Academy of PHYSICAL MEDICINE

Transcript

Amplifying Practitioner Input/ Emotional Trauma With Hector Wells

Cast List

Steven Bruce	SB
Hector Wells	HW
Laura (Model)	L
Chelsea (Model)	C
Ellie (Model)	E

SB: But I've got a brilliant guy in the studio to talk you through it, Hector Wells. Hector started his life in agriculture, but he's spent the last 30 years as an osteopath, including 15 years as a clinical tutor at Oxford Brookes, which is actually where I first met him when I was a tutor there. I was hugely reassured about how good this evening's broadcast is going to be when we had three or four of his past students email me to say, "Oh, you've got Hector in. Oh fantastic, he's absolutely brilliant." One said he's mad as a badger, but actually they are all really looking forward to this evening's broadcast. Hector, it's great to see you again and great to have you in the studio. How do you feel about being called mad as a badger?

HW: Well I didn't get road killed tonight, so I'm worried about going back home. But it must be a compliment.

SB: It's nice that your students remember you so fondly, isn't it? And actually they all said you're a brain on legs about these sort of concepts that you talk about. What are we going to talk about? We're going to talk about two things. We're going to talk about amplifying therapeutic touch, and you'll talk us through how you do it and how you can use it in the clinic. And then we're going to talk about dealing through physical therapy with emotional trauma.

HW: Yeah.

SB: Let's start with this business of amplifying therapeutic touch then. What's that about?

HW: The concept is very simple. I was taught years ago that a two person technique was more effective than a one person technique. And if you get presented with that you think, "That can't be true. How can two people be more effective than one person because it's technique?" The concept has just rested with me, so I've been intrigued by that and explored why more people touching should have more effect on the person they touch. What we're going to go through is really a way to show how I can influence the person I touch. It will give you a model or a rationale for how therapeutic touch works, a way to test it yourself when you turn off. And then what I've done is I've realized that actually if you can actually improve your results you maybe get a better outcome with the type of problem you've got.

But peculiarly it actually applies to emotion, emotional states of people. And you nearly just have to see the concept of emotion as just an electrical event, which is on its own hard to grasp. But just view emotion as an electrical event and then what I'm going to show you should unravel relatively easy.

SB: You know I remember back in college days being taught that two person techniques could be better than one person techniques, but I'm pretty sure I was always told it's because the second person is doing something. They're pulling on a leg or they're applying some pressure in another direction. But that's not the basis of what you're saying, is it, necessarily, they could be doing that?

HW: The observation is important and that's where most people leave that statement. But actually what you're seeing when you apply a concept of two person technique is a greater mass attached to that person being touched. So you're seeing one volume plus another volume, and there's also a bigger surface area of contact to the person you're touching. Those two concepts together, surface area of contact and the mass contacting is the way you can influence a flexibility of the tissues of the subject.

SB: Why would mass have an impact on it considering that the mass itself is not applied necessarily directly to the patient?

HW: Okay. Well it is attached to the hands and arms.

SB: But it's not weighing down on the patient necessarily.

HW: Right. Okay. You have to go a step backwards on that and ask, "What is the mass you're touching?" Okay. The mass you're touching is the person, and the person is made out of 99% water. Numerically, not by the mass of it but numerically there's 99% of the molecules in your body is water. Now water is not alive and it's not dead, it's a material which has to have properties, electrical properties. The one we are familiar with is that the MRI works so the water of the body is put in a magnetic field, it's twisted and then let go and you see this image.

It will respond to a charge change. It will respond to magnetic field, and it will twist if it's presented a different charge pattern, it has to. It's just like a little magnet. You know the thing with the iron filings, you put the magnet under there it just twists all over the place don't they. Well water does the same. Now it's not as dramatic when you touch, but it is there. Now if you can increase that twist or that movement of water to the contact point then you disrupt the tension of the body you're touching. And you go further, you can disrupt the tension generated by emotion. So emotion is nothing more than electrical thought.

SB: You've made a number of assertions there to which of course the perhaps predictable response is well, how do you know?

HW: How do I know?

SB: Well you can state with some certainty that 99% of the body's molecules are water, but how do you know that putting two people on it aligns them differently, and how do you know that that reduces tension in the body? Why would it? Why would aligning water molecules reduce tension?

HW: A water molecule doesn't know it's in your body and it doesn't know it's out of your body. But it will acknowledge a charge change. Okay? If you're suggesting the body water says, "Well I'm in the subject, I won't respond to a charge change." You're defying any element of physics. If you put a magnet near another magnet, the magnet has to move towards the other magnet, as you get closer they'll move quicker. So to say that you swallow the magnet, it wouldn't work. The electrics of that material, the magnet electrics will shift, it will have to. Okay?

SB: And the logic behind reorientating molecules of water, polarity of water reducing tension in the body. Why would it do that?

HW: Okay. Well I've done this little model here, which is a piece of wood. You know wood has a grain, doesn't it?

SB: Yeah. And you've helpfully put the arrows on it showing us the grain. Good.

HW: So it's going up the tree. The water will line up to the charge matrix it's presented to. It has to do that. There's all sorts of water behaviour, but it will line up with itself. That will create a certain tension or strength, but if you were to change the direction the water goes you'll disrupt the tension the matrix is held on. It has to happen because it is like a living crystal. You change the direction of all the form, you'll change the mechanics of that form. You take the tension off it'll go back again, put it on it'll twist again. It has to follow physics.

SB: Okay. So logically we're assuming that it will be most tense if we don't do anything to it? It will naturally align in its strongest pattern, by doing something to it you're going to reduce that tension.

HW: Well you have residual tension, which is affected by where you think and what you're doing, all the rest of it. That changes all the time, okay? It's never stationary and it's always moving. What we're trying to do is, as a manual therapist, you're always trying to create a state of change, which generally is more flexible. What I'm saying is that your interaction as you touch somebody you automatically create a change and you can reveal that change by enhancing that interaction. That's the message. Now, if you've got a model which you can test again and again, again, it's worth exploring it to see if you can use it within your manual therapy work. Yes you can change it and yes you can amplify the influence of the touch.

SB: Are the effects significant statistically or however you would put it?

HW: Well we did a pilot at the University College of East London and we blinded the subject, we blinded the practitioner and there was an operator that changed their mass. Those statistics the P is .00 recurring. It was significant. The change and flexibility was significant. That pilot needs to be done again with a larger sample, but the initial questioning or inquisition, yes it's significant.

SB: You've got some interesting visual aids on the table in front of you. Do they illuminate the concept you're-?

HW: What I do at home, people come in with a problem. You've got to realize they have movement and tension. Now what we're trying to do is restore that movement. But if something is restricted then it's actually, as it were, not moving, so it's a little bit more sticky. What we're trying to do is unlock that and make the natural flow. We're familiar with stickiness, which is glues and that sort of stuff, and even these Post-it Notes are glues but they're less sticky. So you make something less sticky, less charged, disrupted that stickiness then you'll get more movement. But if you want to make yourself go tight you want to put more charge in you. So you're familiar with this little test? That's actually brand new. The tissue goes tight in electrical field. The tissue has quite electric properties. It's flex electrics and it tightens with

tension, it reduces charge as it's moved, there's a larger number and so the charge is created by the body.

SB: Okay. All sounds very nice in principle. You going to show us it in practice?

HW: I'll show you in practice, but when I show you this it really isn't really me showing you, it's me showing you to test it yourself. That's the purpose of this session. So yeah, I'm going to show you, but I need you to have a go yourself.

SB: Yeah. Let's go and meet our first guest of the evening then, shall we?

HW: Okay.

