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Back to Future Health Blueprint: The Effects of a Brief Bioenergy Economy Program on a Patient with Tethered Cord Syndrome

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Case Study

Abstract

Background: The spinal cord congenital abnormalities may prevent normal cephalad movement of the conus medullaris such as tethered cord. A child or even an adult with these abnormalities may develop progressive neurological dysfunction due to traction on the cord or nerve roots. As the most problematic technical consideration in surgery for the release of the tethered cord is how to preserve functions of neural elements and rebuild the dural sac to maintain normal cerebrospinal fluid (CSF) circulation; the priority is to treat the condition through less invasive methods. Bioenergy economy (BEE) is an integrative healing model which tries to abstract healing modalities and integrate them into a psychosomatic health system. In contrast to reductionistic and pathology-based approach of biomedical treatment, bioenergy healing is a salutogenic, holistic and metadiagnostic approach which creates healing responses from a blueprint of healthy body.

Case Report: We report the process of a bioenergy economy intervention in a 10-year-old boy with clinical signs of drop foot, urinary incontinence, urinary reflux, and low back pain who was candidate for surgeries by neurosurgical and urological criteria. The clinical results indicated that after about two years of 12 healing sessions in a brief bioenergy economy package of biofield scanning, biofield attunement, and hand-on self-healing, the patient's clinical signs remarkably improved to the extent that he returned to normal activities of his age and followed an athletic lifestyle.

Conclusion: From a biosemiotic viewpoint, it can be discussed that bioenergy economy, by focusing on enhancing the pathways of salutogenesis was effective to evoke healing response in the patient's body. The effect of the bioenergy economy practice may be due to the healing images and intentions flowed through patient's body and healer-healee biofields' coupling and interactions.

Keywords: Tethered cord syndrome, Bioenergy economy, Bioenergy healing, Energy medicine, Psychosomatic medicine

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Introduction

There are two historical discourses in medicine; the healing and the treatment. Healing is based on enhancing self-organizing servomechanisms while treatment relies on stabilizing the imbalances, improvement of the pathophysiologies, or elimination of the etiologies.

In other words, healing or salutogenic approach is holistic and metadiagnostic despite of reductionistic and pathology-based approach of treatment. It seems that healing responses come from a blueprint of healthy body, as Harolf Saxon Burr (1972) named it. Many of the healing phenomena could be

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explained by a form of somatic recall of this healthy memory.

Now the question is: When the development of body is blocked in some ways, will a coherent health blueprint be formed to be activated during healing response? Is this blueprint hidden in our somatic memory or imprinted in the genome? Is there any way to epigenetic healing; upward-down organizing of gene expression?

Here, we do not have enough evidences to answer above-mentioned questions but present a contemplative clinical story. This story presents the healing journey of Ilia, a 10-year-old boy who suffered from tethered cord syndrome. In the next pages, we will follow the effects of a very simple bioenergy-based program on the multisystemic complications of this developmental and congenital problem.

Congenital abnormalities of the spinal cord or cauda equina can prevent normal cephalad movement of the conus medullaris during early life such as tethered cord (Michelson & Ashwal, 2004). Pathologic entities that have been regarded to be the cause of actual tethering include a thickened tight filum terminale (Anderson, 1975; Fitz & Harwood-Nash, 1975; Hoffman, Hendrick, & Humphreys, 1976), intradural fibrous adhesions (Anderson, 1975; Yashon & Beatty, 1996), intradural lipomas with or without a connecting extradural component (Anderson, 1975; Bruce & Schut, 1979), diastematomyelia (Dale, 1969; Gilmor & Batnitzky, 1978), and adherence of the neural placode following previous closure of a myelomeningocele (George & Fagan, 2005; Heinz, Rosenbaum, Scarff, Reigel, & Drayer, 1979; Hudgins & Gilreath, 2004). Imaging studies, such as spinal magnetic resonance imaging (MRI), show that the conus medullaris caudad to the lower end plate of L2 is evidence of tethering.

A child or even an adult with these abnormalities can develop progressive neurological dysfunction due to traction on the cord or nerve roots. However, pediatric and adolescent patients with tethered cord differ in terms of the mode of onset, clinical manifestations, and outcome (Pang & Wilberger, 1982). In tethered spinal cord release, the surgeon should be concerned about preserving functions of the neural elements and rebuilding the dural sac so that normal cerebrospinal fluid (CSF) is maintained.

