

Foolish is the doctor who dismisses  
the knowledge of the ancients.  
— Hippocrates

# Saving My Neck

East meets West as a medical doctor turned yoga therapist learns to deal with his own cancer diagnosis.

As I sit on the edge of the treatment table awaiting my massage in the ayurvedic clinic in Kerala I've been going to for years, I tell Krishna how happy I am that we were able to squeeze this trip in. I feel like I'm going back to the States in much better shape than a month ago. The whole time we speak, Krishna holds in his hand the bottle containing the fragrant oil that he applies to my head at the beginning of most of my treatments.

Krishna tips the container and pours a puddle of charreuse liquid into the center of his cupped right hand. Then in a well-choreographed move, he lifts the hand to the crown of my head, turns it over, and places his palm on my scalp, not losing a drop along the way. As soon as I smell the oil, a wave of relaxation passes through me. Because this fragrant oil, which I can never get enough of, has been poured on my head thousands of times, the relaxation is by now a conditioned habit. After spreading the oil around my scalp, he'll scrub the skin, creating heat. He'll work it around the backs of my ears as if he were massaging a dog.

This year, he's added a new technique: He scours the midline of my skull with the pad of his thumb, right where the bones covering the two hemispheres are knitted together. I find it delectable. He slaps the top and sides of my head with flat hands, then for a couple of minutes taps my scalp with his fingertips, like the flourish many Indian barbers use at the end of haircuts. He tops it off by bring-



ing his fist down on his own hand placed on the crown of my head, with a loud clap. The blow is surprisingly hard, yet pleasant.

Then I lie back for the massage.



Back in the States I'm staying with my brother Tony and his wife Madelyn, whose home is just a few miles from the cancer center where I chose to get my conventional treatments. Around the table after dinner one night, Tony sits eight feet from me. He is saying something to Madelyn. His lips are moving, but I hear no sound. My hearing has been getting worse, but this floors me.

I've decided that I've got fluid in my Eustachian tubes, behind both eardrums. If I pull on an ear just right, though, my hearing will suddenly get better. A minute later it's as bad as before. That tissue was close enough to the radiation target to get a significant dose, and it must still be inflamed.

The first real food I am able to eat a couple of weeks into recovery is a few ounces of salmon, with no spice, that Madelyn poaches for me. It goes down smoothly.

Days later, Madelyn prepares a mountain of pesto for a going-away party for themselves that they will be hosting at the house. Soon she will be heading north for the new job, though Tony won't join her right away. I have my

doubts about the pesto, but not only can I eat it, it also tastes normal! Although my hearing is still muffled, by concentrating on people's lips I manage to have a number of nice conversations at the party. Over the years they've been here, Tony and Madelyn have built a solid community in their adopted hometown. I can feel how well-loved they are. It's also clear how popular anything Madelyn cooks is. Long before my early bedtime, the platter of pesto resembles a mountaintop mine after the coal has been extracted.



My last day in town, I have an appointment with Dr. Morrison, the ENT surgeon. The first time we met, he urged me to have radical neck surgery. I haven't seen him since, but he learned from Dr. Clark that I'd decided against the operation. My car is already packed, and is parked in the clinic lot, ready to go.

Once again, I wait in a treatment room. The colorfully-tattooed nurse practitioner explains that the doctor wants to thread a fiber-optic scope into my nose and down the back of my throat to look at my tonsil. This is the first I've heard of it. I balk. My tissues have been so traumatized by the treatments, I'm not sure it's a good idea. Besides, if the doctor wants to do a procedure, he should talk to me about it first.

Dr. Morrison seems irritated when he enters the room. I ask him a few questions, which he answers, and I agree to the procedure. I am perfectly willing to disappoint, or even piss off, my doctors if that's what it takes to make sure I get only the care I need—and not an ounce more.

The exam goes well. He sees no trace of cancer. I ask him about my hearing loss. He agrees with my assessment that it's likely due to fluid in the ears.

"What do you suggest?" I ask.

"Ask people to speak up." While many patients might prefer some kind of medical intervention, this strikes me as sage advice.

When I'd told Dr. Morrison that pulling on my ears had helped my hearing, even if only temporarily, he had said that

When the diet is wrong, medicine is of no use.  
When the diet is right, medicine is unnecessary.  
— Charaka

didn't make sense anatomically. I'd used this technique many times, and it had worked, but he doubted it was possible.

That's the problem with modern medicine: Counterexamples, like my experience tugging on my ears, or healing my



radiation rash with turmeric cream, are dismissed. They are nothing more than "anecdotal evidence"—evidence-based medicine's bête noire—and are never investigated. Opportunities to falsify prevailing theories—a major goal of the scientific method—or to expand the treatment armamentarium are systematically ignored. The door to new understanding is preemptively slammed shut.

That kind of thinking just won't work for me. I can't afford to dismiss any options that might end up saving my life or helping to restore its quality. I plan to keep the doors of perception wide open, as I continue to negotiate the tortuous journey back to health.



