Dear colleagues,

The following is a reprint of an original article published in January 2011 in the magazine, ***Référence Ostéopathie***. It was published again, online, in 2017 in the columns of the ***Site de l'Ostéopathie*****,** and rewritten for the present publication. I believe it contains a relevant discussion of our relationship with the Vital Principle in the current infectious emergency and those to come, with concrete conclusions on the clinical management of Corona Virus infection.

The first of our Principles states that the current virus, as a living entity, is an expression of the Vital Principle, and is therefore part of the self-repair mechanisms that permeate Nature. Viruses, bacteria and fungi are, as a rule, positive partners in life. What we are currently experiencing is an exceptional process, but, however exceptional it may be, it remains within the limits of the rules of the collective Vital Principle. It is therefore, by definition, part of the processes of self-repair.
Daily, within our body, billions of cells die in a process called *apoptosis,* as part of our self-repair mechanisms. It seems that an apoptosis at a greater scale is occurring in our world. It is no apocalypse, however, no more than the death of skin cells represents an apocalypse for the entire body.
Many have reacted to this crisis by saying that mankind has hindered the global system in which it lives, causing the present havoc. It may well be so and taking the right measures will cause a reversal of the apoptotic process, since this is the will of our self repair mechanism.
Consequently, the often-heard use of the term *war* is not the appropriate relationship to life and its processes. The present virus is not an enemy, and those who, unfortunately, have died in expressing the infection, have not died *because of the virus.* This microorganism is a *physiological vector* within the Global Vital Principle, as discussed further. The panic and pain of grief causes us to lose this fundamental perspective inherited from our Tradition.

Over the years, several articles have been written on the subject of the osteopathic intervention during the previous pandemia, in 1918. Today, the challenge is different from what happened after the First World War. The environment is different and the pathology is different. Bacterial superinfection was the main complication then, which is not the case today. The pathologies have changed, but the principles have not changed.

We underline this fact as many osteopaths are asking themselves whether they will be able to contribute to the treatment of this viral infection, like our elders did in

their day. I believe we will do, and even better than our elders, provided we follow in their footsteps in terms of their principles, but not necessarily their techniques.

Indeed, the osteopathic techniques used and described in our literature on the 1918 episode, effective then, seem inappropriate for the present pandemic. I do not know for sure, however, as I have not yet acquired a direct experience in the treatment of CoVid patients. From seeing videos of people in acute respiratory distress, my feeling is that old maneuvers are not advisable. Moreover, they would be impossible to practise at the frequency, three times a day, at which the first osteopaths practised them.
For the general population, which includes osteopaths, the present pandemic poses new challenges, where the Principles of Osteopathy, much more than the techniques, can provide explanations and solutions, the main one being to encourage patients to contact their self-repair mechanism, as explained further.

I hope that some of us will acquire, soon, in a hospital or other public setting, the osteopathic experience appropriate to the current pandemic and share updates.

From an osteopathic and a medical point of view, I am definitely intrigued by the differences with previous epidemics and pandemics. Autopsy results have shown a marked shrinkage of the spleen, myocardiopathy and diffuse pneumonia. In the face of these findings, I would strongly advise against practicing the standard osteopathic techniques used in the 1918 pandemic, such as splenic and thoracic pump.
Moreover, the presenting clinical picture is often very different from the classical flu'. The onset can be *isolated anosmia* and ageusia, without nasal or pharyngeal congestion. A very dry cough may follow, and later, when aggravation sets in, a rapidly developing dyspnea. Anxiety, tiredness and panic can be extreme.
All these suggest a strong neurological involvement, particularly of the cranial nerves, mainly the Vagus, but also of general dysautonomia. This disease seems to trigger a strong neuroimmunological response.

In view of the above, the treatment of choice should be of the cranio-sacral type, particularly balancing the PRM between the head, throat and thorax.
This approach was not available in 1918. I believe that the present infection heralds the necessity to include the PRM in our treatment protocol, a physiological mechanism abundantly described in the medical literature, but not used at the service of health, as osteopaths have learnt to do. Balancing the PRM, in conjunction with the faster rhythm of JM Littlejohn's general osteopathic treatment has been my main tool in the recent experiences I have had of severe disease states.

My hope is that a properly applied treatment including the many facets of osteopathic principles and practice, should lead to fast clinical improvement in CoViD patients, with no need for more than one or two sessions.
I do believe, however, that practicing such techniques without the proper reflexion on the Principles, evoked in the following pages, may be dangerous for both the practitioner and the patient.
With its simple principles and its simple techniques, osteopathy will stand up to the challenge, as our elders did in 1918.

Osteopathy
in infectious emergencies

Past, present, future

Alain A. Abehsera DO MD

Every year, winter brings its share of infectious diseases with prognoses that are sometimes mild and sometimes severe. We talk about viruses with polymorphic masks, often identified too late. The seasons are not always to blame. Unknown viruses appear, in distant places, reminding us of the existence of these microorganisms that are still as elusive and insoluble as ever. Even more surprisingly, humanity's infectious past is catching up with us. Excavations by paleontologists in Siberia and South America have brought to the surface giant viruses, dormant for millennia, whose virulence we do not know. Add to this the threat posed by the adaptability of germs to our antibiotics, and thus the spectre of infection by the usually gentle microbes. Finally, the recent trend in science to manipulate the genetic code of all living entities, including viruses, leading to potentially monstrous forms of life. In short, pandemics, such as the plague in the Middle Ages or the "flu" in 1918, are not just memories, but very real fears. What about osteopathy in all this? Will it work miracles as our tradition says in 1918?

There was a time when osteopathy dealt with dramatic situations, tackling diseases that were killing people *en masse*, i.e. infections. In his writings, A.T. Still tells us about his founding experience in this field. In the fall of 1874, Dr. Still was a practitioner of chemical medicine. He tells us that one day he was walking the streets of Macon with a friend, when they saw a mother with two children, visibly suffering from acute dysentery. This pathology was fatal, especially among children from poor families. Still offered to carry the sicker of the two children in his arms, and as he accompanied the family to their home, he balanced the heat and tension between the belly and the back, a technique that remains, until today, a standard of osteopathic care in fevers.
That day, however, Still was only improvising. When they arrived, Still offered the mother to come to his office the next day to provide her with the usual medication, free of charge. The mother came and, to the great surprise of the Founder, she said that the bleeding and fever had stopped during the night. The child felt much better. The news spread throughout the city hit by the epidemic, bringing seventeen more cases to his consultation, all of which, he tells us, were cured by the method of the day before.

This was our founder's revolutionary osteopathic experience. Still had had the revelation of the principles of osteopathy three months earlier, in June 1874. This episode in Macon brought him the clinical illustration for that revelation. No one, at that

time, could claim a result in these deadly clinical situations. However, by means of a simple technique, lasting a few minutes and based on simple principles, it had been possible to obtain a reproducible effect in a known disease with a known prognosis.

All osteopaths should read this text and Still's experience, understand the principles behind what happened and learn how to reproduce it. It is the very basis of osteopathic treatment of infectious diseases, more than any subsequent techniques, including those described for the influenza pandemic of 1918. Indeed, the technique he used and the principles that guided it were a perfect fusion of what would later become distinct approaches, i.e., what we call *structural* and *functional*.

