

Looking to the future

Plan for the Osteopathic Center for Children

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Osteopathic Physicians and Surgeons of California (OPSC) was conceived on one of the darkest nights in the life of the osteopathic profession. Its birth was the culmination of a long, painful and difficult labor. Eventually it achieved adulthood, the age to see visions.¹ All material resources were spent and the future was dependent on the substance of things hoped for,² i.e., faith when it was resolved "to create a college of osteopathic medicine." Today we see that substance of the thing hoped for in December 1974.

It is time for another vision, and as OPSC comes of age, let me share with you a vision for this profession in California. It is called *Osteopathy's Promise to Children*.

Picture in your mind's eye a warm and friendly building with the gentle welcoming characteristics of a home rather than the cold, sterile, frightening formality of a medical building. It is surrounded by a beautiful garden of flowering shrubs and trees, space to run and climb without danger. We cross the threshold in to an attractive, friendly community center where children are playing, building with blocks or reading while their parents can share with other parents or transact the necessary formalities with an understanding receptionist. Those who work in this region have been carefully selected and trained that they may express the love and patience — and intuition — to relate to children of all ages and all degrees of fear or apprehension that may have grown out of earlier traumatic medical experiences. This room will not only be furnished with items to interest the little patients, but also with literature explaining the program that lies ahead, to introduce the parents to the original, and unorthodox concepts that they will soon encounter.

The physicians who are attracted here to be an integral part of the team will also be original, exceptional, creative people — whole physicians who are concerned with whole patients.³ They will be steeped in the osteopathic philosophy concepts and practice as established by Still and Sutherland. They will be skilled in palpatory diagnosis and treatment of all kinds of children including the newborn, the hyperactive whirlwinds, the loving and mischievous mongoloids, the sad and discouraged dyslexics, the anxious allergic patients, the evasive and challenging behavior manifestations as well as the whole range of common ailments such as recurrent infections, malnutrition, malocclu-

sion and trauma. This is not a center for specific diseases or problems, it is a center for **children** where their present diseased or disabled course may become a road to health and a full productive life.

There will be one or more certified pediatricians, orthopedists, neurologists, otorhinolaryngologists, and ophthalmologists available for consultation at the center and eventually on the staff, but the same qualifications will be expected of those specialists as are described above.

Vision development, functional orthodontia, and integrated exercise programs will also be incorporated into the program.

But let us now return to that community center. The mother is now invited to a conference with the physician. If the child is one year of age or older the mother meets alone with the physician to give a full history of pregnancy, birth development, sicknesses, injuries, nutritional pattern, school performance, family relationships and all aspects of the child's life, both positive and negative. The reasons for the conference with mother alone are:

1. To avoid any discussion of negative aspects of the child in front of him.
2. To permit the mother to reveal any parental problems that may not be presented if both parents are together.

By now the child, with the guidance of one of the receptionists, will have discovered interesting toys or books and will have begun to feel more at ease. The mother is asked to explain to her child that she will wait for him while he now meets with the doctor. The emphasis in the first visit is on developing a friendly trusting relationship, and overcoming fears of needles or pain or being held down. This is of prime importance, and, except in emergency conditions, should take precedence over a complete physical examination.

A thorough structural evaluation, from head to feet, standing, walking and lying down is the foundation of diagnosis. A review of eating patterns from the child's viewpoint may be quite revealing and not always synonymous with that of his mother! Uncomfortable procedures are left until the end. They are recognized as being uncomfortable and the child is prepared accordingly. Cooperation and participation are complimented even if there are tears.

The next step is a consultation with both parents if

possible, while the child returns to play. An evaluation to this point is then presented to the parents with explanations of the osteopathic concepts that underlie this approach to the problem. This is also a time to discover more about the intra-family relationships, what is the father's role relative to the child, to the mother, and so on. Any further tests will be discussed, explained and recommended at this time. A nutritional program will be introduced, but will be presented in greater detail by one of the assistants after the interview. The treatment plan, its nature, its duration and its anticipated effects is then laid out for the parents' consideration.

We must recognize that this is a demanding program because it requires changes in thinking, in approach, and in performance quite different from anything they may have met before. The quiet confidence on the part of the physician, combined with the permission to the parents to think it over before making a decision, if necessary, will usually create the rapport and understanding necessary for a very successful, life-changing experience.

Nutrition, a life pattern of healthful eating, must be a central part of the new program. The physician can improve the mechanical structure. Only the patient and the parents can change the chemistry. The nutritional concepts are also very simple, easy to comprehend and simple to implement. They may be condensed into the following statement -- "the less that has been done to a food from the time it is harvested to the time it is eaten, the better it is. The more that has been done to the food in the way of refining, bleaching, coloring, flavoring, preserving and sterilizing, the less desirable it becomes." The mother who has become accustomed to opening jars of baby food will now learn to prepare vital living foods with a blender or a sieve. The busy housewife who opens a can of vegetables or fruit or whips up a cake from a package of cake mix, provides snacks of chips and crackers and cookies, or if she is really pressed for time, serves TV dinners or takes a quick journey to the fast-food chain down the street, will be instructed in this new art of eating for health.

