Alleviating Pain with Energy Medicine

An Interview with Eric Leskowitz, M.D.

Russ Mason, M.S.

Eric (Rick) Leskowitz, M.D., is a staff psychiatrist at the Pain Management Program at Spaulding Rehabilitation Hospital in Boston, Massachusetts. A teaching affiliate of Harvard Medical School, Spaulding is one of the nation's largest rehabilitation facilities and has been ranked in the *U.S. News & World Report's* "Best Hospitals" survey since 1995. It is the only rehabilitation hospital in New England in these rankings. Spaulding is a member of the Partners HealthCare System, along with Massachusetts General and Brigham & Women's hospitals.

Dr. Leskowitz also holds academic appointments at the department of psychiatry at Harvard and Tufts Medical Schools, Boston, Massachusetts. His clinical practice in inpatient and outpatient settings integrates such complementary approaches as hypnosis, meditation, and energy healing with conventional psychotherapy. He has written many articles for lay and professional audiences on topics related to spirituality, energy healing, consciousness, and health. He also edited *Transpersonal Hypnosis: Gateway to Body, Mind and Spirit* (Boca Raton, FL: CRC Press, 1999).

The Interview

Russ Mason: Where did you study medicine?

Eric Leskowitz: At the University of Massachusetts in Worcester.

RM: Did you always want to be a doctor?

RL: I was a biology major on the "premed" track but I was put off by the extreme competitiveness of my premed colleagues. I had a lot of misgivings about what to do about career orientation. I am now a psychiatrist by specialization and, back then, I got interested in related areas, such as physiologic psychology and the psychology of consciousness—which were big topics in the early '70s.

I took some time off before going to medical school because I couldn't quite take the plunge at that stage. So, I took a couple of years to travel in Europe, where I did a lot of bicycling, and Israel, where I met my wife. We then traveled overland to India and what I learned was the almost infinite ways of handling almost any human situation. Our culture has one way of doing things but it's no better or worse than any of the others. Looking

back, that helped set the stage to being open to alternative approaches to health care.

RM: Did you have an opportunity to study Ayurvedic medicine while you and your wife were in India?

RL: Not really. My wife had strained her shoulder while backpacking. In Kathmandu, a Tibetan doctor attempted to help her with herbal preparations but that kind of healing takes a long time and we honestly were not impressed with the results.

We also became aware, however, of a guru named Sai Baba. At the moment, Sai Baba is working with Mitchell W. Krucoff, M.D. [Director, CAM Research Laboratory] and The Mantra Project at Duke University Medical School, in Durham, North Carolina. A cardiology unit is being run in Southern India under Sai Baba's spiritual guidance, so that is a fascinating example of how Vedic/Hindu spirituality is blended with Western "high-tech" medicine. But we only saw a glimpse of Sai Baba while we were there.

When I got back to the United States to begin medical school, I learned Transcendental Meditation,TM more as a survival technique than for spiritual questing. This intrigued me because it provided an experience of an altered state of consciousness that was not drug-induced. Also, my wife and I were taking classes in Kundalini Yoga. And that was the first time I had ever heard the terms "energy centers" and "energy pathways" and how one could manipulate life energy. The idea that there could be a "subtle anatomy" not visible to the naked eye really helped explain a lot to me. That really got me hooked.

Also, in medical school, I had a professor who was very conversant in this field and was one of the forerunners in holistic medicine. He opened my eyes to the fact that there was another, multidimensional way of looking at things.

As I learned in medical school, there are many conditions and diseases that are called "idiopathic," which is a fancy way of saying: "We don't know what causes it." And that is because doctors are looking only at one level, the physical level, to explain physiologic changes, whereas the Yoga model helped me to see that there was a more subtle level, and that, if changes happen at that level, then they may eventually manifest on the physical level.

A key component of this understanding was how thoughts and emotions could affect illness. It was exciting to be part of the process of integrating these various approaches, of putting them all together.

More recently, there have been attempts to explain psychosis

as being caused by overactive Kundalini energy, and there have been some interesting theories connecting Kundalini and schizophrenia and whether energy centers within the body are popping open without an integrated ego to keep track of things. This makes sense to me in a way that complements psychiatry's current obsession with neurotransmitters.

So there's cool stuff out there, and that is something I would like to spend more time doing—drawing up a model of what the energy aspects of standard medical illnesses are. At the moment, I am working with people with chronic pain, so that has been a good start. However, I think it is possible to get to the “hidden dimension” of every major illness, to find the real, causal changes. At the present time, we can see an organ break down, but we can't see the underlying cause.

