

Diego Ortusa: *Interview with Vincent Di Stefano*. Australian Osteopathic Medicine Review, vol. 1, no. 1, August 1997, pp. 11-13

When did you first become interested in osteopathy and where did you train?

I guess I came into osteopathy by default in 1976 due to a great interest in natural medicine. I started at the Natural School of Natural Therapies where I took on naturopathy. A diploma of osteopathy happened to be offered along with the naturopathy course.

I was initially more interested in herbal medicine than in osteopathy as a specific discipline. However, during the program, I had the good fortune to spend two years with an experienced practitioner who was very osteopathic in his orientation. I found that on completion of my own training and in the setting up of my own practice, which I established as a natural medicine clinic, 80-90% of my patients came in specifically for structural work.

Why osteopathy above any other manual medicine?

While undertaking these studies in natural medicine I found my reading gradually turned to the historical origins of osteopathy and particularly the writings of A.T. Still. I was also strongly influenced by the writings of Edgar Cayce who spoke very highly of osteopathy. Added to this were the ongoing daily experiences of observing directly the consequences of treatment. Seeing people coming into the clinical situation in distress and observing and observing how they could be turned around very powerfully.

When I was registered, I was asked whether I preferred to be registered as an osteopath or a chiropractor. I consciously chose osteopathy largely as a result of the breadth of A.T. Still's understanding of physicianship and also because of an identification with an historical style. That's probably enough otherwise this could get very political.

What experiences since graduation have reaffirmed your enthusiasm for osteopathy?

Daily practice, definitely daily practice! The beauty of this kind of work is the freedom that is available to work in a number of different ways. You can work as a strict technician, someone can come in with an acute torticollis which you can possibly track to a fixation at a specific level. A simple OMT technique can radically transform that situation. The individual comes in unable to move their neck and within fifteen minutes they are moving and out of pain.

At another level, a patient may present with chronic symptoms due to degenerative change. This is where one moves away from the purely technical side of things where skilful diagnosis and treatment enables resolution. Part of one's physicianship then is working with the individual and finding ways and means which will enable them to take

control of the situation, to discover or find influences that they can begin to bear to turn their situation around.

Any sort of physicianship is by nature charismatic and that in itself gives you some sort of influence over the other. I find the art of this sort of work is identifying what will benefit the other and subsequently finding a means, a mechanism which will activate healing. Not so much persuading another to alter things, but instead activating some sort of motivational influence within the patient which will bring about those changes necessary, rather than imposing them from outside. Somehow offering a suggestion of other possible ways of being in the world that will free them rather than bind them to existing limitations.

What does osteopathic medicine mean to you?

Without trying to sound too much like a textbook, osteopathic medicine marshals a very powerful regenerative and restorative influence. There is a great truth in this. There is daily confirmation in the clinic that structure influences function.

Yet osteopathic medicine is more than this. It is also an invitation to explore the nature of physicianship, to look at what can occur in the clinical encounter. What is the role of the physician? Is it purely technicianship? Is it mentorship? These are the sorts of questions that arise.

By its very nature osteopathic medicine demands commitment. You cannot simply stand off and pontificate. It is a highly somatic activity. You cannot get closer to an individual. You are not simply taking a pulse; you are not simply reading the retina. You are physical contact, prolonged physical contact, with another. This brings up issues that are probably unavailable to practitioners of biomedicine.

There is also extraordinary freedom. We are not a fixed profession. Osteopathic medicine has developed and moved in a number of different directions since A.T. Still set things moving so long ago. One of the things I love about the profession is the diversity. Ultimately we learn from our own experience. It is not a fully charted terrain.

What are your thoughts regarding the term “therapeutic touch”?

Interestingly, there is quite a lot of work going on in America, especially on the East Coast. Dolores Krieger’s work for example. The sort of work she is doing is premised on the fact that we are not merely material beings but are also influenced by non-material dimensions, be that bioelectrical energy, spiritual energy or ethereal energy. There is a whole range of terminology, suggestions and possibly delusions in this area. Nonetheless, what has been triggered through Krieger’s work is attention and research which looks at influence, influence at a distance.

Therapeutic touch as I say is a misnomer because of the fact that there is no actual touch involved. The operator works some distance away from the skin of the patient and the

findings reported in various nursing journals suggest that healing of wounds and post-surgical healing can be rapidly accelerated. Now what is going on there? This is a very interesting question and one that breaks the existing boundaries that define much of biomedicine, which is somatically oriented. Are we more than simply what is contained within our skins?

You have mentioned the strengths of our profession. What do you think are our limitations?

Look, I feel that even though we have been in existence for over a hundred years, the limitations are only that we are in an embryonic situation. The development of osteopathic medicine in Australia is really quite extraordinary, particularly over the past few years where graduate programs have been developed. The new program here at Victoria University with the research component built into the master's degree will, I suspect, trigger an extraordinary amount of enriching and creative work over the next five or ten years. This in turn is going to feed back into the existing profession in a whole range of areas in ways we haven't even thought of at this stage.

In terms of limitations, I don't perceive the development of osteopathy as it has occurred in the United States as being a positive development in any way. To clone biomedicine goes totally against the grain.

Do you think we are heading that way here in Australia?

I don't think so. The way it has historically developed here aligns very strongly with more naturalistic styles of medicine.

Do you see that being the case in the future as well?

Well, what is the future of biomedicine? That is what the question raises. Are we about to leap onto a disintegrating wagon when in fact what we have is something very sturdy and is beginning to take form very robustly?

How do you feel then about the possibility in the future, of osteopaths being able to prescribe drugs in prescription form?

It depends on the brief and how well you interpret that. If you are looking for something that will enable patients to rest a little more easily and comfortably during an acute condition, then I think this is already available. Most of the anti-inflammatory drugs are now available over the counter. One may well think and speak of in terms of steroid injections into joints. The concept of moving into surgery is an interesting one, I certainly wouldn't be opposed to it but it is something that has not been considered. I am aware that early in the piece Still was comfortable with the use of surgery if no other means were available for resolution. Does surgery fall within our brief as osteopaths? Looking at the direction in which the profession in Australia is moving, it is not totally an unrealistic prospect.

Do you see this as the challenge of Australian osteopaths, the fact that we will possibly move into other areas of medicine?

It's a very personal issue. What do you identify your role as? There are other issues at stake here. Is it an issue that relates purely to status? Is it one of power? Is it one of influence?

The choice ultimately is individual. What is it that drives you? What do you see as a sustainable form of medicine? It depends on where your focus lies.

What interests me personally are sustainable systems of medicine, sustainable forms of physicianship that aren't totally dependent on a highly elaborate and sophisticated technology. This is available to us at the moment. I make no assumptions regarding continuity here. Because we have these at present, we cannot assume that these forms will carry through indefinitely.

What do you think is your role as an educator in osteopathy?

To activate. Essentially, to open and to activate. Part of what I would like to do here [Victoria University] is to transmit the consequences of close to twenty years of direct clinical experience. To introduce to students who are hungry for broader ideas the suggestion that this is not a closed book, to excite those going through the education process into an understanding that what they are about to take on is far more than simply setting up a business. To focus students upon the power within and the responsibility that goes with that power.

How do you think we will make the public better aware as to what osteopathy is?

It will not be a problem. Action speaks louder than words. The rest will come. The educational changes over the last few years and the fact that there are new courses developing in Australia means that this net is really beginning to expand. Granted, things have been relatively quiet in terms of the public awareness of osteopathy particularly over the past few decades. I anticipate that this will change dramatically.