Still's obsession

We know that, long before this fall day, A.T.. Still had a deep motivation to cure infections. It had been his quest, his Grail since the death of four of his children in an epidemic in 1864. In his time, especially for children, collective death came in unpredictable crises that made life in the following days a permanent uncertainty. Finding an answer was Still's obsession. His relationship to God and His goodness was at stake, a question far more important than simply finding a cure to diseases.
Still's books are an extension of this quest: he talks about the treatment of malaria, yellow fever, tuberculosis etc... Minor orthopaedics was of less concern, as it mostly dealt with non-life-threatening situations, and other therapists existed to treat these problems. For life-threatening emergencies, especially infectious diseases, the seat was empty and Still wanted to be the first to occupy it.
Of course, in the light of our modern knowledge, we may wonder about the veracity of the successful clinical cases reported by Still and his first pupils.

Modern readers may ask themselves: how can a manipulative treatment cure malaria or yellow fever? How can we understand the effect of spinal manipulation on the parasites inside red blood cells? Were they bragging or plainly lying? Was Still's osteopathy one of the countless commercial hoaxes proposed in American newspapers? After answering this question, the next question would be: can we, nowadays, reproduce these results? We are not talking about cancer or neurodegenerative diseases, crucial to us but of much less concern for Still.

Believing in four dimensions

There are several possible answers to these questions. I can only give my feeling, a feeling built from reading Still's books and correspondence, but also from what I have learned from my masters and from my clinical and human experiences. The purpose of this article is not to summon Still to court and to prove that he was sincere. I made this investigation, earlier, as part of my doctoral thesis at the end of my medical studies[1].

I'll go straight to the conclusion: I believe in what Still says. I believe that in his time he had amazing successes in areas where others failed. Not only him, but also his first students, some of whom I had the honor to meet. I believe in that success mainly because of my sympathy for his principles and values and the modest experience I have had in the field of infections. Still taught us that, in osteopathy, clinical success is an equation in which principles give exceptional depth to manipulations. This explains my answer to the second question: yes, Still has left us with principles powerful enough for a "remake" of his successes. I have no doubt about that. Those principles came from long before him and are invariable. The technique, however, must be adapted to every generation and situation.

Specific gestures

The osteopath does not make gestures that are fundamentally different from those of the bonesetter, masseur or magnetic healer. However, none of these three professionals, in Still's time as today, claimed to be able to treat pneumonia or malaria. The masseurs relieved tension, the bonesetters took care of dislocations and pain, the healers of anxiety and fatigue. This is what their principles limited them to. Osteopathy, on the other hand, with identical gestures but different principles, came as a revolution in the ancient arts of massage, laying on of hands and manipulation. We must insist on the fact that this revolution concerned the principles that passed *between the hands* of the therapist. Masseurs and bonesetters work essentially *under their hands.* Osteopaths, according to Still, infuse principles into the tissues *between their hands*. This is the condition if one wants to have a deeper effect than the skin or superficial muscles. The direction and amount of pressure is of lesser importance. What counts is, literally, the faith and logic with which one accompanies that manipulation. A fundamental part of the Stillian revolution is that osteopathic massage is done in the three dimensions of space. That's what he meant by the fact that when working with tissues, we are faced with an open anatomy book between our hands. A masseur, restricted by his professional limitations, is not allowed to go beyond the two dimensions of the body surface. He is granted the legitimacy to remove the "knots" or "tensions" right under his fingers.

[1] Histoire et Principes de l'Ostéopathie à ses débuts. 1985. Published by SBORTM/Maloine

This concept of self-limitation is part of the foundations of osteopathic technique: only the effects that you believe can occur, will occur. If you don't believe in treating pneumonia with your bare hands, it won't happen. Similarly, an osteopath who does not believe in anything other than his ability to replace bones and restore joint mobility will not be able to drain the lungs. An osteopath is different from other manual therapists in that he sets no limit to his depth of perception and action.

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Machines at your fingertips

Still hadn't given himself any boundaries. His intuitive knowledge of anatomy was phenomenal, and his treatment was proportional to that knowledge. Osteopathy is not only an educated touch, it is also a way to look at the patient, i.e., anatomically. He said that he often made his diagnosis *before* touching the patient, just as he saw him walk in. Sometimes, he even treated at a great distance, with the patient absent from the room. To speak anachronistically, his hands and gaze provided him with the information from a combined MRI, X-ray, and Doppler scan. Thus, when he claimed that he could cure tuberculosis, diphtheria, or pneumonia, let's be careful about judging him. We don't have his abilities. This inadequacy we can feel in relation to the founder has long worried me. Aren't we like beginner painters who are immediately asked to imitate Da Vinci or Rembrandt? Obviously this is impossible, but, thank Goodness, we have the means to make up for our ignorance.

First of all, let's remember that Still's environment was very different from ours. Legally and morally, in his time, nothing could prevent him from trying his hand at every pathology, which is not the case today, because of the law and the availability of antibiotics. This gave him motivation and we do not have it.
But, as we shall see later, we may well be called upon to play, once again, a key role in the treatment of infectious diseases. With our limitations and ignorance. Preparing for such a role also implies that we should ask ourselves about Still's successes and the reasons for those successes.
An infectious disease has left its mark on our recent collective memory. The osteopathic profession was young at the time and could collect something that looked like statistics. The great "Spanish" flu pandemic began in 1918, one year after Still's death, and ended two years later, striking all countries. It followed the First World War and can be considered the First World Epidemic. In those days, War and Disease had simultaneously their Great World *Premiere,* an important factor to remember.
This episode is little known to the professional and general public. It deserves our full attention. It is a high point in the history of osteopathy and medicine in general. Details, facts and figures can be found in many articles on the Net, and will not be discussed

beyond what is strictly necessary for our discussion here, as our interest lies much more in future pandemics.

The 1918 pandemic

This epidemic is considered the biggest killer of modern times: between 20 and 100 million deaths worldwide. Compared to other influenza, it has two remarkable characteristics: it started in the summer and not in winter as is usually the case, and it struck young adults in particular, instead of the usual pattern of influenza victims. Mortality was linked to a secondary pneumonic infection, in which people literally drowned in their own secretions. With the onset of pneumonia, the deterioration could be very rapid. Within three days, people could be swept away, turning dark blue, almost black, due to intense cyanosis, which was quite frightening for those around them and their caregivers. The flu' virus itself is thought to be H1N1, an acronym that recalls more recent outbreaks.
For those who developed pneumonia, mortality was very high, in the order of 30%, sometimes more. Medical treatment at the time was symptomatic: cough suppressants and antipyretics. Little attention was paid to the rules of isolation because the cause was unknown, and the necessity of continuing the War made it impossible. The virus would not be identified until 15 years later. Moreover, the bacterial superinfection, with pus and excretions, made people think that it was a classic infection.
American osteopaths, who were not yet recognized as doctors, made a name for themselves in this epidemic. Word of mouth quickly showed that osteopathy 'worked' well. So much so that the American Osteopathic Association sent out a questionnaire to quantify the clinical results. It turned out that the incidence of pneumonia was very low in those who had been treated with osteopathy from the onset of the flu'. In cases of pneumonia, the mortality rate was also much lower than in the population treated by regular means.
Statistics collected at the time indicated that for every 100,000 patients registered, overall mortality was ten times lower when in the care of osteopaths.

Hospital ward during the First World War

This clinical success made osteopathy famous among the general public and greatly favoured its official recognition. Surrounded by doubt about the validity of our approach, wouldn't we love to reproduce these results and this recognition!
I believe it is quite possible, provided that we differentiate the Principles from the Technique. The former have not changed, the latter have. It is obvious that osteopaths will not be able to offer two or three sessions of osteopathy per day to millions and millions of patients, as our Elders did for much smaller numbers, and only in the US. But we should not be deterred from acting by these limitations: the fertile Principles of Osteopathy have opened other horizons to us, largely as effective, if not more than those of our elders.