RM: Did you have an opportunity to look into this while you were in medical school?

RL: I did have a special project, which I wrote about, concerning the physiology of meditation. I also spent some time with chiropractors and acupuncturists and found out that they had a lot to offer, even though their reputation had been demonized at the medical school. That was very instructive for me, as most of these criticisms were not based on data but on prejudice. I came to realize that it was much more important to work together than to work in opposition.

RM: Do you see this trend of acceptance becoming more widespread by both the allopathic and alternative medical communities?

RL: Oh, very much so. There is still a lot of rigidity but there are so many promising signs and collaborations all across the board. We have passed the point of no return, not just with good research data but with lots of subjective experience. For myself, an acupuncturist caused me to actually feel my Gall Bladder meridian by placing the needles strategically. I felt the energy move up my arm and make a kind of “zig-zag” path that I later found out matched the actual meridian's route. And it was very real for me and this reinforced my view that personal experiences are just as important—if not more so—than double-blind clinical trials. It's important to have as many approaches available as possible.

RM: After you left medical school in Massachusetts, what happened next?

RL: I did my residency at the University of California, San Francisco, at the Fresno [California] branch. At that time, the residency director, George Solomon, M.D., was one of the leaders in the field of psychoneuroimmunology. He provided a good model of how to use psychiatry to understand physical illness. His focus was on emotions and stress and he was far ahead of his time in studying this area.

I later came to appreciate the significance of the impact of stress on illness the following year when I did a fellowship at the New England Medical Center [Boston, Massachusetts], associated with Tufts Medical School in what is termed “consultation/liaison psychiatry.” This kind of psychiatry focused on working with patients who had medical illnesses with stress-related causes. Interestingly,

Top Left: Eric Leskowitz, M.D., Spaulding Rehabilitation Hospital, Boston, Massachusetts; **right and bottom:** Dr. Leskowitz does energy work on a patient who is also receiving acupuncture.

some of the stress was caused by just being in the hospital, hooked up to all this equipment. Other times, it was lifestyle issues that helped to set up, or trigger, a particular disease.

The team at the New England Medical Center was psychodynamically oriented and were very adept at figuring out what some of the emotional conflicts behind the scenes were.

I had an opportunity to continue this study when I got my first “real” job, at the Veteran's Administration [VA] outpatient clinic in Boston—a job that lasted for 7 years. Within most VA clinics, the most common psychiatric syndrome is post-traumatic stress disorder [PTSD], and when I was there—in the mid-to-late 1980s—our clinic was doing some of the really important early work in PTSD among combat veterans. In all the places I have worked since that time, PTSD has been a recurring theme. For example, the chronic pain I see now often has its roots in PTSD. This means that, long after the specific injury has healed, there is a low-level form of PTSD that the body holds onto because it is part of a stress reaction. And that usually doesn't get dealt with in most of the medical approaches to chronic pain.

RM: Why does the body manifest stress after the injury has healed?

RL: Often there is an emotional block that prevents the body from letting go. Or sometimes it arises from the patient being in a state of constant fear. Other times, it can be issues of guilt. One of these conditions is survivor guilt. In that case, the only survivor in a military unit that was blown up may experience a very intense guilt reaction that is very common among many veterans. And before any medical symptoms can be fully resolved, the issue of survival guilt must be addressed.

RM: What treatment options were available to those who suffered from survivor guilt?

RL: Initially, the main treatment approaches were group support and expressive therapies. Back then, I began to look into therapeutic hypnosis as a treatment approach, and it has since become one of the mainstays of treating all forms of post-traumatic stress. With hypnosis, one can use the altered state of consciousness to process events without becoming overwhelmed by the intense emotional connection. Within the past 10 years, we have seen this approach develop quite a bit into a new wave called “energy psychology,” which is one of the most exciting developments in psychotherapy—not just for PTSD but for any condition for which the therapist can use the acupuncture meridian system in psychotherapy.

RM: Would you please explain more about that?

RL: Trauma gets stuck in the body, in the subtle energy pathways known as the acupuncture meridians. So, in the case of a combat veteran, for example, the sound of a helicopter can trigger such a strong reaction because there is a vast amount of stored energy, all activated and ready to go, *stuck* in the meridians.

RM: How does one treat something like that?

RL: The treatments involve remembering whatever was upsetting and, at the same time, clearing out the meridians by finger pressure or tapping. You don’t need acupuncture needles. And, sometimes, in a remarkably brief period of time, a patient will lose the fear reaction that has—in some cases for many years—been part of his or her life.