There is no conventional nonsurgical treatment for releasing tethered cord. At first sight, using energy healing for this purpose makes sense exclusively as a palliative care.

Energy medicine or energy healing, a branch of complementary and alternative medicine, holds the belief that healers can send healing energy into one's body through the use of different methods such as hands-on, hands-off, and distant (or absent). There are various schools of energy healing known as biofield energy healing, spiritual healing, contact healing, distant healing, therapeutic touch, and Reiki and Qigong as the National Center for Complementary and Alternative Medicine (NCCAM) describes (2005).

The energy-based therapies are used in several clinical conditions such as anxiety, chronic pain, and wound healing (Oschman & Pert, 2000). But the traditional origins of these methods have made them more cultural measures for health promotion than scientific approaches. Bioenergy economy (BEE) is an integrative healing model which tries to abstract healing modalities and integrate them into a psychosomatic health system. This methodological healing system is based on biosemiotic interactions and translations of consciousness, information, energy, and matter (CIEM) and biofield interactions which are addressed in energy medicine, as a biomedical basic science (Goli, 2010).

Bioenergy economy focuses on enhancing the CIEM pathways of salutogenesis. In this study, we employed a brief bioenergy economy package of biofield scanning and attunement, hand-on self-healing, healing meditation, and bioenergetic exercises.

Case Report

Ilia was born in February 2001 with an imperforated anus and the day after, he

tolerated a colostomy surgery. He was not able to empty his bladder completely and due to his urinary reflux, he began to use antibiotics till the end of 2 years old. During the first year of his life, he went under three more surgeries to repair his imperforated anus. Fecal incontinence was observed when he was 2 years old. When he was 5 years old, he usually had constipation and he went under z-plasty surgery due to anus stenosis.

At 10 years old, he was referred to the neurologist as he had claudication in his right leg. He had also severe urinary and fecal incontinence, urinary reflux relapse, back pain, looseness of right big toe, and monoparesis in right foot. He also began to have nocturia. In lumbosacral MRI of the patient (Figure 1), a tethered cord was observed and this time, a drop foot added to his symptoms.

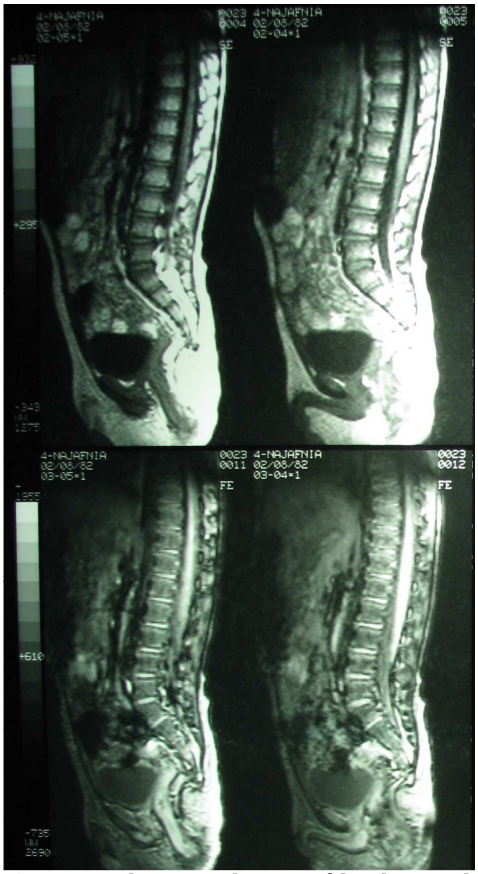

Figure 1. The sagittal view of lumbosacral area showing a tethered cord

Due to the severity of symptoms and to prevent more nerve damage, neurosurgeons decided to release the tethered cord through surgery. He was not able to empty his bladder completely. He had kidney destruction due to urinary reflux. So, it was decided to control his urinary reflux by medication (which later proved to be useless) –250 mg of cephalexin (one every night), detrusitol (twice daily), and 10 mg of baclofen (twice daily)– and surgical treatment was postponed to a date after tether cord operation. All physicians examined Ilia forbade him from doing physical activities, even carrying his backpack. He was only allowed to walk slowly. He began to have nocturia. The voiding cystourethrogram (VCUG) showed a grade-4 vesicoureteral urinary reflux (Figure 2).

