

INTERVIEW

A DISCUSSION OF ALTERNATIVE MEDICINE WITH TUFTS LECTURER LAWRENCE E. WARNOCK

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In early October 2007, physicians, biomedical researchers, and alternative medicine practitioners, including chiropractors and Rolfers, who practice deep-tissue manipulation, gathered in Boston to discuss their shared organ of interest – fascia, the soft part of the connective tissue system. Although it was initially approached with skepticism, the conference ended with enthusiasm and in anticipation of another because it was one of the first attempts at dialogue between professionals who are usually never in the same room together.¹ Indeed, attendees encountered some “language” barriers, but these became less problematic once physicians and biomedical researchers realized they would be able to learn from alternative medicine practitioners, and vice versa.²

To extend an invitation to alternative practitioners to the fascia conference is telling of the increasing visibility of alternative and complementary medicine (CAM) in healthcare. The National Center for Complementary and Alternative Medicine, a branch of the National Institutes of Health (NIH), reported that at least 36% of Americans have used some form of CAM in 2004 in addition to or in place of conventional treatments.³ CAM therapies include meditation, diet-based therapies, and those that require visits to licensed practitioners of fields including acupuncture, chiropractic care, and massage therapy. On the Tufts Medford/Somerville campus, Bodyworks is a sports massage class offered every semester through the Physical Education Department. The course is taught by a licensed clinical massage therapist, Lawrence E. Warnock, who was interviewed by TuftScope to highlight one portion of the emerging dialogue as an active practitioner of CAM.

This interview does not provide a comprehensive overview of massage therapy or CAM, but rather is designed to stimulate discussion on the increasing interactions between CAM and contemporary Western medicine within the health-care system. Professor Warnock raises interesting points about what it would take for CAM to become integrated into conventional medicine, and why there may be an emphasis on healing rather than curing in CAM.

Editors Note: *Parentheses indicate an addendum to the transcript post-interview from the interviewee.*

TuftScope (TS): How long has the Bodyworks course at Tufts been around?

Lawrence E. Warnock (LW): This class has been going on about 9 years. A student of mine from Reading came to work here at Tufts in student activities and asked me to do some work at the end of the semester during reading period. Then someone asked me if I would apply to teach a course through the Experimental College and I did that for 2 semesters and it just blew up. The opportunity was offered to make it into a regular course.

TS: Where did you receive your education?

LW: I have my Bachelor’s in clinical psychology and my masters in clinical rehabilitation counseling from Boston University (BU), worked on a research grant in Harvard, and went back to BU for my doctorate work.

TS: Can you tell me more about your professional background outside of Tufts?

LW: Primarily I am a clinical massage therapist. I

started out as a rehabilitation specialist, and worked in the State Rehabilitation Commission for about 25 or so years, and ended my career as the Commissioner. I studied massage therapy when I was in graduate school and began to see the connection between bodywork and people with disabilities, pain, and paralysis, and other things. I try to put my massage background, my counseling background, and what I know about the body together. My practice is primarily clinical and I focus mostly on athletes and people with chronic and acute pain, more than just relaxation massage.

TS: Do you think that clinical massage specifically falls into the alternative or complementary category of medicine?

LW: I would prefer to see it as complementary. I believe that many people in the traditional medical world still see it as alternative, either or, but I see it as being a combination.

TS: Have you worked with traditional physicians?

LW: Yes, and I offer what I can to assist them in what they do. We can work together, we don't have to be competitive, and that has happened primarily in the area of trigger-point therapy.⁴ It is an area the medical world can understand in terms of the language we both use and can see the value in.

TS: Why is that?

LW: Well, because one of the areas that trigger point therapy has been most successful in is in the area of pain management. There are several, well-known medical clinics around the country that use trigger point therapy as part of their pain management program. And if we can get doctors to look into that aspect of it, then what I do becomes much more plausible to them.

TS: Is trigger point a primary component of your practice?

LW: I do anything I need to do to help the patient but primarily my focus would be on trigger point.

TS: And where did you learn massage therapy?

LW: I first went to massage school (at the New England School of Massage) for a 600 hour program, (but the school doesn't exist anymore. In those days, massage training was mostly accomplished working with more experienced therapists, something I benefited from greatly. While massage school helps with basics, anyone who wants to excel quickly learns that experience, practice, reading, attending seminars, keeping up with research, and interacting with other professions is the real way to become successful in the pursuit to help others heal).

TS: If you can generalize, what is it about massage that is therapeutic? What is the physiological response?