SB: Right. Let me introduce our first guest this evening. Hector you need to stay there just for a second. Laura, you're an osteopath, aren't you?

L: Yeah.

SB: It's great for us to have a model in who's an osteopath. Thanks for volunteering. You've worked with Hector for quite some time haven't you?

L: Yeah.

SB: You've been through this process before.

L: Yes.

SB: How have you found it?

L: Amazing.

SB: Yeah?

L: He makes a huge difference.

SB: We've seen you, I think, in videos of this online, haven't we? Jay, can you do your stuff please. Thanks. I'm actually killing time here while our sound man fiddles with Hector's mic actually, because you weren't expecting this at all. But I just want to say thank you for coming. Right Hector, come on, now that you've been fiddled with come and talk us through with Laura what it is you want to do.

HW: Right, well Laura, she and I are familiar with each other so I know what I'm not going to get is any apprehension, okay. What we need to do is-

SB: Is that important? Would you not still see a change with someone who was apprehensive to start with?

HW: The more anxiety, stress and tension sympathetic arousal you have in the body, the more it tightens up. As a practitioner your job is to reduce alarm, reduce worry, reduce concern. And that you're trying to move from the body from a sympathetic state, which is a tight state, to a parasympathetic state. That's the principle, okay?

SB: Okay.

HW: We normally just touch the person, so what I'm going to do is I'm going to change my parasympathetic state, or into a parasympathetic state. This is just normal straight leg raise, and you have to do it until you feel there's a tension there. That's Laura's tension about there. Her little face wrinkles up, so we got it right there.

SB: Never tell a woman her face is wrinkled up.

HW: That's just through pain, it's not there normally. Anyway. So now what I'm going to do is I'm going to generate something that's going to create a sympathetic state. I've got a little spot on the spatular, okay. I'm going to focus on that area. When you focus on the center of your vision, that's the most sympathetically aroused part of your visual field. I'm going to focus, focus, focus, focus. I'm going to get serious. And now I know that's a bit tighter actually than it was a second ago. I'm focusing on that spot and that's tighter.

SB: Does it feel different to you, Laura?

L: I'm not sure about that.

SB: Okay.

HW: Okay. Well there are markers on the wall so hopefully your group can see that. Now I'm going to change the sympathy to parasympathy. The lateral visual field is a parasympathetic state, so I have to drop, focus on the middle distance, focus on my fingers here. And so now I'm much looser. And the body goes freer.

SB: There's no doubt about that, is there? No doubt.

HW: So what's happening? The first thing is you're going to start saying, "What's going on?" But we can look at it. The key thing there is that my state matters. Okay?

SB: Yeah.

HW: We're going to move on to different states now. I'm going to stimulate myself. My first cranial nerve, smell. What I've got here is lemon, lemon

essence. I'm going to smell this smell. Yeah, hopefully you can hear me smelling. I'm going to do that.

SB: Some people might say that increases just because this is the fourth time you've done the movement and every-

HW: Okay. Then the point is to test it yourself. This isn't a science here, it's just a display. That's the first thing. The next one is to introduce... I'll just show what her legs are like after that. So that's a bit tighter. I'm going to do smell. Again, with smell and then I'm going to do sweet, which is more parasympathy, add them on.

SB: So we just did smell.

HW: Smell. I'm just doing this, yeah, and now I'm going to add another one in. No, not more. Okay. It actually adds on. I get more parasympathy stimulation.

SB: We're not getting any wrinkles either.

L: You're just about to.

HW: Okay, so there you go. I'll get rid of that. Get rid of the taste. That's very strong, taste is a very strong stimulus to your body tension. And I actually got it tighter again. You now see that my parasympathetic is transferred through the hands. So what's the mechanism? What on earth is that mechanism? Now it isn't going to be neurological because we haven't changed the pressure, we haven't changed the surface area. But we've changed something, which is my electrical state. Now electrical state has got to be like the iron filings magnet, it's got to change my water dipole balance. It's got to do it and that will go through the whole body to my hands, which I propose she's picking up.

So what we're going to do is add water to the body. So we've done smell, we've done taste. What I've got is just water bottles here, there's eight liters here. I'm going to put that on my back of my body. Now I increase my mass. So when you say a two person technique is more effective than a one person technique, body mass is increased, surface area is the same but the body mass is increased. That's actually quite loose.

SB: It's a lot looser than when you started, definitely, and after you took away this...

HW: That's quite extraordinary, isn't it? Everyone's got water bottle, everyone's got a rucksack, you can try it yourself.

SB: But it doesn't have to be water bottles, it's just mass you said?

HW: Well, it doesn't have to be water bottles no. It needs to be something with electrical mass. If I put wood on my back or rubber or something like that it's not going to work. You've got to have something with some electrical qualities. Water is a wet electrical material, now copper is a dry electrical material. What I'm going to do is I'm going to add copper to myself. I've got some copper braid here. Let's do Laura again. I'm going to really... Sorry. Sorry Laura, I didn't... Don't say stop. I'm going to now change my body mass, okay.

And here we've got quite a lot here and that's just added to me, to the surface of my body, what happens to Laura. We're going to do it again, we're going to add some more copper. What is peculiar here is that by not changing the contact point or the type of contact... Oops, sorry. She goes much looser, so actually there is an interaction between the pair of us, which is quite obvious and manipulated. So I can increase the effect of my touch and I can clearly reduce the effect of my touch. So there's subtraction here.

SB: Now, I think I've just tumbled to something here. You're using this straight leg raise as an indication of the effect of adding mass or electro sensitive material. We're not trying to stretch the hamstrings here?

HW: Well we haven't stretched it, no.

SB: No, exactly.

HW: We've made no attempt.

SB: No. And so people will say, as I did when I first saw you do this, "Well, what's the point of this if as soon as you take the mass off the leg goes back to where it was before?"

HW: Okay. That's a very fair point. But the issue is that you are a practitioner doing technique, so you're always going to create this release, release as you touch. But if you can double your release as you touch you're going to get a more responsive subject. That's Laura like that. That's going to be a one set of responsive materials. And if I put my smell on I'm going to get the tissue responding a different way. It's going to be easier, much easier, less force, more responsive material to do the technique.

SB: Let's say for example, let's take a different technique, if you were doing a lumbar roll technique release L3-4 or whatever, would this help?

HW: Okay. You're taking a big jump here because that is a specific technique which expects a delivery of a tissue to a site. Now when you're displaying a change in the whole tissue you're not looking at a mechanical model, and therefore a purely mechanical application isn't going to be appropriate. What you want to do is look at the stuff either side of the joint, so you're looking actually the bone tissue. This makes bone tissue looser. If you do that then

you release the bone tissue, when you release the bone tissue you release the sympathetics, when you release the sympathetics you increase the expression of parasympathy and the body releases more easily. I don't do HVT now because that isn't what I'm trying to achieve. I'm trying to achieve a global flexibility and you don't do it by doing a-

SB: Well the reason I ask the question is, and Laura you'll sympathize with this I think, because when we've done Laurie Hartman courses in the past he says, "No, you want to tighten up the area around your target joint when you do an HVT. You don't want it loose and floppy, you want it all the tension in that joint, so at the minimum leverage releases the joint." But that's, I think, important to make clear to the audience that this isn't targeted at that. What sort of conditions or problems are you using this to address?

HW: Okay. Well we're going to see emotional release later on, which is actually emotion is nothing more than electrical event. If you wanted to apply this to Laura you'd choose an area, which... I mean, she hasn't got a problem at the moment but we work on large areas or mass basis. So a pelvis, releasing a pelvis is a good idea. You can easily release the ribs. You can release the thighs, the femur and the tibia. Let's do the tibia. Is that what you would like to do?

