



Massage Today

April, 2002, Vol. 02, Issue 04

The Consciousness of Organ Transplants

By John Upledger, DO, OMM

By the time therapists reach intermediate levels of skill in CranioSacral Therapy and SomatoEmotional Release, they have doubtless encountered events that suggest that a heart is much more than a pump... that a lung does more than facilitate the exchange of gases... that a liver is not just a biochemical laboratory... and that a kidney does more than filter waste products.

In fact, it seems that every organ and tissue in a human, animal or plant is imbued with capabilities that go far beyond the apparent physiological services they perform.

Unless the therapist is in a strong state of denial, he or she has felt the energy of emotions that reside in these tissues - and perhaps even the residual energies of past events, whether related to physical trauma, emotional shock or infections. These energies literally become palpable to the therapist tuned in to the perceptions delivered by the hands. Indeed, no doubt most of us have witnessed clinical changes in our clients as these foreign energies are released from the tissues.

Some of the most profound experiences I have had dealing with tissue-bound energies have been with organ recipients. I have treated six of them - two with heart and lung transplants, three with only heart transplants, and one with a kidney transplant. I have also worked with a number of bone-transplant patients. In each case, there seemed to have been either an antagonistic energy between the recipient's body and the transplanted organ, or at least a hesitancy to accept.

Why should that surprise us? My experiences strongly support the concept that organs, tissues and cells each have an individual consciousness that affords them the qualities of intelligence, memory, emotion, ambition and the like.

From the cellular level, it seems reasonable that each independent consciousness interacts and blends to form the consciousness of the tissue. In turn, the consciousness of the tissues blends to form the overall consciousness of the organ, muscle, body structure, even system. These systems then blend to form the human, animal or plant consciousness. And it appears that this consciousness and its related qualities are resultant to DNA.

Yes, I am suggesting that DNA is the seat of consciousness.

Our recent experience with viruses and bacteria has shown us that the smallest of living creatures have the ability to outsmart our human immune systems and some of our best science. Since viruses are actually membrane sacks of DNA (and in some cases RNA), and they can outwit some of our most highly developed human brains, it strikes me that DNA (and less often RNA) is where intelligence and consciousness are located. And if DNA is the main seat of consciousness and intelligence, it seems likely that all the other aspects of living systems are probably located in DNA or in structures influenced by it.

What has all this to do with organ transplants? If the transplanted organ has a consciousness unique unto itself, with an integrated blend of all the individual consciousnesses of its constituent cells, then each heart also has its own consciousness, intelligence, memories, emotions, opinions, likes, dislikes and so on. In short, each heart has its own personal character and memory bag full of its own experiences.

So what happens when we transfer a unique heart, which has most probably faced death squarely in the face, into a new body that may or may not feel accepting? What happens when we transplant the heart and lungs of an Italian boy - a blue-collar workaholic who loved to ride motorcycles, spend time with his girlfriend and eat fried chicken washed down with beer - into the body of a woman named Claire Sylvia, a middle-aged New York City dancer with lung disease? Can we really expect a bilateral acceptance by the various consciousnesses?

I doubt it. This seems comparable to placing an Australian aborigine in the midst of Manhattan and expecting him to feel at ease, or for the locals to welcome the stranger. It usually takes a lot of time and effort before acceptance can occur on either side of such a sudden mix.

In the same way, if we are going to transplant organs from one body to another, it seems to me that we must consider the consciousness of both the donated organ and the recipient.

I have seen antagonism released and energies blended to a certain degree with the use of CranioSacral Therapy, Energy Cyst Release, SomatoEmotional Release, Therapeutic Imagery & Dialogue and Myofascial Release. It is my strong suspicion that, by routinely using therapeutic modalities like these on transplant patients, we could significantly help reduce organ rejection in the future.

Click [here](#) for more information about John Upledger, DO, OMM.



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