor did any of them mention virus.

Kayla's mother called me on a Sunday morning. She described Kayla's condition of severe joint pain, fever and general malaise, which had been going on for several months and worsening in spite of the three physicians' best efforts. She informed me that Kayla was scheduled to go to the Florida Mayo Clinic the following Wednesday for a complete evaluation. I suggested she bring her to my home that Sunday, prior to her visit to Mayo. My hands-on evaluation of Kayla gave me the strong indication that this was a virus. I worked on Kayla hands-on at that time and her symptoms began to lessen during the session. That night her mom called me and told me Kayla felt fine. She was evaluated at the Mayo Clinic the following Wednesday, and blood studies confirmed cytomegalovirus in the active stage.

2. I did not use the word "poor" in my prognosis. That was an error made [as noted] by *Massage Today's* editorial staff; however, now that you've mentioned it, I suggest that telling a teenage girl who is an accomplished dancer to stay on bed rest until the virus burns itself out, as was the Mayo Clinic doctor's instructions, might be considered a "poor prognosis" in terms of lifestyle. I do take issue with your statement that Kayla's recovery would have happened the same way with or without my

assistance. With all due respect, Dr. Turchaninov, you weren't there and you don't know what I did. I suggest that if you haven't done it, don't knock it.

3-4. I know what the textbooks say thymus glands do, and from my own experiences I also know what thymus glands can and will do upon request. The true potential of the thymus gland goes far beyond what is described in the conventional literature. The thymus gland has an antigenic library that seems to be available to all interested immune cells. Further, the thymus gland's requests of almost any immune cells, with perhaps the exception of eosinophils, are quickly honored.

I have seen many situations wherein macrophages and monocytes have honored thymic requests in seconds. I chose to request the thymus gland to recruit monocytes and macrophages, because both cell types have proven to be very effective against viruses. Monocytes move more rapidly than macrophages. Monocytes have free passage through the blood-brain barrier while macrophages do not. Therefore, monocytes gathered and evaluate antigenic materials collected from viruses and virus-infected tissue cells, so they can then present this information to the thymus gland and to the brain areas that may wish to be informed. Further, monocytes can change into macrophages when they consider this transition appropriate.

Macrophages are expert killers of viruses, bacteria, malignant cells, etc., and they are very good housekeepers. They clean up the debris that is created by viruses, bacteria, and abnormal cells dying. Further, they digest the debris, and some of the molecular remains are recycled for use by normal cells. In Kayla's case, we located virus clusters in the right ankle, both knees, the left pelvic region, the left bronchial region, and possibly in the intracranial area of the occiput. The educated monocytes could pass through the blood-brain barrier and ultimately become macrophages that could kill the virus and clean up the mess concurrently. In any case, this therapeutic approach worked well, and Kayla was back in school and working with her dance group about a week after our first recruitment of the thymus gland's help.

Dr. Turchaninov, my conscience has never been clearer and my mind has never been more open. I urge you to try something before you reject it. It was Democritus, the ancient Greek philosopher, who said, "Many individuals full of knowledge possess no reason." He said this more than 2,373 years ago. We have a lot more knowledge now than we did then. I wonder how our reason compares.

Look around the world and think about it.

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*Author's note:* In 1995, I wrote a summary of the research that had been done, to date, that involves the craniosacral system and related therapy. This monograph, "Research and Observations Support the Existence of a Craniosacral System," can be obtained from The Upledger Institute at (561) 622-4334, and is also available online at [www.upledger.com/news/p-mon.htm](http://www.upledger.com/news/p-mon.htm).

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