

The mind-body or psychocorporal model is something discovered in the early 1900s, the first book being written in 1925 by Wilhelm Reich, disciple of Freud and considered likely his most brilliant. He postulates that the mind and the body are one integral unit in which the musculoskeletal system serves as “armor” for all traumas encountered throughout life, beginning and most importantly, during the in-utero phase. The idea is that our body protects itself from traumas through an important process of “repression”.

The central-most aspect of the mind-body duality is the nervous system which mediates the distribution of trauma-related information into the unconscious mind and the MSK system simultaneously (this also includes other facets of human experience such as senses, hormones, etc). The formation of a person’s armor through the process of repetitive repression is what actually gives particular shape to a human body. In this sense, NOT genetics, although epigenetics (environmental influence) would be appropriate. As such, it is by way of emotional inheritance from our ancestors that we resemble them both in personality traits and body shape, certainly including aspects of our face, the most emotionally expressive aspect of our body.

The combination of personality and body structure under the mind-body model is known as a “character”, of which there are five. Although nomenclature has become less abrasive over the years, the original names (and often still used) are: Schizoid, Oral, Psychopathic, Masochistic, and Rigid. Each character’s root corresponds to a different chakra or energy center of the body, which also corresponds to important nervous plexuses in a physiological sense and a neurodevelopment phase. Overall they are aspects of human life that become imbalanced through trauma.

My work as an osteopathic physician now addresses these emotional repressions that all humans carry in our musculoskeletal system so that they may make sense of their emotions and general life path. In using OMM to treat particular areas and with specific intentions to sense and treat emotion, I feel I make a much bigger impact in patients’ lives and my work has never felt more rewarding.

I am looking to research the ways in which emotional trauma can be a fundamental cause of human pathology, particularly in very common medical diagnoses that most plague us and thus carry a high healthcare dollar burden. I am also very interested in treating

ailments that carry a high emotional burden due to the way in which a patient's everyday life is affected, and then measuring emotional states pre and post osteopathic manipulative treatment (OMT) intervention. I am interested in measuring objective and subjective parameters to better understand the human experience to healing from their ailments.

Currently I am researching OMT to treat bile acid diarrhea and OMT to treat C-section scars in patients who also have low back pain. I am open to new subjects and have support from the CNCR also.