Another, related approach is called EMDR, which stands for Eye Movement Desensitization and Reprocessing. EMDR is a very weird-looking form of treatment because the therapist moves his or her hand back and forth before the patient’s eyes for minutes at a time. As the patient’s eyes follow the hand movement of the therapist, the patient recalls the upsetting event that created the stress. The stress could be an automobile accident or an argument with a boss. And, somehow, EMDR facilitates the release of the emotion–intense effect.

Nobody really knows how it works, but the name EMDR

implies that it has to do with information processing. Some people tend to think that, because the patient’s eyes are moving back and forth horizontally as the patient recalls events, that both hemispheres of the brain are engaged, which is key to the therapeutic mechanism. That may be true, but I have done a little speculating that what might also be happening is the activation of the energy center that mystics call “the third eye.” By activating the third eye energy center by these kinds of eye movements, an altered state of consciousness is engaged, and this allows the desensitization to occur more readily.

So this is one of those really cool techniques. No one knows quite *how* it works, but the documentation is really coming in thick and fast that EMDR is clinically effective and is not simply a placebo.

RM: How does one become trained in something like that?

RL: There are authorized teachers who do workshops in the technique. That is the way many novel therapies tend to evolve—someone has a brainstorm and develops it. Then they refine it in their own clinical practices and then begin to offer workshops and formalize it to the point where it can be offered as

a training program. These techniques may not be certified by the American Psychological Association, but I could see that happening down the road. EMDR is such a technique. There are also meridian-based psychotherapies, which have had a similar pattern of growth and evolution.

RM: You mentioned energy psychology earlier. Is this something you practice also?

RL: I tend to be eclectic, so therefore, I don’t remain in any particular “school” or track. What this means is that I have a few more options available to me than some other doctors.

RM: At Spaulding you treat people with chronic pain. Can you give me an example of the kinds of treatments you use?

RL: There was one woman who was hurt in a boating accident. In addition to physical pain, she also had undiagnosed post-traumatic stress. She eventually responded very well to a process we call energy tapping. In just one session of energy tapping, her improvement was better than it had been in a month of inpatient rehabilitation. So she provided a clear example of how physical problems can have an energetic basis. But the results are not that dramatic for everybody, and for many people, standard rehab alone does wonders.

Yet, at Spaulding, the emotional component to disease is fully acknowledged and we have a lot of psychologists and psychiatrists throughout the hospital who address the emotional reaction to disease and the adaptation to illness. This approach to rehab has been spearheaded by Spaulding’s Integrative Medicine Task Force.

RM: Could you explain a little about energy tapping and your approach to energy healing?

“Trauma gets stuck in the body, in the subtle energy pathways known as the acupuncture meridians.”

RL: My own interest goes back to the late 1980s, when a friend of mine said, “there’s a speaker you have to hear,” and dragged me to a lecture by a woman named Rev. Rosalyn L. Bruyere. She was an energy healer but I didn’t know what that meant. She was able to manipulate subtle energies through her hands and affect the energy system in patients. In addition to that, she had the gift of clairvoyance, so she could perceive the changes in the aura or energy field. At the time, she worked with a lot of physicians in the southern California area and did some really remarkable stuff.

She also had an ongoing training program and would come to Massachusetts for a couple of weeks each year. I participated in that for about 8 years. It was phenomenal stuff. Speaking personally, that experience has been my major influence in trying to bring the energy dimension to health care. And that is what I have been doing over the years.

RM: What specifically did you learn from the Rev. Bruyere?

RL: For one thing, it was humbling. The other students had more innate energy skills than I had and, yet, I learned to sense energy to a degree and to “run energy” through my hands and to energize and enliven peoples’ energy systems. But some of my colleagues had the ability to actually feel if someone’s liver was a bit more inflamed today than yesterday or to sense where a nerve was being impinged. Standard diagnostic tests were able to confirm the validity of these energetic observations, so it was all very real.

What is important also is that a lot of people have an innate ability to do some hands-on energy healing. It’s just a matter of (A) giving yourself permission to do it and (B) getting it activated.

RM: Does everyone have the ability to do energy healing?

RL: More people have the ability than those who don’t but most people are not even aware of the ability they have. The energy field also influences emotions and the different energy centers have different emotional functions. So, someone who has unexpressed grief or mourning can be assisted by a practitioner working with the throat center—not even physically touching it—can bring about a healing catharsis. This is referred to as non-contact energy work. There are ways to teach—I don’t have a catchy phrase here—but let’s call it “meridian health.” People would learn to maintain the health of their acupuncture meridians through some of the simple tapping techniques and doing it on a regular basis for health maintenance.