I must share here a *personal* experience of this pandemic. Not a direct experience, of course, since it happened some thirty years before I was born.

Having Rockefeller as a patient

I fell into the osteopathic *soup* very early on, without any prior training when I enrolled in 1971 in one of the two schools existing then in Great Britain. As a student, I quickly became fascinated by the writings of our elders about the treatment of serious illnesses. Perhaps out of "romanticism" and a desire to be a "saviour", the treatment of serious illnesses was the object of my interest more than orthopaedics. In 1974-75, I made two trips to the United States that were very informative and moving. Among other fundamental encounters, I had the honour of being received by Perrin T Wilson D.O.,

one of the mythical figures of traditional osteopathy, especially during the inter-war period, but also afterwards. He was known for his articles, the prestigious positions he held, but also for his role in the recognition of Osteopathy. He had treated Rockefeller for a long time and, following the success of his treatment, the billionaire released the funds that made basic research possible in Kirksville, first with Denslow and then Korr. When I met him, he was 86 years old and living in a retirement home in Boston. I have a feeling I was one of the last osteopaths he saw before he died shortly afterwards. He received me with great kindness, and during the hour we spent together, he told me two things that made a deep impression on me.

Dr. Perrin T. Wilson (1888-1977) and his wife.

The first: as a young student in Kirksville, he had seen Still on several occasions. I was very moved. How unexpected and amazing for me! I was seeing someone who had seen the Founder with his own eyes! I learned later that he was also the student who had been in charge of watching over Still's body the night before the funeral, and that the next day he was among the eight students chosen to carry the bier to his grave, to the tune of Oh, Happy Days... What a meeting! For me it was like an *in vivo biopsy* of early osteopathy.

The second: he told me that during the First World War, he was enlisted as a nurse, because that was the status offered to osteopaths. There he had the opportunity to face the pandemic and its ravages. He told me about the large rooms where young soldiers who had developed pneumonia were gathered. And he would go from one bed to another, lifting the ribs, *doming the diaphragm* (a classic technique of osteopathy, described in the bibliography). Saving lives, in tens or more. He told me how simple and reproducible it was.
I heard this, at the time, as a hero's tale, a meeting with one of the Knights of the Round Table of Medicine. I didn't ask to know the techniques. That would have been out of

place and, in any case, everything was described in the articles of the osteopathic literature. I had come looking for something else: the *energy of belief* behind my technique, which was so young and immature at the time. I received it and I believe I can transmit it as it was transmitted to me. Since that meeting, the role of osteopathy in infectious emergencies became a real possibility. I had been able to read, like everyone else, Still's books and the statistics of the profession during the flu' and other infectious emergencies, all things that were questionable. But that day, I had had access to a real man whose version I had no reason to doubt.

The traditional osteopathic treatment of the flu

The manipulations used in the 1918 pandemic or in modern research protocols essentially involve the release and relaxation of deep and superficial paravertebral and pericostal muscles, mobilization of the entire spinal column, techniques known as 'rib-lifting' and 'doming *of the diaphragm',* all of which aim to improve the costal and diaphragmatic respiratory stroke.
Lymphatic pumping' techniques applied to the lower limbs, rib cage, liver and spleen will be added,
Chapman's reflexes, which have diagnostic and therapeutic value, and which I have always found to be of remarkable use.
The treatment is applied two to three times a day. The earlier it is applied, the greater the chances of success.
Pictures and explanations of these classical techniques can be found in the article
Avian influenza: an osteopathic comment to treatment Raymond J Hruby and Keasha N Hoffman Osteopathic Medicine and Primary Care 2007, 1:10*

Fear of the law

I have tried these principles and techniques in various clinical situations. Never, of course, in the context of an epidemic or pandemic. In this regard, I am as ignorant as anyone, although now, with some experience on individual cases, I think I can give some indication of what could be done.
From those days I have kept the idea that an osteopath, armed with strong principles and very simple techniques, can be effective in many infectious diseases. But, by legal constraint, I rarely had to face situations where life was at stake and where I only had osteopathy to offer, like our masters of yesteryear. I often had to do so, and take risks, in the treatment of lesser infections, such as tonsillitis where I had to decide whether or

not to resort to antibiotic therapy, weighing the risk of cardiac, renal or joint complications. This is a borderline case, because even doctors admit that antibiotics should not be prescribed lightly. I also had *carte blanche* in cases of chronic or repetitive infections in several spheres of pathology (ENT, skin, bone, urogenital, etc.), where antibiotic therapy does not work or no longer works, often with remarkable results, like many of my colleagues.

A review of modern achievements

Let us set aside my own, limited, experience, and check elsewhere what is said and done about infectious diseases in contemporary osteopathy. We may consult the literature, especially in the United States where the profession has hospitals.
We can say straight away: the *balance sheet* seems meagre compared to the glorious period of the founders. In a representative, recent, research paper, Noll *et al.* have attempted to evaluate the efficacy of osteopathic treatment in pneumonia, using the same protocol of care as that administered during the 1918 pandemic.
For ethical and legal reasons, the group treated by osteopathic means was of course also on antibiotics. Another group, the so-called control group, was treated only with the standard hospital treatment. A third group was treated with antibiotics plus a "false" osteopathic treatment (laying on of hands in the same places as those treated by osteopaths). The results were disappointing: little or no difference in parameters between the groups treated with the true and false osteopathic treatment! And a slight difference between these two groups and the control group. In other words, the simple fact of being touched seems to have made the slight difference observed.

This disappointing research is interesting, however, for two main reasons

1. It compares osteopathic treatment to another touch
2. It shows the limits of the *old* osteopathic treatment nowadays

Some observations about the protocol can explain the poor showing of osteopathic treatment:

- The practitioners who administered the "true" and "false" osteopathic manipulations were the same for at least half of the sessions. This neglects the value of *intention* in osteopathic touch. How can one ask an osteopath to *pretend to treat*? Is he able to disconnect, and then reconnect at will his therapeutic intentions? Personally, I am not capable of pretending! It is therefore not

surprising that there was little difference between the *real* and the *fake* osteopathic treatment.

- All the groups were on antibiotic treatment. The motivation of the operators could only be very low, because they all knew that the *real* treatment was in place. They were only there to check for any *extra well-being*. This implies that it can, by no means, be said that the adequacy of the treatment of pneumonia given in 1918 was evaluated. At that time, regardless of the virulence of the infectious agents and the social context (the Great War), osteopaths were alone in facing the disease. Their motivation and expectations were radically different, extremely high, something which cannot be imitated or quantified today.

Disappointing results, therefore, but let's not pay too much attention to them. Let us rather keep in mind our endearing legend: the first osteopaths had a much lower mortality rate than regular physicians among the patients they treated.