What doctors learn in medical school is what you might call "static" anatomy, based on cadaver dissections. I think this is why Dr. Morrison couldn't understand, from an anatomical standpoint, how tugging on my ear could open my Eustachian tubes. He was probably thinking about the muscles but not the connective tissue, the fascia, that binds them together. In reality, muscles don't act alone. They coordinate their actions like the members of a symphony orchestra.

The fascia surrounding any particular muscle is part of one continuous web throughout the body. Every part is connected to every other. Even muscles that supposedly exert opposing forces—one flexing and the other extending a joint, for example—affect each other via the fascia. If you tug on one part of a sweater you are wearing, a chain of tensional forces visibly affects distant areas of the garment. So too with the fascia.

Rather than learning just static anatomy, yogis and bodyworkers study the body as it lives, breathes, and moves. Their embodied understanding of anatomy is based on function, and they look at patterns of interconnection. Both approaches to anatomy have their uses. It's helpful to think, as doctors do, about individual muscles. But to view them in isolation has its limits.

Reductionism strikes again. Healers like Ginny, who I go to for my myofascial release treatments, have studied reductionist anatomy in detail, but their view of the body is utterly holistic.

Ginny has been teaching health professional students in Marquette University's gross anatomy lab for two decades. After practicing physical therapy for years, she changed her practice to strictly myofascial release therapy (MFR). Why?



Because she found MFR so much more effective in her own healing and for her patients than conventional PT techniques. Several skeptical professors from the local medical school, who'd heard of her through colleagues, have come to her as a last resort. They wound up as regulars, persuaded by their experiences, even if they couldn't explain medically how it worked.

My treatments with Ginny are part of my ongoing efforts to prevent fibrosis in my neck—the

dreaded late-appearing aftereffect of chemoradiation. Being a holistic modality, however, MFR improves the function of the neck by working on the entire body, not just the neck itself. People have a misconception that bodywork is like a massage that you might get at a spa to release tight muscles. Those usually feel wonderful, and you can relax and let your body sink in to the table. But as Ginny moves along my spine with her elbow, I am much closer to levitating off of it.

One of MFR's specialties is finding the places where there are restrictions in the mobility of fascia, which are often sensitive to the touch. The therapist meets such restrictions with sustained, gentle pressure. MFR practitioners develop the sensitivity in their hands to tell when restricted tissue is letting go. Then they follow the tactile trail to the next spot, perhaps a millimeter or two away, perhaps much further afield, where there is holding.

The post-traumatic fusing of the bones in my spine—ankylosing, as it's known medically—has rendered my backbone as hard as cement, although no conventional MD has ever noticed anything out of the ordinary. "Spines like yours," Krishna told me the first time I arrived at Chandukutty Vaidyar's clinic in Kerala, "we are not seeing."

Next Ginny probes the right side of my neck, just above the collarbone. This is where the *sternocleidomastoid* (SCM) muscle connects the skull behind the ear to the collarbone. It's also where my cancerous lymph nodes were. On this first day that Ginny works on me, she feels a thickness in the tissue around

the SCM that she concludes is a scar from the chemoradiation. I've always had difficulty turning my head, especially to the right. But the scarring in the tissue has locked it down further.

When Ginny is finished, I feel washed out but good. Also loose. She watches as I get up from the table and come into a yoga pose. I choose Warrior 1. My arms are held like a Saguaro cactus as I inhale. In my most stuck area, exactly where Ginny had been trying to assassinate me, I can feel increased ease and new movement.

The bones are still fused and will remain so but I can feel that something is releasing. Since it can't be the bones, I suspect it's the myofascia that surrounds those bones. And due to myofascial connections, the greater freedom I discover in my back is allowing more movement in the neck as well. When one released area helps open another, Ginny calls it "the voice of the fascia."

Over the next couple of days, Ginny works the stuck area in my neck and neighboring tissues. There are a few myofascial release techniques that she wants to do that involve going deep into the SCM muscles to reach the soft tissue in front of the cervical spine, but she can't do them because the muscles on each side of my neck do not budge. Even so, what is striking is that at the end of the second day when we test the range of motion in my neck, I can turn my head to the right two inches farther than before we'd started. Even before the radiation therapy, I'd never come close to doing that.

In the past, with therapeutic massage and some other bodywork techniques, I experienced some opening of stuck tissues on the table, but within a day or two, I would be back to where I started. What's surprising me about MFR is that the changes seem to last. In the months after Ginny added two inches to my neck turning, I wouldn't lose any of it.

Four months after finishing chemoradiation, my left ear had finally cleared, but when I arrived in Milwaukee to work with Ginny, my right ear was still blocked. One day, I am lying on my back and Ginny decides to work on my right calf. As she pulls the leg toward where she stands at the foot of the table, my right ear pops. Immediately my hearing normalizes, but the effect only lasts a minute. Later, she does the same pull and the Eustachian tube opens again.

Two days later, Ginny is again working on my right leg. The blocked ear opens once more, and this time it stays clear. That tugging on my calf would help my Eustachian tube to open seems even crazier than the notion that pulling on the ear would, but the fascia around the Eustachian tubes is connected to both. It wasn't her intention, but by working on my legs, Ginny had elicited the fascial voice in a far-flung area of the body.

And lo and behold, I could hear it.

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