SB: Yes. That would work well.

HW: Is it okay if I do that? Okay. Basically I'm going to make the tibia more flexible. Now the consequence of that is the things attached to it are more flexible. When a muscle pulls it pulls onto a bone, but the bone releases as well. You've actually got to, a big way of storing energy you've got more energy that can be released. So you're looking at introducing increased power to the subject. Now you made me jump the gun a little bit because I'm going to have to apply the technique within the pads. What you've seen here is the copper braid here. I just put them inside a pad like that, okay. There's five of them there. What you're going to have to try and do is see... Yeah, if you can do it holding up, Laura?

L: Yeah.

HW: That's the lift-

SB: Could you possibly use the other leg closer to the camera because it'll be easier for the audience to see?

HW: Okay, so what you want to do is just see this position here. You can actually see the tibia is giving a bit there. That's me and Laura just interacting. Now if I increase the amount of people touching or increase the surface area of contact with increased mass, this is what the copper... What I'm going to do now is hopefully... Now I've already got that to feel looser. I'll put another one on. The more pads I add is like adding more practitioners. I'm looking for

this increase, as it were, the magnet in the iron filings thing. Okay, so you can actually see that.

SB: You're saying that's the bone not the knee joint giving more up there?

HW: Well you can come and put your hand on it if you want?

SB: Let me have a... That all right?

HW: Not at all.

L: Yeah, that's fine.

HW: No, the best thing is to put it below here.

SB: Okay.

HW: And fix it. Okay. Now what I'm going to do... No, you just wait for that, you can see that tension holding there, giving way. You keep on doing that. And if I take this off all of a sudden, making sure we're not touching her, you can feel the tension difference.

SB: Yes.

HW: So you do it again, do it again. Do you want to do it again?

SB: Yeah, yeah. Poor old Laura.

HW: What's happening here is that the copper, which is a massively electric material, free electrons, actually affects the... Did you see that? You feel that? Well, I can.

SB: Yeah, yeah.

HW: Okay, so it makes it looser. So you do that until it gives way. You've made me jump the gun a bit. Let's try something-

SB: Before you go onto that someone has asked the question already, "Does this mean that if you're a fat practitioner it's better because you've got more mass?" They said a heavier practitioner but I'm interpreting loosely here.

HW: First of all, I haven't done that. What I've done is I've looked at this concept of two people, so looking at nearly 20 stone at mass, surface area and so look, what's going on, why could this be a true observation? I'm saying actually you've got 99% of dipoles in me, 99% of dipoles in you, if we change the electrical surface just by touching alone you can break the tension in there, and can you exploit that? There are more important things in an interaction with a client than just the technique. I mean the reason I got

Laura here is because we know each other. There's a familiarity, there's a trust, there's a clarity, there's a safety, there's everything. Those are very powerful elements to it.

SB: And you've preempted another question there from, again, somebody who's anonymous but they've asked, "Would the results be different with a stranger, you clearly know Laura very well?"

HW: We all know that someone comes who's been treated 20 times by a colleague and they come to you the first time, you're going, "How's this going to work?" The answer is they've been prepped into a certain style, a certain technique regime. You're going to have to work through that lack of familiarity with your process. The answer is if the person doesn't like you, your results are going to be significantly less effective, and I would say be careful.

SB: So actually it's not the fact they're a stranger it's whether you strike up some rapport in that early stage of the contact?

HW: It's trust, trust.

SB: And of course we can certainly answer that question to a certain extent because you've got two patients later this evening who you've never met before this evening, so they are effectively strangers. So we'll see.

HW: Yeah, but they're strangers and they're willing and that they want to engage. You know, that's the key thing, is there an element of trust there. But let's go onto this.

We've gone from smell, we've gone taste, we've done water, then we've done copper. Okay? So what I want to do is just debug a bit. Okay? So what I've got here underneath here is an earth mat. Okay? So you can see that. I'm going to stand on the earth, right?

First of all, I'm going to stand not on the earth mat. So here's not on the earth mat. Okay? Now, if I'm earth, we know my hands change potential. We just know. It has to happen. If I'm earthed and my hands, I have to.

SB: And what we should say is the mat that you're standing on, which you can be seen just underneath the table there is actually physically earthed to a plug outlet on the wall.

HW: Correct. Yeah.

SB: So it's a proper ...

HW: Do you want me to show?

SB: No, no, no. But we can take that as red. He’s electrically earthed.

HW: Okay. So here I am now, earthed. Okay. Okay. And that's Laura, at these points. Not big areas, but she changes tension. If I take the earth off ... I'm barefoot, by the way. Okay. Now, we can do another one. So what I've got here is the same concept. This is that earth point now. Okay? So anybody who touches the earthed on this point and so I'm going to do that. I'm going to ... let's do Laura again.

So you're relaxing a bit there. So there you go. You’d be stretched, let me tell you. So there you go. Yeah, like an earth myself. Yeah. So again, as I'm doing to my feet and my hands again, I'm earthed.

SB: Bingo. Okay.

HW: Now, you can only earth once. You can't earth twice. You can't put two start ... conductors at the same time.

SB: Oh. I see.

HW: Once it's earthed it's earthed. You do the airplane wings. You earthed the airplane at one point. So what are we going to do is we're going to do to Laura. Okay. Here's a one. None earth. You hold up these ones, just at. Now, what's happening here is all the water molecules are wanting to face the low point, the electrical charge or char go towards earth. We'll just do that.

That's one earth. Okay. If you do two, please. Now, all the waters now going up both arms to the earth point. And now if you do the head. Now, three points. She's lower. Okay. So you got three disruption patterns but only one earth.

SB: Right.

HW: So now you know you're not looking at electrons moving, clintover, sort of work. Electrons going out the body, I think. It's not free electrons you're dealing with, because you'd only do it once. At left, right, and head, create three disruption patterns. Okay?

SB: Yep.

HW: And then it reverses. Okay? Now, the only material reverses that quickly is a dipole moment of water. If you put a water, in the body water, into an MRI or you switch it off, it's 10 seconds for that water to come back to its old position and you're seeing that happening within that 10 seconds.

SB: Yeah.

HW: So we're lightly, you know, I can't definitively say this is the way it's working, but it's very likely that we're working with a dipole disruption. If we disrupt it, the matrix is holding it, then becomes more accessible, which you saw with this to become more flexible. Okay.

SB: Right.

HW: Now you keep on doing that, then the flexibility stays. We should, the question if it's on off, but then you deliver the technique, which we will see later. And can you achieve things with this knowledge that you can't achieve a single practitioner? Well, the answer is, is it easier to maneuver somebody like that or is easier to maneuver them? Oh, I just stepped on it. Is like that. Okay.

SB: Yeah.

HW: Now, my personal view is that it's easier when you're engaging with the disruption pattern you can generate with the dipole water.

SB: Would it work on me?

HW: If you'd like.

SB: Can I ask you .... just off to the left, it wouldn't work though.

HW: So you know that there's water in you.

SB: Let's give it a go. Try not to disrupt the microphone please. Well, I just think Laura is cheating. She's deliberately not. So, it's like go ahead. Do the hamstring with me. See how it goes.

SB: You like a challenge, Hector?

HW: I don't believe you asked this. So we're assuming you're made of water. Yeah?

SB: Yeah.

HW: Okay. Which you are.

SB: Same amount of beer as well.

HW: Okay. Which one would you like? Earth? Which one with you like?

SB: Easiest one for you. Copper?

HW: Right. Well, I'm doing everything on myself. Okay?

SB: Yeah.

HW: Not on you.

SB: Yes.

HW: Okay.

SB: Yeah, that's painful.