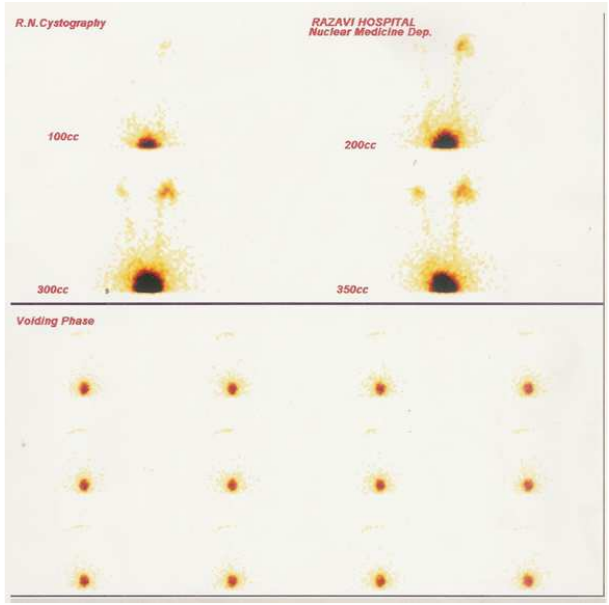

Figure 2. Voiding cystourethrogram (VCUG) shows grade-4 vesicoureteral urinary reflux.

Three days before surgery, the patient referred to a physician who had psychosomatic fellowship and practiced bioenergetic interventions. In the first session, Ilia received bioenergy healing and biofield attunement, his loosened right big toe became strong to the extent that he could easily exert pressure on his therapist's hand. As it was a sign of recovery, his parents postponed the surgery for five months to continue energy healing. From this date on, he had healing sessions (12 sessions) with his therapist and exercises he was supposed to practice individually every day (self-healing) –hands-on energy emission every night at a fixed time in a receptive state (to receive distant energy by his therapist), walking, and nighttime bioenergy walking– for

about two years.

During the first year, a steady gradual decrease in symptoms intensity was observed. In spite of this, sometimes the intensity of symptoms increased especially after he had healing sessions. He had also pain in his calves, soles, and back when walking. In general, the symptoms had decreased to the extent that he could do normal life activities. One more time, the surgery for tethered cord was postponed for another two months; then, due to the considerable decrease in symptoms of urinary incontinence and the strength of his right leg, the surgery was cancelled and he was released. The surgeon stated that Ilia could have his regular daily movements and activities without any limitation. He began to exercise in the gym; a pleasant event he had never experienced before in his life.

One new symptom was that he had developed urticaria at nights. But at the end of one year of bioenergy economy practicing, his physical sate was almost stable. His ultrasound images showed no sign of kidney destruction. Besides, his leg movement was normal, and no urinary incontinence was observed. He had no problem swimming three times a week; while before this time, he had fecal incontinence when he exercised. At this point, his pediatric urologist examined him using VCUG, isotope scanning, ultrasound of kidney and bladder, and bladder pressure assessment, decided not to operate him for urinary reflux. Figure 3 shows the repaired function of vesicoureteral sphincters bilaterally.

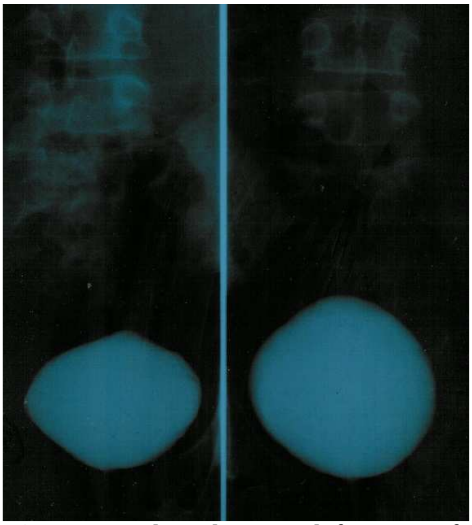

Figure 3. Bilateral repaired function of vesicoureteral sphincters

He also decreased previous medication almost to the half –125 mg of cephalexin (one every night), detrusitol (1 daily), and 10 mg of baclofen (1 daily). In addition to the stop of urinary and fecal incontinence, his grade-four urinary reflux decreased to grade one reflux. Kidneys were healthy, bladder pressure was normal, but he was not able to empty his bladder completely. The urologist advised him to use bogie, but his parents did not accept.

