

Chapter 11

BODY OF EVIDENCE

All great truths begin as heresy.

—Aldous Huxley

(quoted in R. D. Lamm,

“The Great Heretics”)

The most heretical evidence of all concerned the role of consciousness. . . . Directing thoughts at a target seemed capable of altering machines, cells, and, indeed, entire multicelled organisms like human beings.

—Lynne McTaggart

As I observed Joseph work, through my scientific, clinical eyes, my perception permanently shifted. I witnessed the effective intervention of a modality not known by Western medicine. Joseph was transforming human tissue, through intention, within a matter of minutes.

—Frank Salvatore, M.D.

After I discovered that we have the potential to transform human tissue, I knew that the concept I was presenting not only was

heretical but also ran in direct opposition to some strongly held beliefs of mainstream science and medicine. The physicians who broke ranks to advise me cautioned that the concept was not in accord with the teachings of science and, further, the pendulum had swung so far that science had effectively relegated the concept to myth.

I knew I had my work cut out for me, but I was not going to shy away from exploration of the truth. I decided to treat the discovery as an opportunity and a challenge, and I began to plan how best to prepare a plausible case to support it. I took stock of the situation and considered my qualifications. I realized that four years at the State University of New York pursuing a bachelor of science degree, studying admiralty law and physics, and taking a few engineering classes was inadequate to equip me to explain or understand the mechanism behind the healings that were being replicated daily in my office. Later, as it became evident that my soul was more like that of a monk than like that of a warrior, I entered an interfaith seminary and studied world religion, but reading the sacred texts of the major religions also did not equip me to understand how I was altering human tissue. I arrived at the conclusion that neither science nor religion had a monopoly on the truth. Einstein seemed to agree; he had voiced his opinion that there existed opportunity for further understanding when he said, "Science without religion is lame. Religion without science is blind."

One of my first mentors instilled in me the importance of recording the results of my work on people and archiving the empirical data that was generated. Having made the decision to adhere to this rule, I began to seek out a team of professionals to assist me. I would need a seasoned filmmaker with experience in the medical world to document the effects of a modality not currently taught or reported in any medical journal. I found that per-

son in Marc Wishengrad, an award-winning filmmaker who had been nominated for an Emmy for his cinematography on Discovery Communications's *Trauma: Life in the E.R.* and regularly shoots for C-SPAN. In addition, Marc has worked for years at New York–Presbyterian Hospital and has captured new surgical procedures for the renowned cardiothoracic surgeon Dr. Mehmet Oz. Marc was the perfect person for the assignment; not only is he a world-recognized professional in medical cinematography but he also comes from a journalistic lineage.

Marc explained how he would go about documenting the work. We drafted an agreement for his fee, his team's camera equipment, truck, lighting and sound equipment. There was, however, one aspect that I had not anticipated. Marc explained to me that he had a reputation to maintain, so I would need to hire an experienced journalist to interview the doctors and people participating in an unbiased, professional manner. The very next evening an attorney friend of mine, Anthony Occocio, invited me to a reception he was hosting at a New York City hotel. There I was introduced to Christy Musumeci. She told me that she had worked as a television news reporter down South but had relocated to New York City to try to make it on the national level. Christy already had a foot in the door, having landed a position with MSNBC, and she would soon realize her professional dream of becoming a prime-time national news anchor.

I explained my plan to film a short documentary exploring whether it was possible for a human being to direct consciousness with enough precision to achieve physical change in tissue and bone. She waited for the punch line, and stared at me unflinchingly, but none came. I asked Christy if she could recommend any intern television journalists I could hire for a reasonable fee. She looked at me as if peering into my soul. Then she told me that her brother was a medical doctor in Massachusetts who specialized

in pain management. Pain is difficult to see or measure, she said, but it is very real indeed, so she thought the subject I was exploring was intriguing.

“When is your shoot date?” she asked. I told her it was the following Thursday. “Hmm,” Christy said. “That happens to be my day off. I’ll do it for you. I’d be interested in interviewing these doctors and getting their firsthand accounts.” I told her that we had limited resources. “I’ll do it for free,” she said.

I could barely believe how everything was coming together; it was as if the universe was conspiring to make this documentary a reality. “But you need to know how I work,” she added. “I’m a professional journalist, and I will ask objective questions.” Apparently the jury was still out with her too, and she was sharp as a tack. I liked her immediately.

That fit perfectly with what Marc wanted to do, so together the camera crew and the reporter set out to record the testimonies of doctors and ordinary people. Along with Marc and Christy’s interviews, we archived relevant medical records and professional transcripts. Based on those records and follow-up MRIs, which would arrive later, we were able to give accurate accounts of many of the original cases. Three of those case studies make up the balance of this chapter.