HW: Okay. Look. I'm going to make sure it hurts properly. There's no consent here pal. Okay. So that's one.

SB: Yeah.

HW: The most extraordinary for everybody is this. Okay.

SB: Okay. Well. It's a good look as well, isn't it?

HW: Yeah.

SB: Yeah. That's ...

HW: Okay?

SB: Definitely.

HW: It's what we got to do. I'm not going to eat the sweet because then I can't get rid of this smell, the taste. Okay. Okay?

SB: Yes. It's very similar. Yeah.

HW: Okay. Let's do that. Okay. So what I'm going to now do is get the ... I'll do the earth in a minute. You've got a bad ankle there, pal?

SB: Yes. Sprained it a couple of weeks ago.

HW: Okay. So take that off. Makes you don't touch it because then it'll affect you.

SB: Yeah.

HW: Okay. So now we're going to ... hopefully, I'll get that back. I'm going to put in as many of my pads is I can afford to do. I usually get a bad back off after the four so I'll do three. Okay. So one.

SB: Yeah. That was pretty cool, at that point.

HW: And then this copper is in neoprine.

SB: Yeah.

HW: There's no electrical contact point.

SB: I'm not dramatic as you but I can feel the difference Laura.

HW: Okay. I can just feel my back giving away. Okay. That's about as far as you want to go for you. So let's take that off.

SB: Right. Oh.

HW: 10 seconds.

SB: Okay. That's getting tight there. Yeah.

HW: Okay. So you can see the difference?

SB: Yeah.

HW: Okay.

SB: Can I stand up now?

HW: Well, yeah.

SB: You gonna do more?

HW: If you want me to, I could do your head. If you want me to release you.

SB: Go on then. Yes.

HW: Okay. All right.

SB: Are you?

HW: I could do your head. I could do you head.

SB: Okay.

HW: Now, the ... what I'm showing you here is probably the most extraordinary element of what I got to show you.

SB: Okay.

HW: Because the head is a hard, you know, not an easy thing to manipulate. The only people who do it is cranial.

SB: Yes.

HW: And I suspect cranial touch is using this mechanism. I know they have a model. It's slightly different, but this display, you can test it, but ...

SB: Laura, could you hold that for me?

HW: Okay. So once you ...

SB: The questions building up so I need to get to those in a minute.

HW: Okay. So I'm going to sympathetically arouse your head. Okay?

SB: Yeah.

HW: So I'm going to ask you to bite. Muscle energy brings in the sympathetic nervous system.

SB: You might have gathered, if you've got your camera on me, you won't get that we haven't actually planned for this. I didn't warn Hector that I was going to do this because it only occurred to me in the last minute.

HW: Okay. So when you use muscle energy, you raise the sympathetics. Okay?

SB: Yeah.

HW: So, I'll ask you to bite this.

SB: Yeah. Just watch the ear piece.

HW: Okay. I know. I appreciate that. No, no, no. Don't jump the gun. Okay. So I've got to put the material on you because what I want to do is increase the hands.

SB: Okay.

HW: It's the hands that deliver the change. Okay?

SB: Mm-hmm.

HW: So I want to ... tilt the head down. Now, the headpiece hurts. Then you're going to have to tell me that now. So they should start again. So those are like the ... okay? Now, before I put this on me and how they result, I'm going to put it on you. So that's two. It's a huge amount of people touching, you know. Okay. Because it's a huge area. Okay.

SB: Yeah.

HW: Now, ...

SB: Somebody did ask me, one of the questions I haven't read yet. Does it affect things if the patient can smell the lemon as well?

HW: Aroma therapies, I believe is based on the concept of providing a stimulus. Is that ... you have a refractory period about 20 minutes, when you smell something nice. If you go to your room, you hate the smell, that has the opposite. You might use tight. The same with music as well. You can play music to the person. Now, what you've got here is now you've got to see this as big hands. I've got huge influence in cranial.

SB: Not the rasta wig I thought it was earlier on.

HW: I never thought of that. But in cranial, you've got massive hands and a small subject. Now, I'm bringing back massive hands on, you know, now you know, smaller, relatively smaller head. So you've got ... this doesn't hurt and you got to put your chin to your chest. Okay. Okay. No, no. Let me do it.

That's it. Hold the pads. Chin down, chin down. Traction and traction and traction. There you go. That's it. Well done. So I think your question was can you do it on me or whatever it is. Watch this. Now, this is most extraordinary. Okay. Now if you do that to an athlete ...

SB: Yeah.

HW: You know, long jumper or any person you suddenly give them flexibility like that. That's what they want.

SB: Yeah.

HW: So I can just ...

SB: Is that going to stay?

HW: It will remain for a period of time.

SB: Am I allowed up now?

HW: Okay.

SB: You didn't even do my biting.

HW: Oh, forgot that. I mean, you can create, if I'd used the biting, I'd get a better result.

SB: Right.

HW: Because I've clamped down the bone tissue. Bone has got a strong sympathetic nervous system supply and there's a ... I've given you a paper on that.

SB: Right. Your backs giving up and you're a bit knackered from all this. Let's go and sit down for a minute or two and talk that through with some of these questions and then we'll come back to more patients in a few minutes time.

HW: Okay. Okay.

SB: Okay.

HW: I need a drink of water.

SB: Now, the reason I did that is because, first of all, I'm curious to know what it felt like, but also, I just kind of anticipating any of the skepticism in the audience where people might think, well it's all very well, but you know Laura very, very well and she may respond differently to someone else.

HW: Oh, yeah. Absolutely.

SB: What have we got? Someone asked if ... you said everything's an electrical event. What do you mean? Can you define that?

HW: Emotion’s an electrical event.

SB: Yes. Can you define what you mean by an electrical event? That's the question.

HW: If you put this on your tongue, you get a contraction.

SB: Yeah.

HW: So if you're getting an electric field in the body, you tend to get a contraction. Okay. If you do an emotional electric field, you definitely get a contraction. So bone is electrostrictive. Okay. What we're trying to do is make it the opposite, electrorelaxive, by actually taking, changing the surface.

SB: Yeah.

HW: Electric tension. We have air on the outside of our body, which doesn't conduct. Okay. When you put a hand on it, you do conduct but more hands or more copper or whatever it is you can do it.

SB: I kind of inferred when you spoke earlier on when you said an emotion as an electrical event. Actually, neurology is electricity, isn't it? It's movement of neurons or movement of electricity through the ...

HW: Yeah. That's within the nerve. Okay.

SB: Mm-hmm.

HW: If you're looking at the energy of, if you look, let us look at, you know, electric power cable. The actual EMF, electro magnet field, is held outside it. 90% of the energy of electro magnet field of a cable is outside of the cable. So when you have the nerve, you'll have an EMF, electro magnet field, and that expands beyond the nerve. Okay?

SB: Yep.

HW: It's not just the, even with the swan cells, you still get an EMF kick generated by it.

SB: Yeah.

HW: So actually, there is energy outside it. And I'm saying within the emotional state, that EMF creates a contraction or an alteration of tension, definitely creates an alteration of tension, because you saw smell making you looser through my hands.

SB: Somebody here, Amanda says this is fascinating. Is this a therapeutic technique in inverted commas that is aimed at use during early stages post-trauma and think we're coming onto that aren't we? I imagine the emphasis on emotional or physical or equally effective in any spectrum of combined trauma. Thanks for that Amanda.

HW: I'm not sure I understood the question actually.

SB: Well, is the emphasis on emotional trauma or physical trauma or is it equally effective at combinations of both? So if ...