Ilia continued healing sessions with his therapist and self-healing practice. During the following 9 months, his symptoms steadily decreased with severe and mild fluctuations. Besides, it seemed that the anus stenosis he had since he was a baby was recovered because he had no trouble excreting. Figure 4 shows final MRI of lumbosacral area. It may not completely show cephalad movement of the conus medullar but complete functional improvement was seen in practice.

Figure 4. Final magnetic resonance imaging (MRI) of lumbosacral area

During the course of healing, the dermatologist diagnosed that he had developed vitiligo on his face, back, and shoulders. Ilia used the prescribed ointment for a month that caused the spots to be lightened. Four months later, he had no sign of vitiligo, and seldom had previous symptom relapse. Sometimes, after healing session, he had mild relapses of the symptoms, but at the end of the second year,

the symptoms vanished. He had seldom nighttime urinary incontinence. Therefore, the urologist stopped the medication. Three years past of outset of bioenergy economy program, no relapse of symptoms were observed and his health condition was stable. He chose a profession in sports and enjoys his life doing athletic activities.

Discussion

Some cohort studies showed that changes in bladder-sphincter function after untethering are usually transient due to the partial denervation. Although a small group of children seem to benefit from untethering, others may become worse and the same outcome cannot be predicted (Boemers, van Gool, & de Jong, 1995); but some studies report that tethered cord release is beneficial due to its urodynamic outcomes since patients suffered from tethered cord with abnormal urodynamics showed to improve 48% after tethered cord release; and the neurogenic detrusor overactivity improved more (59%) in urodynamics. It seems that urodynamic outcome is not predicted by the level of the conus on MRI. The concern is that patients with a normal bladder may suffer from urodynamic deterioration following a surgical operation (Guerra, Pike, Milks, Barrowman, & Leonard, 2006).

This study followed the process of a bioenergy economy program in a 10-year-old boy patient who was candidate for surgeries by neurosurgical and urological criteria due to clinical signs of drop foot, urinary incontinence, urinary reflux, and low back pain. After about two years of 12 healing sessions and bioenergy attunement, and daily self-healing trainings, the clinical signs got remarkably better. His low back pain and drop foot were completely ameliorated, MRIs showed a partial cephalad movement of the conus medularis, and the grade-4 reflux in urodynamic system (Vesicouretral reflux) decreased to grade-1 reflux; and after many years of limitations in physical activity because of pain and weakness, he returned to normal activities of his age, and even followed an athletic lifestyle.

From a biosemiotic viewpoint, we can follow the healing signs in the forms of bioenergy pulsations, molecular changes especially in gene expression and, of course, before that in healing images and intentions. These signs flowed through Ilia's body and in healer-healee biofields' coupling and interactions.

Some in-vitro studies show how intention can change the bacteria growth. These effects are probably due to systematic control of frequency-intensity of biofield emission. Interpersonal and intrapersonal energy signs are interpreted by electromagnetic receptors and can alter cell function (Blackman, Elder, Weil, Benane, Eichinger, & House, 1979; Benveniste, 1998). There is still unknown that how images, intention, or reflections are interpreted as biofield emissions.

Attunement by promoting healer-healee's biofield and synergy, hands-on techniques via reprocessing and resonating biofield, and healing meditation by integrating brain activities can coconstruct an effective salutogenesis.

The healing responses, like what we observed in Ilia, are not so rare; but we prefer to keep them out from medicine discourse and label them as spontaneous regression or a miracle or simply ignore them. We are at the beginning of an integrative medical model which flies with two wings of healing and treatment. Many case studies, clinical trials, and laboratory studies are needed to explain healing and to explore its material, energetic, symbolic, and reflective pathways.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgments

None

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