LW: There are a number of responses. A number of benefits, I guess is more the term. Number one is increased circulation. When you're increasing good oxygenated blood to flow through the body you're cleansing and helping the body heal itself. You're also causing lymph to move through the body more quickly, and lymph is another cleansing agent of the body. You're also increasing the level of endorphins, particularly melatonin, serotonin, dopamine, and that's the stress management. If you can reduce stress in a person's mind and body you're helping a lot to their improve healing potential. And there are other benefits, increased flexibility and range of motion.

TS: Is reducing stress a major part of healing?

LW: Yes, I think so. Most of the research nowadays indicates that almost every disease or chronic condition

has a stress element to it, and many have more than others. Fibromyalgia, heart disease, migraine headache, lumbar back problems, asthma, all those kind of disabilities and chronic conditions are very much related to stress. One of the areas that we work in now that we never did before with is cancer.

TS: Despite the benefits, why is it difficult for massage to become fully integrated into traditional medicine? For example, that you're teaching this course to unlicensed students who will practice on other students, does that make massage therapy less credible?

LW: I think what comes out of this class is more in the acknowledgement and the awareness that there are alternatives out there and adding some elements to their lifestyle that may have not been there before. That there are ways you can choose to do your own healing. But there's another part of it, too. Awareness has to do with a little bit better knowledge about the body, and awareness of what stress does to your body. In terms of getting the traditional medical world to buy into massage, I think that the way that's going to happen is it's going to be the consumer who almost forces it to happen. The traditional medical world is focused primarily on research and empirical data, and it's hard to quantify what a massage is. So if you can't see a trigger point on an x-ray, it's easy for the doctor to say it's not there. The way it's going to become bona fide, if you will, is the consumers are going to demand it. I think the reason this class has become popular has nothing to do with me per se. It has to do with I think an innate curiosity that students have and I credit the university for providing something like this.

TS: Where do you think massage, and CAM in general, should be? Should they be in hospitals, should they only be in holistic health care settings?

LW: I think they can be anywhere where people need to have someone to assist them in their healing. Hospitals, clinics, senior citizen places, anywhere where people can benefit from another person's clinical touch. And it's beginning to happen. MGH has an oncology massage program. So there seems to be lot of positive responses to massage.

I think once you experience it you will find some benefit in it if you need, if you want to. You can certainly put it down. I think the major difference between traditional and complementary medicine is that we see pain as a language that your body uses to tell you something is wrong. We can then trace that wrongness back to its origin rather than focusing on the site of the pain. And that's what the traditional world does; it focuses on the pain itself, by taking pills, masking it, cutting it out. Which isn't wrong, it's just not enough. Because I have

a counseling background, I find that it helps me interact with a patient beyond just the massage and teach them about their body. You can't expect that from all therapists, because it isn't really part of their job. But that's how I hope massage will become integrated.

TS: So how about people who contribute the results to the placebo effect?

LW: But you see, if you see it as the placebo effect, then I am saying to myself that I did my job because I got you to accept something. If you believed the placebo helped you get better, fine.

TS: An article in Science magazine reviewed a conference last year on rolfing, where CAM practitioners, M.D.'s, and researchers came together to talk about fascia.

LW: Yes, fascia is something I've studied and it is one of the reasons why I have concerns about people who do deep-tissue massage. Fascia and the muscle connection is so sensitive that when you push into the fascia and you squeeze the muscle into smaller space you make the muscle get bruised and that's not good. I believe in working deep around a particular place if I need to but doing a full-body, deep tissue massage is buying into that "no pain, no gain" syndrome.

TS: Do you think the conference is a beginning step?

LW: Yes, I was there. That was a major breakthrough.

It started out about 10 years ago, actually, when the American Massage Therapy Foundation called together a group of people who were scientists, clinicians, and educators. They spent four days developing an agenda for the integration of those kinds of experiences. And this fascia conference was one of the outcomes of that. To be able to sit around a table and talk about what I do and have a scientist try to quantify, that was amazing stuff. That kind of work helped the most when the NIH CAM program came into being, and now there is funding for research. And that's what is going to make a difference because the traditional medical world is not going to accept massage until there is some proof. So my attitude has always been let's show them the proof. Rather than fight it, let's try to find it.

References

1. The 2nd International Fascia Research Congress will take place on October 27-30, 2009 at the Vrije Universiteit in Amsterdam – for more information, please visit <http://www.fasciacongress.org/2009/index.htm>.
2. Grimm, David. "Cell Biology Meets Rolfing." *Science*. 318 (2007): 1234-1235.
3. National center for Complementary and Alternative Medicine. National Institutes of Health. <<http://nccam.nih.gov>>.
4. Trigger point therapy involves the manipulation of trigger points in the body, or hyperirritable spots considered common causes of pain.

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