HW: Well, we're choosing emotional trauma tonight because it's clear, very, very, very clear. So nobody would expect to get rid of an emotional trauma by physical manipulation. Nobody would expect that. Create some cranial people are capable of doing it. So, and if you talk to the community or they deal within that territory, but to deliver a change of that, of the speed I'm proposing is, you know, almost unbelievable, you know.

Okay. And like you say, some people are skeptic. If you're not skeptic, I'd be worried about your state really. But with Amanda's question is that if the tissue, if the tissues like that is healthy and you have a trauma, okay, you do have it in a tension. Okay.

Think, you know, you have diamond, which is strong and graphite, which is carbon as well. Carbon is diamond. Carbon is graphite. Well, you have different bond strengths in those two things. One is very slippy, which is

graphite and the other ones are very hard. Now, if you have tissue in you that's got more sticky and it's usually because you've got an energy impact into ... you often get the stiffness after impact trauma. Okay? Like RTA, or something like that.

You're looking at trying to break the bonds with this approach, which you can do. Okay. But the, my experience and you know my heart is that I've observed more and more and more and more physical trauma associated with past emotional events. Okay.

SB: Yeah.

HW: So if you can get the, there's a guy called Hugo Critchley and Jessica Echols who do a lot of work with hyper mobility and also, you know the psychiatry of people with hyper mobility and they ... he actually says people are pattern avoiders. So you've got a trauma and which has massively threatened you, you'll spend most of your unconscious hippocampus life of trying to avoid it. Now, you can take that chore out where that patterns not registering. Then it changes you and it will change you physically. I mean, you are ... I just released your head there and you went looser. Okay.

SB: And one of the questions is can you explain what the next reaction was doing? So how did it release the hamstring and what effect was the bite meant to have? It looked impressive on me. Well, I think they just mean I looked impressive.

HW: You do.

SB: Claire says, I've never moved my legs that far before in my life.

HW: Claire can have a free treatment. The why it happens. Why releasing the head makes hamstrings go like that. It does. Okay. I'm not going to explain that one away. I suspect what you're doing is you're downgrading ... The heads primarily a bone tissue made out of neural crest tissue. A neural crest tissue makes the autonomic nervous system. The only part of the head that is not made of the neural crest tissue is the back of the skull. Okay? That's the same bone embryological tissue as the spine.

So actually, the head is a very, very related to the autonomic nervous system. So you release the head and relax the head, which you saw there. You actually have a display apparently and a release. And again, I'll come back to the cranial guys. They're dealing with the head and they relaxing, releasing it. And that is a profound, profound effect, if they were just sort of physical thing. I mean, you know, it's quite, you know, theatrical in some respects, but it's very obvious it works.

Now, you know, with a cranial person it's one on one and they're in the lateral gaze. They're focusing. They are working in the territory, I believe, I'm

displaying, I don't think, I don't know how many people have seen those releases before, but what is this for sure. It's available to them.

SB: Yeah. Okay.

SB: Bob Allen says, "Hi Hector. Nice to see you in action again."

HW: Thank you Bob.

SB: He said as you're playing with electrical fields, would something like a mobile phone or another electrical device, affect the technique one way or the other?

HW: You got two questions there. Okay. So a mobile phone is disruptive. EMF is a greater field when it signals out, signals in. So if you get your mobile phone, okay, let's say this is your mobile phone and you put it the back of your neck like that and ring it and you do the straight leg raise, the straight leg raise will move. You'll be more flexible. And you take it, the mobile phone, away, it'll be tighter. So the EMF of a mobile phone will create a disruptive pattern.

Let us say it is the water. I can't fathom anything else. And, and therefore you get flexibly. So the answers to his question is yes, but the other is true. If you have the same field constantly and you put yourself in a tight state, you'll actually tighten up more easily and you actually become tighter. So you know, a good example of somebody looser, an anxious person who goes into that EMF, which it constantly loosening, they'll actually become tighter and tighter.

HW: And my theory is this theory, is actually you get postnatal depression, which are very, lots of water comes into the person. That means they're more flexible. If they got an anxiety state, they get tighter. You take the water off, like you saw, took the copper off, all the water off from the back or the smell off, the body goes tighter. So actually they can get a more anxious state after the pregnancy so you just release the head.

So that's my ... I'd love to work with postnatal women and I believe you probably get rid of post natal depression or the display of it, more importantly, within a session. That's my gut feeling. But you know, it's a big call to say that's what will happen.

SB: Look, I've got a whole load of questions here, but I really want to move onto the second phase of this evening so we'll come back to them if we can.

HW: Yeah. Sure.

SB: Just tell us what we're going to do now. Just outline.

HW: Okay. So the proposition is that, you know, the electrical field of a thought can ... it creates a contraction, a unique contraction. I think lemon, I got lemon contraction. Orange, I've got an orange contraction in the head. Road traffic contraction. It's unique to that event. Okay. So we've got two people who have got and volunteered to say they've got events in their life that are actually awful. I don't know what they are, but they are events. They've happened. And they want to get rid of them. Okay.

SB: And I want to explain to the audience as well that we've asked them whether they're prepared to talk about the events and we've said to them, they don't have to, it's not important to you to know what the event is, but I think they both agreed. They may or may not want you to know, I don't know, but they both agreed that after you've done this, they will talk to us about how they felt before, how they felt afterwards, which might be quite illuminating for people watching.

HW: Okay. When I do the technique, I don't like to know what the event is. All I need is they got it and they want to get rid of it.

SB: Okay.

HW: And I never asked what it is so if they share that, they're showing something very personal and we're privileged to hear that.

SB: Right. Should we go meet our patients then?

HW: Yeah. Yeah.

SB: Good. Let's go and do that.

HW: Thank you.

SB: Now, Chelsea, can I ask you to come and join us please? Just right there. Chelsea, where did you ... Chelsea, if you want to sit on the table facing that way then, so we're going to have to talk to you from behind, but it helps with the cameras, I think. Over to you. You can do your introduction, Hector

HW: Okay. So we've gone through the preamble. So the first question I've got to ask is do you ... you volunteered to have an emotional event removed? Was this a specific event?

C: Yes.

HW: And is it still troubling you now?

C: Yes.

HW: Okay. And do you want to get rid of it completely?

C: Yes.

HW: Okay. You have to do two things. Okay. You have to, when I say go, I think you just got to go to the focus of this event that cause you massive upset and if it hurts you say stop and you get your chin down there. I just want an almost still head. And then I will say do it again. Do it again. Okay.

SB: When you say if it hurts, do you mean physical hurt or emotional hurt? Would indicate by that?

HW: If you get ... you don't know what's going to happen. I think that's' the first thing, but you can get a release. You can get tears. You make it, you know, some people make noises. It's usually a sense of surprise and release. Okay. What I was going to do with Chelsea, I going to do a straight leg raise. Before I could do the release and then we'll do a straight leg raise afterwards. Now, it's only one event. Yeah. And you don't want it back?

C: Yeah.

HW: Okay. Okay. I can't put it back. That's the main thing. So we do it and we know we want to get rid of that.

C: Yeah.

HW: I mean, for me that's ... and first of all, thank you very much. This is a wonderful opportunity, what I hope is that people see and say, well, that's worth exploring, because if we do an event this ... how many years is it ago?

C: Oh gosh. Four. Four years.

HW: Four years. So I'll get rid of it in a minute. It'll be a good outcome. Yeah?

C: Yes.

HW: Put words in your mouth. I didn't mean to do that.

C: That's fine.

HW: Okay. And that's, that's okay.

SB: Yeah.

HW: Okay. If you want to lie on your back.

SB: I'll take the microphone from you.

C: Do I need to take my shoes off?