Case 1. Swollen Knee

What was unusual was what he did, to watch my knee transform.

—Elizabeth Muss, M.D.

At the beginning, most people who came to see me had learned about my work from someone I had helped or from a friend or

relative of someone I had helped. Most of them were ordinary folks with no connection to the world of science or conventional medicine. But one day in 2000, I got a call from Elizabeth Muss. “I’ve heard about what you’ve been doing,” she said, “and I believe some of these things are possible.” I asked her what she did, and she revealed that she was a medical doctor, a cardiologist in private practice in the Bristol Medical Building in Manhattan and affiliated with a prominent East Side hospital. She said that she was open to combining conventional medical techniques with some integrative therapies. She was “always looking for other ways to do things” and wanted to experience firsthand how I worked. As she later put it, “I decided that I would be my own guinea pig. I would see how it went so that I could refer patients if it seemed to be a modality that worked. And it does.”

Dr. Muss wanted to see if I could help her with what she described as “a serious problem” with her knee, which she had injured long ago. “This has been a chronic problem for years,” she said. Moreover, she had recently twisted her ankle, and the physical therapy for the ankle had exacerbated the problem with her knee. She was scheduled to have more physical therapy, but her husband had met someone who knew me and suggested she call.

I was exhilarated at the opportunity to work with a medical doctor, who would bring her trained eye and observational skills to bear. When Dr. Muss arrived at my office, I saw a professional, rather fit-looking woman about fifty years of age in a business suit and skirt. Sitting up on my table, she gave me the history of her knee injury in detailed medical terminology. After describing the injury, she said, “Let me show you.”

Dr. Muss elevated the hem of her skirt just enough to permit me to see both knees. One of her knees looked perfectly normal, with the patella—kneecap—cleanly articulated. Her other knee,

however, was obviously swollen. For a moment, as I compared the two knees side by side, I was reminded of the two church carvings I had been given to restore, one in relatively good shape and the other clearly disfigured. The swelling in her right knee was so pronounced that I couldn't make out the shape of her kneecap. She asked me what I thought. "I think the knee can be healed," I said. I requested that she recline and just relax as I began the process.

But Dr. Muss sat up on the table, saying that she wanted to watch while I worked on her. Most people came just to receive the result and didn't care to observe, but given her career, I understood and appreciated her professional interest. I told her to observe closely what was happening during the process. As I focused my awareness on her injured knee, the swelling began to break down. Within a couple of minutes, the shape of her knee began to emerge. "Wow!" Dr. Muss said. "That's amazing! How are you doing that?"

She described in detail what she was witnessing, her medically trained eyes adept at objectively recording the tangible changes, and she wanted an explanation from me.

"I can't really explain it in scientific terms," I said. "Each day, I gain a greater understanding of the process."

Later, on camera, Christy began to interview Dr. Muss, asking her to describe what had happened that day in my office, and the doctor was very plain about it. "What was unusual was what he did," she said, "to watch my knee transform, to watch the skin pucker."

After we worked together that first day, Dr. Muss got off the table and tested the injured knee. She told me that she was able to bend it deeply in a way she hadn't been able to do in a long time. "My God," she said, "the knee you worked on feels stronger than my other knee now." When interviewed later, Dr. Muss reported

that her athletic abilities had returned to levels she had enjoyed prior to her injury. “I’ve regained my strength, and I can now bend deep into the knee,” she said.

Case 2. Fractured Arm

He looks at me, looks at my rotation, and says, “This is miraculous. And by the way, you don’t need any physical therapy.”

—Greg Sherman

In August 2008, Greg Sherman went to enter a cab in Upper Manhattan and instead fell into a large pothole, landing sharply on his right arm. “There’s a kind of shock that goes through the body,” he said when asked to describe what he felt at that moment. “It’s different than pain initially. It’s a trauma, but you know that your body is really badly damaged and there’s a real problem.” It was after ten o’clock at night, so Greg decided to wait till the next day to seek medical help, but the pain became unbearable. “It went to the maximum threshold I’ve ever felt in my life,” he said.

After Greg arrived at Mount Sinai’s emergency room at six o’clock the following morning, he was put on intravenous Valium and his arm was given a series of X-rays, which revealed a Monteggia fracture. Named for the surgeon who first described it, this complex fracture comprises a multiple break of the ulna that affects the joint with the radius—the two parallel bones that make up the forearm. In Greg’s case the fracture was also comminuted, which meant that the bone had been broken into a number of pieces. Because the elbow joint is affected, a Monteggia frac-

ture can be difficult to heal properly, and the first surgeon Greg consulted recommended surgery to implant a metal plate and screws to stabilize the bones. The surgeon informed Greg that even with the surgery, however, the best-case scenario was that he would not be able to use his arm actively for six to eight weeks and would never regain full extension or range of motion.