Daring to blaspheme

During my research for the purpose of this article, I asked myself a blasphemous question, one that had never occurred to me in the forty years since my graduation. Were osteopaths really t*he only ones* to show such good results in 1918? Were they the only goodies facing the baddies i.e., medicine,? The question is crucial, because if they truly were the only ones, the osteopathic technique indeed made the difference or greatly contributed to it.
A cursory look at the literature of the time quickly led to a collapse of my childhood myth, of the founding legend of our profession. We definitely were not the only ones to perform miracles in 1918, only the more organized ones. Chiropractors have the same legends, the same numbers, and have had the same promotional effect with the public. And yet, with a different technique! And, to add insult to injury, American homeopaths, with their little white pills, did the same, but their lack of unity, of central data collection, did not make their profession more known and popular. Add to that another profession, always very divided, *naturopathy,* which also reports excellent results.
Myth for myth, why not believe these other professionals? Either all were liars, including osteopaths, or all said the truth. It took me a while to recover from the shock. After recovery, I had to make sense of this historical mess.

A conspiracy between chiros and osteos?

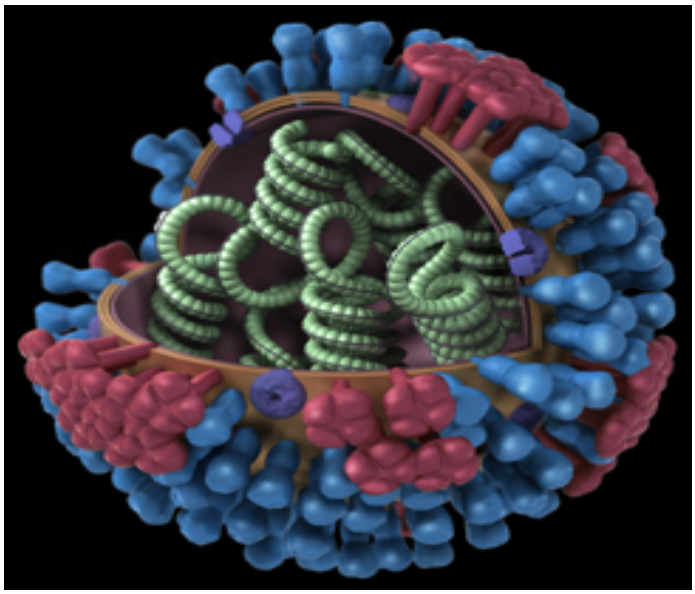
Sense did come back, or better said, *common sense*. In fact, knowing what happened made me search for what really worked during the Pandemic, an essential lesson for

any future pandemic. Had I not realized that we were not alone, I would have thought, until today, that the only effective treatment of flu' is the raising of ribs, thoracic pump and doming of diaphragm. A conclusion seriously invalidated by the very poor clinical results of these techniques in patients with pneumonia, as we saw above. Knowing the historical truth saved me from future clinical disaster!

First of all, let us consider it as good news that others had success, with similar figures. Knowing the legendary rift between chiropractors, homeopaths, naturopaths and osteopaths, it is very unlikely that they contrived a lie in common, knowing how these professions were, and continue to be, royally ignorant of each other. The first legitimate conclusion we can draw is that there are several alternatives to the medical treatment of flu', some mechanical (osteopathy, chiropractic), some chemical (homeopathy, naturopathy).
A second conclusion, of far greater interest, is that we are faced with *a common success,* not so much with different techniques. And these four therapies do have common principles with different techniques. If we now throw into the balance the failure of medicine, and what could explain it, we get a very clear picture emerging. The features common to these four natural therapies is precisely what was absent in medical care. Their respective techniques obtained similar results, so there is no need to search for what is better in the management of flu' or pneumonia. So much so that osteopaths do not have to worry about not being technically as good as their elders, neither do homeopaths have to worry about their ability to prescribe the right dilution of the right product. Modern research has shown, in the case of osteopathy, that imitating the technique of the elders produced no significant result. I am persuaded that the isolated prescription of Gelsemium by a modern homeopath would also have an insignificant effect.

Let us therefore turn to what homeopaths, osteopaths, chiropractors and naturopaths had in common, and was *absent,* or done *the opposite way*, in medical management. This is of great relevance to us today, precisely because the main infectious risk, *influenza*, is a pathology in which we are *free to act,* with no antibiotics, no effective vaccination and no other drugs available. This is the ideal setting for us. Flu' pandemics puts us in the same situation as our elders. Medicine has nothing to offer better than placebo, one with potentially serious side-effects. Osteopathy and other natural techniques can count, at least, on the usual placebo effect, but without toxicity.
In other words, with nothing else in competition, our motivation to treat can be as high as that of Still and his early students when they faced diphtheria, malaria or tuberculosis in the past.

The factor common to the four successful therapies was that all belong to an old medical school of thought, dating back to Hippocrates, which vigorously revived in the 18th century, called Vitalism. Homeopaths, naturopaths, chiropractors and osteopaths were all Vitalists, i.e. all believed in the existence of a Vital Principle whose fundamental property is self-healing. The difference between the four schools lay in their techniques, i.e., how they technically awakened, encouraged, balanced or released the Vital Principle in their patients.
I firmly believe, both as an osteopath and a physician, that it is first and foremost, the Vitalism common to these four therapies that explains their excellent results. And it is that same Vitalism that will also produce excellent results in our generation, when the need arises. And in no way, a given pill, herb or manipulation, if given out of the context of the Principles in which they were prescribed and practiced. Any pill or manipulation given out of that context is no different from standard medicine, a therapy which gave up its Vitalism during the XIXth century.



Flu Virus cut open, with its genetic material inside, CDC image

What does being a vitalist physician imply?
Faced with a generalized or local infectious condition, the Vitalist is faced with a choice:
1. What to do?
2. What not to do

Hippocrates, the founder of Vitalism, added a precision. There is a hierarchy within that choice. *What should not be done* is far more important than *what we should do*. This was summed up, in Latin, by the expression: *Primum non nocere.* First do not harm. Then, manipulate, prescribe or talk. Do chiropractic, prescribe homeopathy or practice the thoracic pump. Hippocrates deduced this Principle from another, of a higher scale,

the existence of a *vis medicatrix naturae,* the healing force of nature, which later, in the 18th century, became *the Vital Principle.* One must make sure first that he does no harm, because priority must be given to the healing forces of nature.

What they did,
What they didn't do,

Indeed, while it is difficult for us to judge how effective or appropriate was the osteopathic, chiropractic or homeopathic treatment, it is much easier to discuss the value of what the practitioners of those disciplines did not do. On that subject, we can have accurate information. Because of their common belief in a Vital Principle, the majority of osteopaths, chiropractors and homeopaths *did not prescribe* cough suppressants and antipyretics. All three believed that there was an inherent power of self-healing, of which cough and fever were part. Like all good vitalist practitioners, all were abstentionists. Their principles allowed them to *modulate* symptoms, for example by using cold water compresses to control the fever, but *not to suppress* the symptoms.

Their vitalism, originating from Hippocrates and relayed by their founders, Still, Palmer or Hahnemann, commanded them to recognize in the symptoms, the healing efforts of the Vital Principle, i.e., what preceded in importance their own technique. By valuing fever and cough, by not declaring war on them, they had, first, a reassuring effect, simply by telling the worried and weak patient that his fever and cough were *good for him,* and not an absurdity that happened to him among all the others. Beyond this possible placebo effect, they really believed that the fever was doing something positive, which, at that time, for instance in Still's texts, was called *burning the toxins*.

The patient, after the visit of a Vitalist therapist, no longer was a victim of his illness. He felt part of the process, invited by his doctor to manage his symptoms himself. The osteopaths, chiropractors and homeopaths of the time were full of these certainties and shared them with their patients. I take care to act in the same way every time I am called to deal with a fever.