Most of the patients who go through our program will get exposure to that particular technique. And it is important to note that the more chronic and lingering a symptom is, the more pervasive it is, the harder it is to change, no matter what.

RM: Can you tell me more about tapping? And please give an example of how you might use it at Spaulding.

RL: Let’s say someone has just had an automobile accident and thought he or she was going to die. It was recent, it was terrifying, and it has not settled into any kind of behavioral pattern. That patient is “ripe” to be helped.

For More Information on Energy Healing

Books

Energy Tapping

By Fred P. Gallo, Ph.D., and Harry Vincenzi, Ed.D.
Baton Rouge, FL: CRC Press, 2000

Instant Emotional Healing

By Peter Lambrou, Ph.D., and George Pratt, Ph.D.
New York: Broadway Books/Random House, 1999.

Training

Rev. Rosalyn L. Bruyere
Healing Light Center Church
261 East Alegria Avenue, #12
Sierra Madra, CA 91024
Phone: (626) 306-2170
Fax: (626) 355-0996

RM: What does the practitioner actually do?

RL: The pattern is to take the acupuncture meridian that the energy flows through—and each meridian has a beginning point and an end point; these are called terminal points—and a lot of them are very accessible. There are many of these points on the face and on the hands and they are paired, corresponding to the left side and right sides of the body. So, the patient will use fingers to either rub or tap the terminal points of each meridian for a short period, 15 seconds or so, and go through a sequence, so that he or she gets to all the major meridians. As the patient does this, he or she is engaged in reminiscing, or remembering, certain emotionally painful events, such as the car accident. A common experience is that the effect, the emotion, comes to a peak and gets strong, and then loses its intensity as the patient works through these points. The event will always be remembered in the future, but it won’t contain the same emotional intensity that it had previously.

RM: How would a health care practitioner learn such a technique for use on his or her patients?

RL: It’s important to say that the practitioner does not do the actual tapping. The patient does it on him- or herself. So I will demonstrate on myself for the patient and then watch the patient do it. Sometimes, if an event is emotionally charged, I will instruct the patient to review the incident as though he or she were a third-person observer, detached from actual participation. This way the patient won’t have the intense flood of emotions. Incidentally, the eye movement technique is very helpful in this regard.

Sometimes there are many emotional blocks and, therefore, it is necessary to go through the cycle several times. But eventually a lot of the pent-up intensity can be unraveled.

RM: For practitioners who might want to utilize the tapping and other techniques, how might they get more information?

RL: There are a couple of good books [see box entitled For More Information on Energy Healing]. Roger Callahan [Ph.D.]

developed something the original technique called Thought Field Therapy while Judith A. Swack [Ph.D] has evolved a newer approach called Healing from the Body Level Up. There are different conferences now that offer training in this. There are many variants, but with the same kind of overall approach underlying them. It is useful to consider that a lot of symptoms are the result of energy imbalance; insomnia, different kinds of phobias—which often are related to past negative experiences—and these can often be eliminated with this kind of protocol.

Yet, energy psychology is a very significant form of leverage to get symptoms to shift and dissolve. I think, in the years ahead, this technique will become more mainstream.

RM: If someone goes through a terrible car crash, does this show up in the person's energy field?

RL: Yes it does. Fear is an energetic phenomenon. We've all experienced "butterflies in the stomach" and that is an overactivation of a particular energy center. That is just one of many everyday experiences, which even untrained people can sense.

RM: What percentage of the patients you see at Spaulding receive energy work?

RL: About 10 percent. But I will teach meditation to almost everybody and build on mindfulness meditation. This often leads to some energy-sensing exercises. Perhaps 25 percent of the people receive some form of direct energy psychology with the meridian tapping.

RM: Do you ever prescribe pharmaceuticals to your patients?

RL: Many of my patients receive psychopharmacology and are on antidepressants or other medications.

RM: Please tell me about the patients you see who are in the pain unit of Spaulding Rehabilitation Hospital.

RL: The pain unit has about 15 beds and I consult on these patients. These are people for whom all outpatient treatments have failed, who have been to many doctors, who have had a lot of surgeries and nerve blocks, and who have reached dead ends. So, when they come in, they have a comprehensive rehabilitation rehab program—physical therapy, occupational therapy, and mental health therapy are big parts of it also. Each of the patients has a psychologist and a social worker, so we function as a team.

RM: One of the disorders you have explored energetically is the phantom limb phenomenon. Would you please talk about that?