The surgeon recommended that Greg have the surgery in a couple of days. He added that Greg would require full anesthesia and considerable recovery time. Greg asked when the plate and screws would come out, and the surgeon informed him that they had to stay in forever. Understandably, Greg was hesitant to have such an operation and still end up with limited range of motion. He had also read about how long it can take for the body to recover completely from full anesthesia. "I asked if they could do a local anesthesia," he said later, "but they didn't want to, because they were afraid of my arm moving during surgery. I told them I wasn't ready for major surgery and needed a few more days to think about it."

Greg went for a second opinion to a surgeon at NYU Medical Center who had treated his brother after a nasty fall some years before. The second surgeon concurred with the first surgeon's diagnosis. Finally, Greg went for a third opinion to a surgeon at the Columbia University Medical Center who had been strongly recommended by a colleague. This surgeon also suggested surgery, stating that "this is a highly unstable type of fracture and one which usually would be treated with a plate and screws in order to line it up and hold it that way." The surgeon noted that Greg was scheduled for surgery in two days, and he considered that appropriate. So Greg resigned himself to having the operation performed at Mount Sinai. He had the necessary blood work done and prepared for the inevitable.

I had known Greg as a successful executive with a background in engineering who owned several businesses and directed a business conference center that hosted events for top pharmaceutical companies. He had been kind enough to agree to host a screening there of the documentary footage we had captured to date. When I arrived one day to meet with Greg, accompanied by a medical doctor with whom I was documenting my work, I saw that Greg's arm was in a sling and asked him what had happened. He explained about the accident and the surgeons' recommendations. He had his X-rays with him, so the doctor threw them up on a light table used for viewing slides and transparencies and confirmed the multiple fracture. As often happens when people with health challenges are around me, Greg asked if I would help him. I said that I believed his bones could heal quickly. In short, I said yes, I would help. With the doctor observing, I worked on Greg right there, and the next day he reported that his arm was virtually painless, the swelling had all but disappeared, and the bruising was gone.

"I now had three professional opinions," Greg said when Marc Wishengrad documented his case in November 2008. "And they all agreed that my course of action should be surgery, and promptly." That was when he encountered me. "Right now," Greg continued, "as you can see, I have pretty much full extension. I have almost full rotation, and there's nothing left but a little bit of trauma in this arm."

A few weeks before our taping, Greg had decided to have a follow-up examination at the Hospital for Special Surgery, one of the premier institutions in the country for the treatment of musculoskeletal injuries. He saw a specialist in injuries concerning the hands, shoulders, and elbows. "He looked at my X-rays," Greg added, "and he said, 'You're doing very well. Most people would get plates and screws to guarantee outcome. You're very lucky.'"

The surgeon recommended a protective arm wrap like the ones used by skateboarders to prevent re-injury. He also recommended that Greg see a physical therapist as a precaution. "I went to one physical therapy session," Greg said. "He looks at me, looks at my rotation, and says, 'This is miraculous. And by the way, you don't need any physical therapy. There's no charge for today.'"

The following May, Greg went for evaluation to yet another surgeon at the Hospital for Special Surgery, who took follow-up X-rays of his arm and made a written report. It reads in part, "There has been complete interval healing of the mildly comminuted fracture deformity of the proximal ulna as well as the obliquely oriented intra-articular fracture of the radial head. Radiocapitellar joint alignment is satisfactory. No acute osseous abnormalities are seen." In layman's terms, the fractured bone and the damage to the elbow joint were both fully healed, and the bones were properly aligned.

Greg asked to add a few words at the end of the tape. "This really needs to be supported," he said of the outcome study he had taken part in. "This shouldn't just be for me. This needs to be for everyone. And if it was researched properly, it could really spread out . . . fairly quickly. But I think it needs to be researched immediately. It needs to be documented, it needs to be taught. It's important that this immediately gets funded. Because when my son falls or has his accident, I wouldn't want him to have plates and screws. I'd want him to benefit from this approach."

Case 3. Inoperable Brain Tumor

MRI scan of the brain from 4-12-02 was compared to today's scan and shows a significant improvement with less enhancement.

You will recall that early in my career I worked with a man named Gene, whose wife, Louise, brought him to my office in Manhattan all the way from Arlington, Virginia (as described in Chapter 5). Gene had been suffering from an inoperable brain tumor and was in severe pain because he had become habituated to his pain medication. He was in a wheelchair, unable to walk or speak. After spending a half hour with Gene, I felt large amounts of heat emanating from his head in the area where his tumor had been located. Although his appearance changed only modestly while he was in my office, his wife called ten days later to tell me that he was out of his wheelchair, walking with the help of a cane, and “talking up a storm,” as she put it.