HW: Yeah. You can take your shoes off. I think you'll ... here. Okay. If you lie on your back. Chelsea. So I'm going to do straight leg raise first. You promise me if anything hurts, whoa. So I know ...

SB: Even I was better than that.

HW: I know, but what you've got here is actually somebody who's quite flexible. Okay. But what you have here, something ... intrinsically very tight.

SB: Okay.

HW: So which is a classic pattern. I mean, that is tight. That is tight. So I'm going to put the pads on you so now this is like three or four. It's a lot of people interrupting, disrupting your water, as it your dipole pattern. And then it goes up. So I now know this is a huge tension.

SB: Okay.

HW: And when they give way like this, I also know they're going to be pretty responsive to the technique. Okay. Okay. Now, we can ...

SB: How much do you reckon each one of these weighs, Hector?

HW: These are nine kilos. One last. Okay. So I'm going to bring your head up, bring your chin down to your chest. I'm going to shout go and you, just to clarify, you can, you guarantee you don't want this one back?

C: Yes.

HW: So you pull it up, keep the weight off, chin down. You focus on the sphenoid. That's the junction. Go. Oopsie daisy ... now it's gone. Okay. Chin down again, Chelsea. Go. That's it. I will try again, but that's gone. How do you feel? Those are not the same. You okay?

C: Yeah. I'm okay.

HW: Is it still there or is it gone?

C: Not sure, to be honest. I feel lighter.

HW: Okay. Light is good. Let's do it again. So we just need you to absolutely focus on it. But if I ... you have to focus on the black zone. You have to take yourself right into where you want to go for it to disappear. Unless you engage in it, it just won't deliver in your head.

C: Yeah.

HW: So I'm not going to put the pads on because I think most of it has disappeared. Okay. So it's really, really, really focusing on it.

C: Okay.

HW: Chin down. Chin down Chelsea. Go. Oh, she's looking at that. Oh, she's very visual. Yeah. She's looking at it. That's out of the system. Okay. You got to do it again, but I think that's gone. You were looking at it, weren't you?

C: Yes.

HW: I know. Go. She wasn't looking at it before. There. It's gone. Chelsea, well done. So what you didn't last time was you didn't look at it. The reason I know that is that the tension of the visual upset come straight to the front of the face and you feel that in the skull. So ...

SB: Can I give you your microphone back Chelsea?

HW: You want to sit up there?

C: Yes.

HW: Okay.

SB: You looked as though you were putting a lot of effort in there, which is not my experience of cranial.

HW: It depends. You're asking, I mean, this is a delivery of something. It's a quick, it's sharp and it's using the concepts, which I believe are the same cranial, but you're amplifying it and it gives you more access. How do you feel?

C: I think physically, I think I feel the biggest difference when I, it's, I guess I wasn't necessarily sure what to expect.

HW: No.

C: So I think what it is, is now that I'm thinking about it, I guess you can ... when you initially told me about it, it was like, Oh, it's going to be gone. And I think I interpreted that as maybe differently than what I'm feeling, which is now that I think about the trauma, my physical response is different. It's not sort of welling up and creating that same sort of anxiety or, or just, I guess general…

HW: Do you still think of it but it doesn't have the same pull on you or control?

C: Yeah. Exactly.

HW: Well, that's basically what it is about. I can't change what has happened.

C: Exactly.

SB: You can't destroy the memory?

C: No.

HW: Absolutely not. No. When you do grief or bereavement, you still have the loss. You don't have the crippling grief, but you still have the love and the sadness from it. So they still remember it, but it's like it's gone back here.

C: Mm-hmm.

HW: So it's a more manageable.

C: Yeah. Yeah. Definitely. I think thinking about it and potentially speaking about it, I think it's not giving me the same level of anxiety or just that even just thinking about it and not having to talk about it. Normally, I would be upset. I think, like there's a physical reaction that when I think about it, I couldn't necessarily control. And now, you know, having thought about it and knowing that I'm thinking about it now, that physical reaction is gone.

SB: Chelsea, I don't want to press any buttons.

C: No, you're fine. You're fine.

SB: Can we ask, in order to gauge the magnitude and nature, are we allowed to ask what the original trauma was?

C: Yeah. Yeah. Absolutely. Absolutely. It was ... I was sexually assaulted. I was raped.

SB: I think that's about as severe as it gets, I would have thought.

HW: That's why I never ask. I said do you want to get rid of it? And now, she shared the most awful experience and you know the trauma of it. That's why I never like to know what it is. But that was a huge, I mean, thank you and I don't know what to say really, but that's a huge-

SB: I'm kind of sorry I asked to be honest.

HW: Well, thank you, If it's that big a change, and you want to explore this within your community, then there's a way to do it, but you got to remember it's a one shot, and it goes, and you'll be stronger for it because it now hasn't controlled you.

SB: And for the benefit of the audience, when Hector says the community, it's because Chelsea works for a local mental health charity, it's not because there is a community of similar victims around.

HW: Well yeah, that's what I meant.

SB: Yeah, of course. Thank you. Thank you very much. Shall I take the microphone from you for a second and if you'd like to take a seat again and we're going to see if this is a repeatable treatment.

HW: Thank you so much. Thank you so much.

SB: Ellie, would you like to join us? I'm going to hand you the microphone, Hector's going to take you through the process again. Ellie, we should introduce you. You are not a mental health volunteer but you are actually a practicing osteopath aren't you?

E: I am indeed.

SB: And you were the person who responded to my plea for help yesterday after we fell short by one patient.

E: Absolutely.

SB: So at short notice, over to you Hector.

HW: Okay? You've just seen Chelsea's response. What I'm going to do to you is going to be exactly the same. Not exactly the same but you know all you need to do, you've got two things you want to get rid of and if you want to do a third, you're more than welcome. You will be likely asked that question and you don't have to answer it. But I do not want to know anything about it. Those two you want to get rid of, I'll go one and then two, we might repeat it like we just did with Chelsea and another element to it may reveal but I have to say, if it goes, it goes and I cannot put it back. Is that where you want?

E: Oh yeah.

HW: Can put you don't want to, you won't have that physical control in you ever again. Thank you very much indeed, fellow osteopath. What we're going to, if you lie on your back, please. Thank you. So I'm going to touch you and I'm going to put the pads on you and we'll see what happens. Remember the pads-- You get this feeling when you work with this, actually the level of tension in the body and this is, this is quite a lot.

SB: Ellie, you confessed to OA in the hips earlier on, didn't you?

E: Yes. But that was nothing to do with it.

HW: All right. I'll show you something then. That is the hip though. Watch. This is 12 o'clock and that goes to 1, that's 12 o'clock, and at the heart it goes to 11 o'clock. So that's 90 degrees now. That's a bit easier yeah? So there's a question about the physicality of this. What I'm going to do is... Are you okay

with this on you? I'm going to just put these on here-- on you, and we're just going to see what it does to the hips. This is a hip, so immediately it's gone flexible. So we disrupted the pattern that's in the body.

SB: Yeah.

HW: If you want me to.

SB: I think that must've been quite evident on camera as well because that did increase range of motion. That was very evident.

HW: What we can do at the end of this, Ellie, we can unlock that if you want. It's up to you. I will ask, but what you're going to see is a slightly different flavour of release. Now it's chin down, you hold it and you focus. Just going to take this off if that's okay with you.

SB: Of course.

HW: Remember what I'm trying to do is mimic the large hands on a-- I've lost the pad, there you go-- large and the small one. I got this awful feeling that, Ellie's things really grim. So I'm going to bring your chin to your chest. You definitely want this to go forever you don't want it back.

E: Yeah.