Let us take note of this point for future epidemics. If we were to intervene again, we would first have to insist on what not to do, and at the top of that list would be seemingly innocent drugs such as NSAIDs (non-steroidal anti-inflammatory drugs), paracetamol or aspirin, freely used for comfort and fever suppression.
These drugs are clearly dangerous, even in normal situations, and potentially fatal in the event of illness. We need to be as certain about this as our elders were when they faced a fever. We must set strict limits before considering any medication, if any, and

stick to those limits. As a general rule, with hydration under control, no medication should be administered below 39 degrees C. Above that, the first choice is cold water compresses. Medication is a last resort, according to the practitioner's clinical judgment, and mainly out of compassion. There is no need to fear that something bad will happen. Accidents due to a fever that follows its natural course are much less frequent than accidents due to antipyretics. We will come back to this subject later.

A Matter of Principle: Diarrhea

Diarrhea is a good exercise where common sense and belief in the vital principle must find their balance.
The treatment of severe diarrhoea can logically involve two types of measures: one to stop water loss and the other to ensure rehydration. By analogy with plumbing, one stops leaks and fills the tank. A traditional vitalist would say: yes, but if the body wants to "get rid" of *poisons* through the colon, you should not stop it! It is simply necessary to moderate the losses, and fill up slowly. The system being out of balance, it is ready to reject everything, on the side of emptying as well as on the side of filling.

Although the question has become largely theoretical in our countries, what should we do in case of cholera? Could one be a simplistic vitalist and let the patient "self-clean the colon of poisons", thus condemning him to die of dehydration? Of course not. Diarrhea can be maintained but modulated. In cases of chronic or acute diarrhea where I had to intervene, I used the curious osteopathic technique I had been taught: sitting on the sacrum of the patient (a technique called *sacrum inhibition*). One sits, with his ischial tuberosities, on the sacrum of the patient lying on his stomach. After some time, the osteopath will feel the patient's thoracic breathing moving his pelvis, but also asymmetrical movements in the area, followed by the appearance of the slow rhythm of the PRM (Primary Respiratory Movement, at about 10 times per minute).
The technique is a little surprising for the patient, but quite effective, and not very tiring for the practitioner. Would it be effective in a case of cholera? If I had nothing else to suggest, I would certainly do it, with careful rehydration.
But a question of principle can be asked: does *stopping* diarrhoea by osteopathic means, as above, contradict the will to evacuate through the colon of the vital principle? No, because, after all, if the body deigns to stop the diarrhoea because I sat on the sacrum, it means that the system was willing to stop. I probably interrupted a vicious circle. Diarrhea, which had been a useful mechanism at first, got out of hand. We need to bring it back to its proper and effective proportions.

Although modern osteopaths were raised in the age of antibiotics, with very little experience in treating infectious diseases such as dysentery, cholera or diphtheria, we

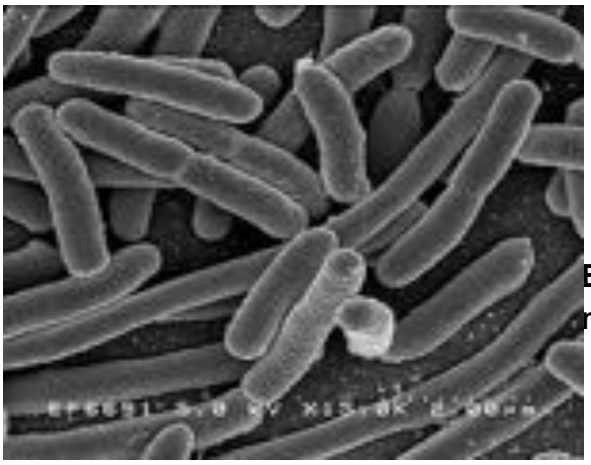
have a whole keyboard of techniques we can practice in non-infectious emergencies, such as heart, kidney or respiratory failure. I have practised them in hospital and I am convinced of their relevance in the short term. But one has to learn how to do it. They are not complicated to learn, but they need to be taught. Over-treatment in these clinical cases is our main enemy. I experienced it many times, making me fear the worst after my very gentle manipulations.
Let's take, for example, the osteopathic technique recommended everywhere to improve the lymphatic drainage of the thorax. It consists of rhythmically pressing on the anterior thoracic cage to create a pumping and sucking effect on the lymphatic centres. The idea is good, can be effective, but totally irresponsible when caring for a patient on the verge of asphyxiation. The touch, the weight of the hand is unpleasant for them, *a fortiori* if we press. The rib cage, we remember, contains the lungs, not just tubes waiting to be emptied!

Back to the future

We must therefore be aware of our limitations, but on the other hand, we need to realize the existence of infectious threats to our civilization. Despite their lack of experience, osteopaths may be called upon to play a role again. Perhaps a role even more essential than that of homeopaths or naturopaths, who require technology and plants that are not always easily available. The osteopaths are the only therapists who can come *hands in their pockets.*

Osteopaths may be called upon in the following situations:

1. Recurring influenza-like viral epidemics / pandemics, for which there is no effective chemical treatment. We experienced such alerts in 2005 and again in 2009, with catastrophic predictions on radio and television, both from political and scientific authorities. Given the ability of these viruses to mutate, we can predict in advance that the race for vaccines is totally illusory. The same goes for antivirals, who are doomed from the start.
2. The emergence in recent years of bacterial or fungal strains resistant to all known antibiotics, which can affect any organ or system, and which are already causing significant hospital mortality. The fear of a passage of these infections outside hospital wards, i.e. cases of tonsillitis, cystitis



E.Coli, one of the pioneering bacteria of multidrug resistance. Wiki image.

In these two cases, osteopaths would find themselves in a similar situation as in 1918. A situation of "no other choice" or "nothing to lose and everything to gain". The threat of being prosecuted for failure to assist people in danger or for charlatanism would no longer weigh on our heads.
The question facing a young, freshly graduated osteopath, would of course be: if these microorganisms are even more virulent than those of the past, resistant to the most powerful drugs available to us, what can I do with my modest knowledge? Surely it must have been difficult to treat in the old days, but nowadays it must be much worse... It would take a champion!

We can only answer these questions with principles, with our principles. One of them is that the microbe is less important than the soil on which it grows. From our point of view, it doesn't matter whether or not a particular microbe is sensitive to the 10th or 18th generation of a particular antibiotic. For nearly three millennia, vitalists have believed in the human body's resistance as a reliable quality.
Unlike drugs and bacteria, there are no generations of the vital principle. It is what it was and will remain so. This is an act of faith made by Still and the other founders. The weakening of a drug's potency over time is a private matter between drugs and microbes, which has little to do with humans and their ultra-reliable self-healing abilities.

Facing a *real* patient, not a theoretical discussion, can be, however, a challenging experience for any therapist, even with strong convictions. The so-called serious infectious diseases: pneumonia, septicaemia, meningitis, give an impressive clinical picture. Patients may look greyish or bluish, barely breathing. The urine bag is hopelessly empty, the heart is galloping. We must be prepared for these situations. In such circumstances, there is no room for a *sloppy* belief in the importance of having a *vital field* between our hands. Sloppy belief leads to sloppy treatment and sloppy results. Although we may sound repetitive with our principles, it can never be said

enough that it is not the osteopath, with his skills, who heals the infection, re-triggers the diuresis or drains the bronchial tubes. We awaken, liberate, encourage the self-healing forces of those who suffer. We need to know the theory behind this belief, and also the practice. For example, we cannot lecture a patient on the Vital Principle while he is bedridden with a fever of 40°, suffering from dyspnea and delirium. In these cases, our beliefs cannot be shared through words but through our eyes, the sound of our voice, our behaviour and our touch. Every word, every gesture counts, as much for the patient as for the family circle, which often watches us treat, wondering and asking questions. All these elements can transmit either optimism or pessimism, and, according to my experience, the Vital Principle does not respond to a pessimistic touch and word.