RL: Unfortunately, it's a disorder that is quite common. Many people have traumatic amputations from injuries or accidents, or for medical reasons—where a disease process has to be nipped in the bud. Most people have the sensation that the limb is still there. For some it's not unpleasant. Yet, for most patients, not only is the limb still there, it is painful. This is called "phantom

pain" because there is nothing there physically.

Many, many standard medical and surgical approaches have been tried—different medications, nerve blocks at every level of the nervous system—from peripheral nerves to the gray matter of the brain. These therapies may work 20 percent of the time, so that's a low success rate. It's a very distressing pain. Sometimes patients are on high levels of narcotics also.

RM: How do you address phantom limb pain at Spaulding?

RL: One of the options we offer in our program is Therapeutic Touch and I remember the first fellow I offered this technique to. As you might imagine,

patients with chronic pain are motivated to try anything, because they're miserable, and whatever might work is of interest to them. This fellow had a lower-leg amputation and I did an energy-sensing scan. Not only could I feel energy over his upper leg but I could also feel it over the

missing leg, which I had not been expecting. Even though his eyes were closed, he could also tell when my hands were touching his phantom energy field. So both of us perceived sensations that did not exist in physical matter, because there was no leg out there.

RM: How did you treat this patient?

RL: The Therapeutic Touch treatment involves smoothing out the distortions in the energy field and this patient was able to feel his pain drain out through the bottom of his foot.

With other patients, this approach has often been helpful. However, it does not work 100 percent of the time. Sometimes nothing happens and sometimes patients need repeated treatments. But, it seems to me that there is definitely an energetic basis to this pain disorder that has been totally overlooked by the mainstream medical model.

I am hopeful that we can get some funding to do some more research on phantom pain from a variety of angles. One would be to refine the treatment to see how and where it works, what aspects of the treatment are most important, and what are the significant emotional factors.

The emotional factors are important because sometimes there has not been adequate mourning; there has been no grieving for the lost limb. Energy treatment helps that a lot. We are also interested in finding a way to objectively measure the energy field that exists in phantom limbs. Kirlian photography or some of the other electromagnetic measuring devices. . . I would love to get access to some of that technology so I could see what was really going on.

One way of explaining this is to remember an experiment many of us remember from grade school. Iron filings are put onto a piece of paper and a magnet is placed underneath. We can't see the magnetic force but we can see the iron filings all line up, depending on the degree of magnetic pull. So the filings arrange themselves in accordance with the invisible magnetic

"Energy psychology is a very significant form of leverage to get symptoms to shift and dissolve."

forces. I think the human body is very similar. The cells of the body “line up” in a pattern that is set by invisible lines of force. And these lines are probably the acupuncture meridians and their related fields.

So, in the case of phantom limb, it is as though the lower part of the iron filings have been swept off the paper, but the magnetic field still exists although there is nothing to see physically. The energy field is still there, even though the cells—the physiology—are no longer present. This finding has the potential to shift our thinking about how real these energy fields are, after all. That is why it’s important for us to get some outside funding, to dedicate some time and do the research.

RM: Do you see many patients with phantom limb pain at Spaulding?

RL: We do have an outpatient amputee clinic at Spaulding and an inpatient program. We have about a dozen beds dedicated just to amputees.

RM: Being that your focus is on pain management, using primarily energy healing methods, do you also use other pain-management protocols, such as morphine?

RL: Right. There are people who do have opiates prescribed in one form or another. There are people who get nerve blocks, steroid

injections. We provide the whole range. Sometimes the symptoms are so “locked in” that they need physically oriented approaches. But we also have psychologists who are skilled in hypnosis. We have occupational therapists who work with biofeedback. We have physical therapists who do some of the hands-on techniques, which are called myofascial release. This is a gentle, hands-on approach that releases some of the stress that builds up in the connective tissue around muscles. It is similar to CranioSacral therapy, which osteopaths often use. We make all these various approaches available, depending on when the therapy is appropriate.

RM: Do you have any concluding thoughts that you would like to share with our readers?

RL: Just the idea that human beings are multidimensional. Western medicine has done a good job focusing on the physical dimension and I wouldn’t minimize that. When I tore the ligaments in my knee I had surgery; I didn’t try to fix it by energy healing. The physical dimension is real. And so are the emotional, the mental, the energetic, and the spiritual. The best treatment is one that accesses all those levels. □

To order reprints of this article, write to or call: Karen Ballen, *ALTERNATIVE & COMPLEMENTARY THERAPIES*, Mary Ann Liebert, Inc., 2 Madison Avenue, Larchmont, NY 10538-1961, (914) 834-3100.