HW: You pull it up.Get your chin down. Ready? Go. So there's traction, flexion, there it goes. There it goes, that's it. Could you do that again? I think it's all gone. Okay, go. That's it, that's gone. Well done, Ellie? Different wasn't it? The second time, wasn't it. Now what I'm going to do is take the weights off, going to do your hip, without the weight. Then we'll put the weight, do the second one. A key thing here is we're absolutely not dealing with this territory. This mechanical territory, definitely not dealing with it. Now that--

SB: You're quite pleased with that, Ellie?

HW: ...is extraordinary. Now that will remain. Now the key thing I'm trying to get across, I have not met many people, which bodies carry a tension and that displays physically. A mechanist will say just do that. In fact, that's quite a sympathetic, aggressive thing to do so something's actually been guarding. So I'm not a great fan of HVT personally, which I'm entitled to, you know.

SB: No, absolutely.

HW: Hope I'm not offending anybody. We want number two now. You know it works now.

SB: So all your patient has to do is to focus on that specific image.

HW: Got to go to black, got to go to black. The black spot. What happened for Chelsea. There was another bit she didn't want to go to and then she went to it and that was the visual thing.

SB: Right.

HW: I don't know what that's like, but we do know it's changed. So you want to get rid of this? I know the answer's yes, but yeah, yes.

E: Yes.

HW: I do ask every time by the way, because you cannot put it back. Okay, Ellie, go. Oh gosh. It's a lot worse. There it goes, that's it. That's it. That's it. Do it again, Ellie, go, go it's gone. So what if that was a, that was a bigger thing than the first one.

E: I didn't realize that.

HW: Well, watch this girl.

SB: Back to ballet for you.

HW: So what I'm going to do-- Do you want me to do the hip, as I've got time?

SB: We're running out of time because we've got quite a few questions. Can we get you to sit up again, Ellie, please, if I hand you back your microphone?

HW: So two events. How did they feel? How'd you feel?

E: Quite different.

HW: In what way?

E: I'm not as-

HW: Your hip shows that. Do you want to share one of those events or not?

E: I can share either of them. Both of them. The second one, which you said was the tougher one, was actually from about 11 years ago. I'm watching my eldest son have a fit and the noise and the terror that was for me and having to watch it back to play it back, he was 13 I had to record it. I had to play it back for the consultant and I could only do that once, because I was terrified.

SB: What was the cause of the fit?

E: He was just developing late-developing childhood epilepsy.

HW: Right. Number two, number one.

E: The number one was a bereavement, and that was the death of one of my children.

SB: And as Hector--

HW: How long ago was that?

E: That's a very long time ago, it was twenty odd years.

HW: So number two built on number one.

E: Yeah.

HW: And that, The emotions stack in that respect. I don't know what to say, thank you for sharing that, but that is massive pain.

SB: And as Hector asked, the first time around. When you now think of either of those events, do you feel differently about them?

E: I can still feel some discomfort, but it's not as it was.

HW: We can do it when we finish. Let's finish it off. Okay. But thank you so much.

SB: Thank you very much. Should we go back to what our chairs are going to try and finish off some of these questions? Actually not quite sure I know what to say.

HW: The most sensible thing to say is this is: is it teachable? I believe it is is. Is it valuable to the manual therapy community? I believe it is. Can we make this evidence that as a profession we have something of value to offer outside the medical model? I believe it is and I hope you can almost understand why I say emotion is nothing more than electrical event. We have massive skills but we don't have obvious evidence. Now what you see in my opinion is something quite tangible, quite real, quite immediate, amazing. If you're saving 10, 20, 30 sessions of counseling to that, none of those ladies want to return to that again and again. They can get a functioning state and then they can make the next step. But--

SB: I've got a load of questions here, which most of which relate to what we did the first time around with Laura, doing how the technique was worked with. I've got a few of my own here. The first is about, it's a question we've heard in previous broadcasts about whether we physical therapists should be involving ourselves in any way with someone's emotional trauma. I know your technique is a physical technique and we're physical therapists, but are we out of our depth when we say to-- when we advertise, come to me, if you've got emotional trauma, I can release it?

HW: I'm thinking it's a true statement. There's nothing wrong with a choice.

SB: Are there any contraindications? Could this go horribly wrong?

HW: I, within my knowledge, would stick to events, and not other things. So a specific debris or even a crash. You know what you've heard some this evening, but there are other territories where people are very significantly medicated or, suicide's an area to avoid. I would go specific events, which are people capable of making a decision, then we'll get rid of it instantaneously.

SB: Where do you stand, for example, in advertising and marketing your services for this particular form of therapy? You don't. So how do people find out about you in order to...

HW: It's word of mouth. I, mean, you know the restrictions generated by our professional body virtually says that cranial techniques can't have any claims. Now I believe that the cranial is this interaction, just disruption. I believe what you've seen is quite effective disruption, is amplified. It is amplified because two person technique is more effective. I can do the same with three practitioners. I can deal with the past. I did that a number of times, more than a number of times.

SB: Before we came on earlier, didn't you tell me that you had actually had a discussion with the advertising standards agency over-

HW: I was going to share it more widely a few years ago. They said, well, where's your evidence? And I'm going so what evidence you want? But I did so and then I said, well if I give you the case history is every person I treated and they showed a positive outcome, would that be enough? They backed off and said, well we'd have to consider that. So if you make the claim that I do this then they'll say, well where's your evidence? All the people I treat, this is what happens. That's probably a slightly different perspective cause it's very much easy to prove. So I wouldn't, I personally backup. The important thing is that you got to teach is it accessible, is it useful? But does it endorse our professional I believe all those, yes.

SB: Is it only something which is available to cranial osteopaths and mostly available? Is that, are they the only per type of practitioner who would be able to take on what you're teaching, what you might teach?

HW: It depends. Obviously if you've got some very, very, very, very focused practitioners who are mechanistic, they want this and that and that. That isn't what you saw when I touched Laura to begin with. I had a focused attention than I had, it's parasympathetic, visual gaze and everything. She was looser with that. Now that is a more cranial type state and it's those people who are fluent in touching people like that or gear onto that. Those people who think that cracking a joint or doing that it's not like that either. You are chasing tension. You know with Chelsea we had to do it a second time. You could tell she wasn't convinced. I could tell she wasn't confident.

Then you got the visual tension straight away, the second attempt and then it was clear. It was very clear. So-- I'll be honest I lost the question.

SB: Is this something only cranial therapists would be able to take on?

HW: They have a lot of sympathy, and or a huge amount-- They're going to be relatively able to lift and move. I do cranial but I'm also obviously quite physical as well.

SB: Yes, the techniques you did on the two ladies just now, I mean you looked as if you were putting a lot of effort in. I don't, I'm not saying you were crunching joints. There was something--

HW: You never want to crunch. That's the last thing you want to do in my opinion is crunch. Because you're not looking at the parasympathetic tension and simulate tension or the bone tissue. Bone has a huge amount of parasympathetic origin and you have actually, I've given you the articles that help you read that.

SB: Those articles, we will put those up on the website afterwards. For anyone who's been watching, they can download those and read them in their own time. A number of people have not only said how much they've enjoyed the demonstration of the show this evening, but they've asked what actually are you doing with your hands underneath the weights underneath the rasta wig.

HW: The easiest way to explain it is get a beach ball or a ball and press it one way, press it, press the other way, press it another way. You still hold the plasma of tension.

SB: You mentioned the SBS when you were treating earlier on, I think. Is that what you're aiming at in this?