I have found, many times, that the way we convey to the patient our convictions about the details of their disease process is of great importance. Fever, pain, chills and even delirium are all extremely positive reactions of the body, as will be explained below. They are solutions, not problems, and they should not be suppressed under any circumstances. It is up to us to say it and demonstrate it with our hands and our eyes. The patient must feel that he is being cared for *in a vitalist way.* And the very first value of the vitalist therapist is the ability to transmit, with his voice and hands, that the illness in its whole and in its parts, *has a meaning*, and is not a punishment or absurdity.

Giving a little meaning

The past successes of four vitalist approaches during the Spanish flu' epidemic give us some answers about what this type of care can be.
Let's go back to 1918 and turn our camera on one of those soldiers returning from the trenches. After experiencing what man-made Hell can be, he must have been deeply shaken in his faith in life. His belief system must have been on the verge of collapse. When osteopaths, chiropractors and homeopaths arrived for a treatment, it must have been deeply reassuring to see these people bubbling with principles, theories about the meaning, function and structure of life. It must have felt plainly good. The osteopaths, particularly, invested time, attention and effort, coming twice a day or more to delicately touch tissues that had only experienced violence and bleeding.
Most of us have often experienced the delirium that accompanies *untreated high fever.* We feel our bodies deform and experience all sorts of nightmarish sensations. According to our tradition, these are not absurd and meaningless features of illness. Fever and all the sensations that accompany it are very precious remedies. They are an expression of the work of the Vital Principle. In the case of the soldiers who have gone through hell, accumulating enormous pressure inside, the fever enabled to let, little by little, the hell out of them. What I call *the inner osteopath,* achieves this relief through the spontaneous deformations of our body we feel during fevers. Our body becomes

dynamically asymmetrical. These spontaneous deformations are exactly equivalent to those perceived by trained osteopaths, when they lay their hands and listen to tissues. Except that during a fever, it is the patient who does the treatment on his own, and by definition, patients are the best at treating themselves, owing to the wealth of perceptions they can perceive. Suppressing fever is suppressing the work of the inner osteopath. Below, we will mention the work of the *inner psychologist* and the *inner vitalist* during fever.

For patients who cannot work on themselves - children, elderly or unconscious people - we have the tools of *the external osteopath*. We then act as practitioners who can, thanks to their adjustments, improve breathing through intercostal soft tissue work, relaxation of the spine etc. The analgesic effect that this relaxation causes is important in feverish diseases where myalgia and anxiety due to pain are important. Homeopaths have their own practical way of listening to the tissues: with their detailed questions about the time of onset of the cough, the images that come to mind during delirium etc. They also give the patient the feeling that what he is suffering from is worth listening to, has meaning, and not an absurd chaos announcing death.

This vitalist approach, in 1918, was obviously more suitable than the treatment of the usual doctors, whatever their good faith, who came once or twice in all, armed with medicines to suppress symptoms. They took no interest in the details that make each disease process an individual experience, such as the time of coughing or pain. These details were meaningless to the doctor, let alone his patients.
There must have been a world of difference between a therapist who told his feverish patient that his fever is a sign of the severity of his illness, and that it must therefore be suppressed, and another, a Vitalist, who comes several times a day and says that the fever is a sign of vitality.
Other sources of Vitalist knowledge can be useful to us and I have integrated them in my practice.
Traditional Chinese Medicine, for example, says that the lung is the *seat of sadness.* It is clinically true that pneumonia is often accompanied by deep depression. The patient is no longer *inspired* by anything, no longer has *aspirations,* on the verge of *expiring*.
During the pandemic of 1918, we can imagine the positive effect of the practitioners who came to the bedside of pneumonic patients, joking about the symptoms, thanks to the principles that inspired them. We can also imagine the opposite situation: that of the classical doctors, who would enter the room and, on seeing the patient's condition, would take that serious look of someone who was announcing death. It was a simple battle to fight for some, a war lost in advance for others. Some of the passages concerning this serious attitude and behavior of regular doctors, are worth reading in Still. They are certainly some of his best pieces of humour.

This return to the past allows us to better understand what the role of osteopathy can be in the pandemics of tomorrow. Such global infectious diseases will probably not occur in the context of a military war. Indeed, we have opened other fronts, other wars, not only between humans, but also, and especially, in the case of pandemics with the animal world.

Future osteopathic intervention

As therapists, we should always remember that prevention is better than cure. This is especially true for osteopaths. A hundred competent osteopaths would not be able to take care of millions of patients in the event of a pandemic. Appropriate advice and treatment for people before the pandemic begins could, in theory, help prevent it. Once it has started, however, osteopathy in the hands of individual osteopaths can no longer be the global solution. *This is not the case with our principles.* They will always remain effective. We will simply have to teach everyone how to use them at home, on ourselves and on others.

Indeed, if we had to rely only on the art of external osteopathy, as in the previous pandemic, one hundred osteopaths, assuming we find competent ones, can only treat three hundred people a day, according to the protocol then recommended. At three treatments a day, this would probably lead to their own death, by exhaustion and/or because they would catch the infection they are supposed to treat.

The other solution proposed by osteopathy is the teaching of *internal osteopathy,* present in each individual. Contrary to the 1918 pandemic, where they did not exist, social media can put the principles of osteopathy within the reach of any human being who needs it.

Neo-vitalism

First and foremost, we need to refresh our vitalist beliefs. Once again, I believe that what worked in the past was a strong belief combined with appropriate treatment measures. Strength of belief is an invariable throughout human history, the virulence of microbial agent being inversely proportional to that strength.

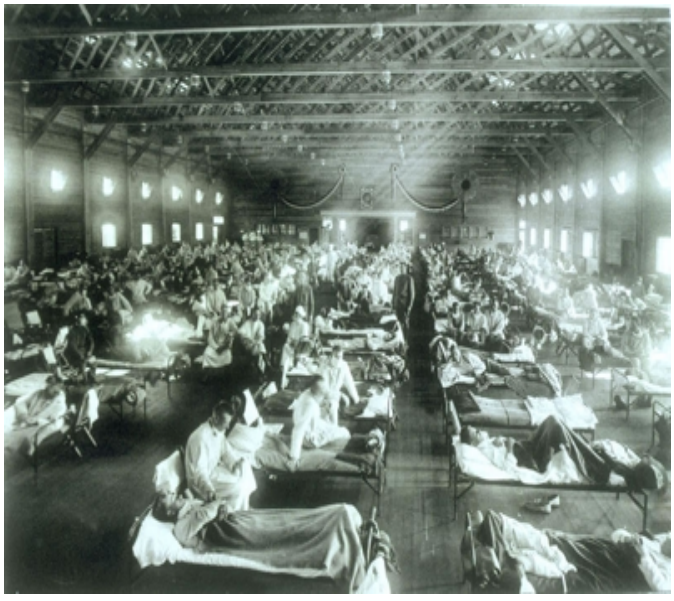
However, we cannot ask contemporary osteopaths to *force themselve*s to believe. It would simply not work, neither on them nor on their patients. The solution proposed here is to take our vitalist tradition further.