I spoke briefly with Gene that day and was excited to hear his lively voice at the other end of the phone line. He had not been able to get the follow-up MRI I had asked his wife to provide, however. Although his doctor was surprised to see Gene up and about, the hospital considered him no longer their patient, so they had “no protocol” for ordering further tests. Gene decided to offer to pay for the MRI himself, and the hospital acquiesced with his wishes. In June 2002, I received a letter from Louise with a medical report from the National Cancer Institute dated May 24, 2002, based on the most recent MRI. A yellow Post-it note attached read simply, “JP, Finally the report came in. Best, Louise.”

Under “History,” the report read, “Currently the patient seems to be stable overall. He walks with a cane at home now.” Under “Impression,” the oncologist had written, “Patient’s MRI scan of the brain from 4-12-02 was compared to today’s scan and shows a significant improvement with less enhancement and edema.” He went on to surmise the cause for the significant improvement. “I believe that this is most likely necrosis from treatment effect.”

Necrosis is death of the cancerous cells, resulting in the tumor shrinking. Several weeks later I received a call from Louise offering an update. She told me that Gene was at the National Rehabilitation Hospital in Washington, D.C., receiving physical therapy. “His mental state has improved,” she said. “He’s getting stronger every day.”

So, how was all of this happening? As I described in the previous chapter, pioneers in quantum physics have clearly established a powerful relationship between human consciousness and matter. At the time I worked on Dr. Muss and others, I was hardly aware of the complexity of this relationship in a way I could articulate.

As the archiving of our work continued over the next seven years, Marc Wishengrad, together with Alison Draper, a former advertising executive whose father was a medical doctor, would interview a number of other pioneers who were committed to advancing the integration of medicine through rigorous scientific study. Marc and Alison interviewed Frank Salvatore, the board-certified surgeon who wrote the preface to this book, and Beverly Rubik, Ph.D., who is part of a new breed of scientists assisting in bridging the divide separating body, mind, and spirit. Their aim is to birth an integrative health model that holds the potential for better patient outcomes across a wide spectrum of health concerns. A biophysicist by training, Dr. Rubik helped conduct scientific research and education in the fields of mind-body, subtle energies, and complementary medicine. She has served on the Program Advisory Council to the Office of Alternative Medicine at the National Institutes of Health and conducted NIH-sponsored research on healing. In addition, in 1994, Dr. Rubik was instrumental in naming the Biofield, a matrix of energies that extend outward from each person’s body.

Perhaps one of the most inspiring experts in integrative medicine whom Marc and Alison interviewed is the visionary James S. Gordon. A Harvard-trained physician who served as chairman of the White House Commission on Complementary and Alternative Medicine Policy, Dr. Gordon also founded the Center for Mind-Body Medicine in Washington, D.C. He is a world-recognized expert in using integrative techniques to heal depression, anxiety, and psychological trauma, and has long been a supporter of noninvasive modalities. “Hippocrates said, ‘First, do no harm,’” Dr. Gordon said in one interview. “So it always makes sense to begin with those approaches, like mind-body approaches, which are least likely to do harm.”

In his groundbreaking book *Manifesto for a New Medicine*, Gordon makes the case that recent scientific studies on the effects of distant healing and intercessory prayer, for example, have renewed interest in the healing potential described in the scriptures of the world’s spiritual traditions. “They suggest,” Gordon writes, “that the healing in which Jesus instructed his disciples might still be, 2000 years later, a vital component of healthcare. There is a vast literature, some of it as high quality as any medical paper, that shows that we can, simply by intending to do so, make significant positive changes in the well-being of others and in nonhuman biological systems.”

His remarks correspond closely to those of the researchers and reporters I quoted in the previous chapter. But Gordon goes on to say something I find vitally important. “It would appear that both men and women who are known for their healing powers, as well as perfectly ordinary people, are capable of accomplishing this. All of these studies, which are largely unknown to or ignored by mainstream medicine, have quite extraordinary implications for health and healing, as well as for our understanding of what it means to be human.”

Gordon concludes, “The research evidence is there. The change in consciousness still needs to happen.” Or, as Larry Dossey writes in *Reinventing Medicine*, “In a sense, medicine is burning, as old ideas and methods are fading on every hand. But medicine’s fires are purifying: new life is emerging from the ashes, as it always does. The reinventors are stepping forward, and healing is in the wind. The rebirth has begun.”