HW: That was just a geographic focus. You're not trying to get the cervicals, you're trying to block the cervicals and trying to get them. Cervicals don't hold emotion. They, in my opinion, is the neural crest tissue, which is really involved with emotion and that is everything but the occiput, everything else is more neural crest of origin. A neural crest tissue produces the sympathetics and autonomic nervous system. It reduces a huge amount of pain, which uses some of the heart, it could use a lot of the brain. So it's the skull you want to hold onto, so it's not in the neck. You don't want to manipulate the neck.

SB: Okay. You talked about whether this technique can be taught. Do you currently teach it anywhere?

HW: That's a good question...

SB: But clearly you don't do formal courses.

HW: No, no, I'm not to. There's no way it's going to be a formal course because I need practitioners who are fluent. I mean it's quite a lot of kit. Those pads are big, expensive to make. You've seen the copper is made of copper, it's not kit I want to give to people and then say have a go. I want people fluent.

SB: So you would, you would teach you if you were asked.

HW: This is not something I want to keep, but you've got to understand where we're-- The territory we're in with our heavenly bodies as it were. They're not sympathetic to quite a lot of things. They talk about evidence base, but what little evidence is that well there's quite a lot of restrictions, what we can say and do. But if I do, you're more one-to-one now. You can train the trainers, then we can amplify it. But I want people who genuinely care. I would love their patients. That's the tension you need when you touch something.

SB: I can anticipate that quite a few people might be very interested to learn how to do this. What would, what should they do? Contact you direct?

HW: Absolutely. That'd be best thing we needed so come find out what you want to do. You're going to have to have some strength. It's not a light procedure but you know you've got to believe the emotional state affects the physical state. You've got to believe that. If you don't believe that and you think it's a load of porkies then back off because I don't believe that. I believe that the body is trauma avoider and the physicality of that body will change when it's had trauma.

SB: I'm going to back pedal a little bit here and try and address some of the questions that came in earlier if I can because this is learning with others, which means it isn't just my chat show we need other people's contributions. David from, I think David from Hull, not David Hull says is the business of increasing weight is that a possible reason that weighted blankets are used for people with anxiety, particularly children. Is that something, you know?

HW: It's yes and no. When you put weighted blankets on, it's not necessary. It's probably a bead or some sort, so it's a non-electrical element to it. However, when you compress the tissue, you actually speed up the movement of it. You compress you, the water moves faster. Water is always more liquid under pressure. That's how ice skates work. You land on the ice, tons of water, blah, blah, blah. So water speeds up so it becomes more fluid and flexible and therefore the tension goes. So there is an element of that. I agree with them, but I've tried it with weights and it's the electrical element. If you lie people on the pads, it works. You lie people on a weighted blanket it wouldn't. So there is an element of it. You've got to understand that the, the body's a massively sensitive thing. It isn't just what we're talking-- it's not mechanical, but it would need to be bashed and banged. It is a bioelectrical material.

SB: Hmm.

HW: And that creates a field. You can see your field from outer space. Outer space. You can see a heart pumping from outer space because your electromagnetic field projects and then you need a satellite and probably metabolic death. Maybe not yours, but I can't do that. So this stuff, the key thing is, you know, we are very reactive.

SB: I asked you this before and you said you didn't want to answer this question because it would just take too long, but someone has actually asked what's the mat on top of the bed and is it significant in the treatment. Because you have a... There's a pad on top of the treatment table there, isn't there? Is there anything significant about it?

HW: Yeah.

SB: Is this the Hector Wells secret?

HW: It's not a secret, it's just the fact it complicates the delivery because what you're trying to do is interfere as much as you can with the water distribution in the body. You're trying to disrupt patterns all the time. And so actually I've put-- I mean it's oscillating water all the time. It creates an electromagnetic field on that oscillation of you put the copper on, it creates electric field on the copper. So you put the copper underneath the body, you engage immediately with the body. So actually it's copper.

SB: So that's what it is, it's copper?

HW: Yeah. It's the same underneath as it is on top. Actually what you find, if you immerse the person whole thing, their body goes slow, quiet. It's a Faraday cage - you know what a Faraday cage is. It has that effect. But quiets the body down massively. The people who love it are autistics and they love it. They go "Oh" and hypermobile people are also a group--

SB: I'm glad you said that because somebody actually asked about hypermobility. Who? It's Bob Allen asking about hypermobility.

HW: He's a preppy. The thing about hypermobility is it doesn't respond to manipulations that very well. There's a project done at the ESO now going through it. Hypermobility doesn't like to be whacked. But it likes to be downgraded. He likes to be done. If the Bay, the matrix, which the tissues hold on his bone, massively electrical and powers electric strip, flex, electric streaming of voltage, massively electric material.

If you make the bone, which we saw with-- you felt with Laura release, you actually calm the body down. So hypermobility, it responds massively to this because the emphasis, the insertion and the bone becomes much more elastic. So sort of bang, bang, like that. You have a pull like that, the tissue

will gives way. That's one thing you've said. All of those people's bone tissue released is the bone tissue releasing, you're not doing anything else. So hypermobility responds massively well to this, Ehlers-Danlos syndrome. It has a range, but even that is pretty difficult.

SB: We're very, very nearly out of time. But you earlier on, again, before we were on air, you mentioned a connection between this and EMDR is eye movement desensitization.

HW: What you saw initially when I said I did this and did that, that was sympathetic gaze, your maximum sympathetic gaze and that is parasympathetic gaze. Now with EMDR is that you're focusing on the sympathetic arousal, but you're giving parasympathetic signals.

Now the eyes are the most powerful neurological system. So you're overriding a parasympathetic state with parasympathetic visual movements and that's what you're getting there. What you saw with me is that I put myself in a parasympathetic state with a visual gaze and that's transferred to the hands and picked up by Laura. That's what cranial is. You don't get people sort of focusing on a bit of fluff. These all go in a gaze. They are actually entering a massive earth point of their body. Now they were, you can do it, but if you, I should. I stood on an earth mat and though they actually sat on earth mat and did a cranial, it'd be much more powerful. But if you earth with cranial, you'll actually go tighter. So you can't, you can do a bit, you'll get a massive change, but actually, your health will deteriorate if you work in earth. I've done it. So I wouldn't recommend it.

SB: Last question for you. Someone's asked, would swimming or water immersion have a beneficial effect?

HW: Absolutely.

SB: Right?

HW: Absolutely. I mean, absolutely. I mean, you're looking at when you put a person into water, the boundary layer of their body is now infinite. The person completely changes and water, hydrotherapy, all the rest of it, but massive, massive effect. I mean, you're seeing just that amount of electrical field disruption with the copper. Water's huge. If you do water, there's an osteopath actually over in Ross-on-Y that took over from Nick Handoll. She's done a lot of manipulation.

SB: Sarah.

HW: Sarah.

SB: Spencer Chapman.

HW: That's it. Yeah, well done.

SB: She's very often watching this program. So Sarah, if you are watching this evening, you get a shout out.

HW: Sarah, turn off now. Sarah’s done a lot of work in that area and she said hey. So definitely it's so different. It's different because the body just gives in water. So yeah, the old stories. Yeah, it will. Obviously a hug, a hug is a water based interaction.

SB: That was one of the other questions that came in is that why hugging works and we're not--

HW: Absolutely.

SB: ...we're out of time here, Hector. Can I send you the other questions and just post the answers later?

HW: In a stamped addressed envelope.

SB: Sometimes. I'll email them to you if that's all right. Thank you so much for coming in. It's been a, I don't know if this is the most dramatic session we've had, but I think frankly I'm slightly blown away, but what we've seen this evening and it's brilliant.

HW: If those people are interested in working with the manual therapy for mental wellbeing, I want to talk to you.

SB: Well you're easy to find. We'll put your contact details on our website as well and where this recording goes up. We'll make sure everybody knows about it, but it's been a great show. Thank you very much.