We must first remember the terms of the equation we are facing.

In an infectious disease, we have

1. the state of health of the tissues (t*errain,* in French)
2. the microbe (virus, fungus or bacteria).

The conjunction of these two elements in health and disease is classically considered as the meeting of a *strong microbe* on a *weak terrain*, or on the contrary, of a *weak microbe* on *strong terrain.* This equation needs to be reviewed. It is dualistic, creating two distinct categories that recall the separation between Good and Evil. Still's osteopathy was certainly a cry against such dualism. We do not live in a world where the bacteria of Evil surround us, waiting for a weakening of our Good defenses, in order to penetrate and kill us.
True medicine must bring harmony and unity where there is chaos and division. We must not believe, in the case of infections, in a separation between the *outside* and the *inside of* the body. Health and disease are shared *in common* by our body and the environment. Microbes reflect health on the *outside of the body,* while the terrain reflects health on the *inside of the body.* Infectious diseases, especially pandemics, represent the meeting of the internal Vital Principle with the external Vital Principle. Both, however, belong to a Common vital principle, of a higher scale, where the inner and outer are included. To describe these mechanisms, it is useful to use a term borrowed from modern physics, namely that of *the field.*
Reality, as a whole and in its parts, has all the qualities of *fields within a field*. Like Russian dolls...The Vital Principle constantly balances, harmonizes the charge of these fields, i.e. within us, but also outside of us, in relation to each other, and beyond, to minerals, plants and animals.



The *field of influenza:* staff and patients, soldiers in trenches and city life at the rear, belong *to a common field.*

The 1918 pandemic can be reconsidered from this point of view. This will allow us to unravel a puzzle that remains unsolved to this day: it hit young adults particularly hard, and began during the summer, both unusual facts for a "flu".

We mentioned above that the first patients with the Spanish flu' had gone through the worst collective human experience possible up to that point. *Despair* must have reached unusual heights among the soldiers in the trenches, but also among those who were on leave but knew they had to come back . Mutiny, flight or self-mutilation was the only way out for many. Their inner field must have been marred by an unusual despair, with the corollary loss of the will to live, the loss of the instinct of self-preservation. This charge of despair acted as the etiological factor that invited the microbe into the body as a means of escape and to stop the suffering as quickly as possible.
Death was deeply desired, but, as usual for most humans, suicide was impossible. Some did succeed in dying during the flu', whilst others at least achieved a break during their stay in hospital. The disease, in that sense, fulfilled the needs of those who wished to end their suffering. The Vital Principle, at their individual level, found this solution to end the nightmare.

At the collective level, the infection is an expression of the balancing effects within the overall Vital Principle. Viruses and germs act as *vectors of suffering* in this global field. They carry the suffering endured by one individual to others, be it other patients,

medical personnel, but also to the world at large. This is where their main pathogenic power lies, more than their biochemical composition. Viruses are living beings, they transmit total information about their hosts and not just soulless chemistry. They transmit emotions from person to person, animal to man, plant to animal, etc. acting, most often, *as positive transmitters of information*, but in the case of so-called deadly infections, they *transmit suffering.*

It is fair to assume that this transmission preferably takes place within the same species, and within the same age group. The biological environment of the young adult is different from that of the child or the elderly, each having its own biological and emotional markers.

This was probably the case during the Spanish Flu'. The influenza virus spread within the same age group, beginning from soldiers in the front lines, and spreading to the rear. Somehow, through the virus, all adults of fighting age around the world shared the load of the war.

The appearance of the first epidemic during the summer and not in the winter, seems to me a further indication that an emotional field was at play as well as the harsh physical conditions. Indeed, for both frontline and adults at the rear, the summer of 1918 represented the height of the absurdity of this war, the most distant moment since it began. It began with joy and flags and promises that it would end quickly, with an enemy defeated in no time. Four years later, precisely the last summer before an armistice was signed, no end was in sight. Germany could still win the war as well as lose it, and the conflict seemed more interminable than ever. It seems to me that the beginning of the epidemic that summer coincided with the peak of despair for all adults of fighting age, who saw no future other than returning to the front line, future conscription, and therefore impending death as the only project in life.

In November 1918, there was a resurgence of influenza, at the regular, winter, time, of lesser intensity than the summer one, a further indication that the epidemic was more related to the suffering endured than to the climatic circumstances.

Deadly Chicken

Today, with no military world war in sight, where are the differences in the concentration of despair? Certainly from many hotbeds of poverty and political unrest around the world with refugees, terrorism and occasional outbreaks of exotic diseases reaching, briefly, Western countries. Recent history, however, has highlighted various microbial sources, playing a similar role to the one played during the Spanish Flu'.

During the past decade, we heard of unbelievable manipulations fraught with danger. Mad Cow's disease originated in the monstrous feeding of cow's meat to cows, a striclty vegetarian animal, leading to a fear of a massive contamination through an unknown

microorganism called *a prion*. Millions of cows were slaughtered, to avoid what was thought to be a plague of dementia amongst humans.
Later, we had other animal reservoirs spilling microorganisms into the human world: domestic pigs and birds (avian and swine flu') and wild animals.

The conditions in which are bred farm animals intended for mass consumption, i.e. for a very low selling price, have reached peaks of suffering that are difficult to describe. We can assume that, like with soldiers in their trenches, animals reared in these conditions have a very reduced will to live. Innumerable pigs, chicken, ducks or turkeys are experiencing trench-like conditions, breeding viruses that *evacuate their suffering* to the outside world, thus sharing their load with us.
Life on earth is not made up of isolated emotional compartments. The intense suffering we create in the animal kingdom does not disappear when they are slaughtered. Cooking can kill viruses, but not the information associated with meat.

Other microorganisms are used to equalize the load. Multi-resistant bacteria, other viruses than the flu' are transmitted to us from places of suffering, such as hospitals, or poor areas in third world countries, but also from wild animals, captured and kept in cages.
Just as diffusion in chemistry shows that a given substance in solution goes from the most concentrated to the least concentrated compartment, so does suffering. It goes from the most to the least concentrated, from animals to us, from the poor to the rich, with viruses and germs as vectors.

As an extrapolation from biology, we can also assume that in normal situations, a *membrane*, sometimes real, sometimes virtual, separates the poor from the rich, animals from humans, cities from their hospitals. Isolated departments in hospitals, heavily guarded private residences, cowsheds and chicken coops hidden from the public, are freely crossed by viruses and other microorganisms, equalizing informational charges.

This is a vitalist explanation of the nature and function of viruses and germs. They are part of the Global Vital Principle, just like humans, plants and animals. These microorganisms have effects that are proportional to the needs of their hosts and those of the global environment. Treatment with a vaccine, a herb or a manipulation may help in the short term, but can only be symptomatic in the long term. What is at stake is of enormous proportions, dealing with fields that cannot be stopped by any human made barrier. Waves of infection will occur until problems are solved at the source,

necessitating measures that touch on our economic, social and political tissue, but mainly on our faith.

Vitalist faith is not apocalyptic however. Human transgression of rules is not a curse. Vitalism is fundamentally optimistic because it says that whatever the transgression, self repair will operate, at no global cost. Vitalism believes that, within the framework of the Rule of Rules, viruses, fungi and bacteria have played and continue to play a fundamentally *positive role* in our development. They have accompanied and greatly contributed to our evolution. To this day, in the darkness of the soil or within our intestines, they continue to do this essential work. They probably function as molecular, genetic and informational bridges between us, distributing useful knowledge and experiences from one individual to another, from one community to another. Pandemics make us see t*he exception* about viruses, not the Rule. An exception dictated by the need for urgent balancing within the Global Vital Principle.