Furthermore, there will be a cafeteria in this building or nearby where all these wholesome vital foods present an attractive visual display and a delicious taste experience. Furthermore, classes will be available to teach healthful eating to attract teenagers, before they embark on a family, for young mothers who want to do better, but do not know how, and in fact for all the members of all the families who are seeking their optimum level of well-being. Such patterns of healthful eating are not new. The Bircher Benner Clinic⁴ in Zurich, Switzerland has been using nutrition as the principal, central therapeutic modality since the beginning of this century. The Schnitzer⁵ program was the result of a German dentist's world-wide study of eating habits which led him to the conclusions which are taught in his name. The work of Otto Carque finally condensed by his wife into *Vital Facts About Food*⁶ also presents similar ba-

sic rules of healthy eating. Food, not supplementing pills, is the meaning of nutrition.

For many of the young patients the thorough restoration of anatomic physiologic integrity to the body mechanism and the establishment of sound eating habits will be sufficient to bring a gratifying level of well being. Others, however, may reach a new and improved level of wellness, but one knows that the optimum has not yet been reached. An additional modality may be needed to give further impetus to the healing process. Nothing that has the risk of causing iatrogenic disease will be considered unless a life-threatening situation should demand such a drastic measure. The inherent therapeutic potency will be respected. Homeopathic potentised remedies specifically selected to meet the needs of the patient at the time will be the first choice, for these can eradicate the influences locked into the body by past diseases and intoxications and can stimulate the inner healing forces to create optimum levels of health.

Children who have struggled with distorted functions due to impairments of structure may need training to teach them how to correctly use their reformed mechanism. The deviate swallower or tongue thruster may need myofunctional therapy. The child with extra-ocular muscle imbalances may need some perceptual training, persistent malocclusion may need functional orthodontia, to cite but a few examples. Nevertheless, let it never be forgotten that these are adjuncts to the central osteopathic and nutritional program and when used in this way their results will be most gratifying.

Music is a therapeutic modality which immeasurably enhances osteopathic treatment. This will be an integral part of treatment. The music therapist will also educate the physicians in its selection and appreciation. Like a homeopathic remedy or an osteopathic treatment, the music must match the patient where he is at this moment, and progressively lead him toward the status he can achieve.

All of the modalities described may bring remarkable changes in personality, behavior, conduct and academic performance as well as in physical well-being. But there are some distressing behavior problems that can only be understood when we recognize that this child is a physical, emotional, mental and spiritual being who may manifest the primary problem at levels beyond the physical arena. The time is now upon us when psychic influence must be recognized as etiologic influences to which children are more vulnerable than their parents. Life challenges of far greater duration than the chronological age of the little patient may need to be acknowledged as fundamental causes which may or may not be ready for resolution at this particular time.

Yes, there will be a spiritual dimension to the diagnosis and treatment in this center where children will seek and find their new direction to a fuller, healthier, happier life. There will be a spiritual awareness and intuitive guidance of the physicians and all who work here. Each day's work

will be undergirded with prayer, each treatment room will be flooded with light and love.

He who healed through Elijah,⁷ He who healed through Elisha,⁸ He who healed the multitudes two thousand years ago, He who healed the lame man at the temple gate through Peter⁹ and He who healed those who attended Kathryn Kuhlman's¹⁰ services ten years ago will be the Senior Partner in the center for all children who are in need. This Great Physician, Jesus Christ the Messiah said "Suffer little children to come unto me and forbid them not for of such is the Kingdom of Heaven."

Where are the physicians who will qualify for this work? Where are the staff who will support them? Where will the training be obtained by those who are motivated to participate? Where will the resources be found for such an innovative undertaking?

To each of these questions there is an answer. For every vision there is a plan of manifestation. In each one of us there is a seed of faith — a seed of the substance of things hoped for, the evidence of things not yet seen.

References

1. *Holy Bible*. King James Version. Joel 2:28
2. *Ibid* 1. Hebrews 11:1
3. Frymann, VM: The whole patient needs a whole physician. *Journal of Holistic Medicine*. Vol. 2. No. I. Spring/Summer 1980
4. Kung-Bircher, R, Bircher, R, Kunz, Bircher A, Leichti-Von Brasch, D: *Eating Your Way To Health*
5. Duque Germain — personal communication
6. Carque, Otto: *Vital facts about food*. Natural Brands, Inc. Los Angeles. 1940
7. *Ibid* 1. I Kings 17:17
8. *Ibid* 1. 11 Kings 4:18
9. *Ibid* 1. Acts 3:3
10. Kuhlman, Kathryn: *I believe in miracles*. Prentiss Hall. 1962