Chickens, eggs and viruses are raised in intensive farming units

Respect the fever

This neo-vitalism can help us understand the importance and value of simple therapeutic attitudes, those inherited from the past and which we must continue to respect. I stressed earlier the importance, in the treatment of the 1918 flu, of the relationship to the fever: let it act or suppress it? Should it be assessed or declared hostile? The same applies to aches and pains, myalgia and chills. Suppose that viruses and bacteria also transmit emotional information from one person to another, from one animal to another and from animals to humans. The virus reads the DNA of the individual in which it develops. This DNA, with its epigenetic cloud, contains a *summary* of the person, both past and present.
I suggested above that the negative feelings of the soldier in the trenches or the chicken in their cage are part of this genetic and epigenetic package transmitted by viruses, fueling the sadness, fear and depression of pneumonic patients living in cities, far from these trenches and cages.

What we feel during fevers, especially when they reach 39 to 40 degrees C, is precisely the immense fear of i*mpending death.* Our internal perceptions become chaotic, giving us a distorted, disorganized, even dislocated image of our bodies. Anxiety, which, by definition is also a fear of impending death, turns into a permanent nightmare. Guilt, sadness, absurdity follow one another. These perceptions are our internal reaction to the suffering present in the Global Vital Principle.
Sick and feverish, we become antennas that capture our immediate and distant environment. But this effect, like all effects within the Vital Principle, does not have the function of destroying or punishing us. The inner distress of the feverish person acts for his own good. The exacerbation of internal chaos makes us perceive conflicts that we are unaware of in our normal state. This applies to all other symptoms. The distribution and timing of aches and chills play the same role. To perceive them, knowing that it is our inner doctor who expresses himself, to follow them in their evolution, is what vitalist thinking advises us to do. These are means used by the body to eliminate or evacuate what should not accumulate inside. Coughs, diarrhea, skin rashes are all excretions of a negativity, or what Traditional Chinese Medicine calls *perverse energy*... Pain and anxiety have the same function: they raise awareness of deep conflicts and allow their elimination. Fever, among all the symptoms, is one of the most powerful tools of the Vital Principle, because it acts on the whole body. As a physician, I have advised feverish patients to first trust everything will be alright, and then, close their eyes and *enter their fever,* what we call in osteopathic jargon: to *exaggerate the lesion.*
Somehow, we have to play the game of the disease, let fear invade us, feel death coming, without resisting. That's the equivalent of a self-psychotherapy, a tailored-made one. Just as we have an *inner osteopath* and an *inner pharmacist,* we have an

Listening to our fever, to the emotions it brings us from the depths, the shivers and the pains that accompany it, allows us to bring out the internal pressure, to bring out what is buried, leaving us, at the end of the "flu", with the feeling that the illness has been extremely beneficial. Vitalism, as defined by Hippocrates, said just that: a well-managed illness is one that leaves the person feeling better than he or she was before the illness. An illness is a *healing crisis,* not an unnecessary and unpleasant parenthesis.

Nowadays, we have some physiological explanations for fever, such as increased metabolic rate, improved functioning of the immune system, etc. Vitalists go further: fever, pain, anxiety consume the lethality accumulated in us. And they do so by acting both physically and emotionally.
The vitalist tradition defines the true physician as one who manages diseases and their symptoms as an effort to cure, never suppressing, always modulating.

Man has never felt better.

This positive approach to illness can be taught easily. The rush to aspirin, paracetamol and NSAIDs is self-injury. These drugs probably do far more damage than they help. It is obvious, however, that sometimes you may have to use them, especially with frail people, whether old or young. But always as an *act of compassion,* and not as a remedy given systematically, at the maximum permitted dose, whether there is a fever or not, and throughout the course of illnesses.
What happened in 1918 in the hands of osteopaths, chiropractors and homeopaths indicates that their common principles were right.
Nowadays, we know better, our Vitalism can be even more sophisticated than the one of our elders. Patients who cannot be aware of their fever and cannot do this work of introspection can and should be helped by osteopathic techniques, those used in the past, aimed at improving costal and diaphragmatic movement, and the more modern ones, centered on connective tissue listening and the PRM. Let us remember, however, that it is unimaginable that, in the event of a pandemic, osteopaths will visit patients in their homes or hospital beds three times a day. Simple manipulations can and should be taught to family members or medical staff. Thanks to Internet, the explanation of the Principles stated above, as well as the pedagogy of basic osteopathic technique to the public at large has become possible.

Osteopaths cannot carry out this pedagogical project alone. The application of the principles of vitalism to the community requires political and public support. Behind what we perceive as bad world news, we must not forget the good news that our generation has known and continues to know. The connection of everyone to a

common network, often seen as a curse for our health, is also an unprecedented blessing. No longer is anyone alone or remote from information. Concerning the expression of the Vital Principle, the great news of our generation is the constant increase in longevity throughout the XXth century. Despite massive electromagnetic and chemical pollution, human longevity has broken all historical records worldwide.
These positive figures are impressive. They indicate that we should not fear a decline in our vitality. It is logical to assume that an increase in longevity, both qualitatively and quantitatively, is the best measure of the Global Vital Principle. Therefore, we need not fear any strain of microbes, now or in the future.
We can therefore be reassured that the good clinical results of our elders, osteopaths, naturopaths or homeopaths, are not due to a hypothetical *pure and inviolate nature* in their time, as opposed to the polluted environment of our generation, making natural self-healing impossible. Vitality is not a fashion, it is a principle, valid at any time and in any place. And it is better than ever.

Laugh or die

In this article, I have mainly developed the mechanical point of view of vitalism, that of osteopathy. There are of course other points of view: chemical, psychological, even esoteric. They too are precious and necessary. But the advantage of the osteopathic/mechanical point of view is that it is the simplest and most consensual understanding of what healing is about. Osteopathy has the simplest explanation for health problems. It reduces the body to a kind of construction game for children. However, one should not forget the other simple things, those that come with common sense: laughter, appetite, friendship or the *quest for meaning.* These are also part of the essence of the vital principle. It is very important to try to make a pneumonia patient laugh or smile. It is as important as an adjustment of the tissues. Finding out what awakens the appetite is very important during convalescence. Taking a few minutes with the patient to make sense of the illness, explaining its positive aspect, is an essential part of the vitalist's work.

One will always have the humility to think that, at the end of the day, who, what saves or interrupts life is unpredictable and cannot be analysed.

To conclude on an optimistic note, I will say that osteopathic treatments can still work miracles. Not on their own, but within the framework of life and its values, a framework that we have tried to address here. Contrary to what happened in 1918, we hope to avoid the apocalypse that was the Spanish Flu.

A major difference with the preceding pandemic is the emergence of channels to carry instantly information between all humans. The world is waiting for us to translate, through all these channels, into modern language the words that we have received from far away in the past.

The Anciens called the interrelationships between humans, animals, plants and minerals the Microcosm and the Macrocosm. Recent epidemics have shown us that exchanges do occur freely between the various scales of the Very Small and the Very Large.

Well understood, pandemics should be no more than flu's that force us to take three or four days of introspection, enough time to adjust and readjust our inner and outer selves. Knowing that within us, three physicians, the mechanist, the chemist and the vitalist doctors are willing to serve anytime.