

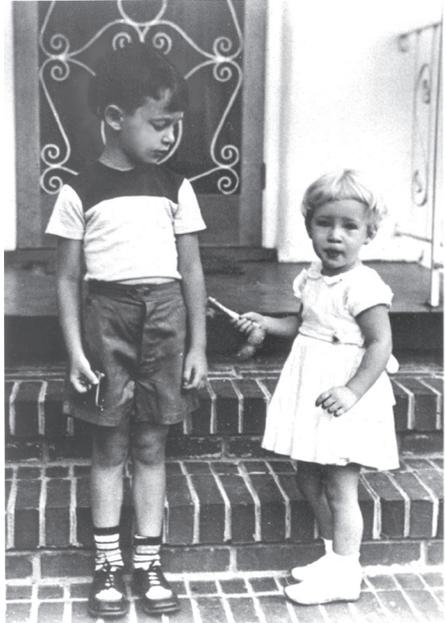
Chapter One

Humble Beginnings

(Chapter by Larry Wurn)

“She’s so radiant,” I thought. In the years since Belinda and I grew up together as kids, the scrawny girl I had played with had become a brilliant and lovely woman at 30. Leaving her pre-medical program for a career she felt would give her more quality time with her patients, Belinda graduated top of her class from the physical therapy school at the University of Florida. Now, I was meeting my childhood friend again as an adult: bright, mature, radiant – and fun! How lucky could I be? A professional artist in my 30s, and back in Florida to help my aging parents, I ran into Belinda as an adult and we fell in love all over again. We happily married but were soon shocked and then devastated to learn that Belinda had developed cancer of the cervix. In her case, it was a potentially life-threatening condition that her doctors feared had begun to spread rapidly.

Physicians at the nearby University of Florida Medical School suggested immediate, aggressive action to stem the progress of her disease. They started with surgery to cut the diseased tissues from the most sensitive structures



Authors Larry and Belinda Wurn during an earlier time.

of my dear wife's body. Then, they used radiation therapy to stop the growth of any cancer cells that escaped the surgeon's scalpel. They never warned us about the potential for adhesion formation, with its deleterious effects, but it probably would not have mattered to us at the time. We just wanted her cured, alive, and cancer free.

Searching for Relief from Debilitating Pain

In the end, Belinda was pronounced healed, but that healing came at a great price. About a year and a half after her treatments, Belinda began to notice an uncomfortable pulling sensation in her pelvis. As time went on, the pull developed into a more persistent pain. Raised on traditional medicine, we consulted the best physicians and specialists we could find, trying to resolve her pain. They offered no solution except more surgery, with guarded prospects for success.

Unfortunately, the pain now came with more and more frequency, and the severity seemed to be worsening. But our experiences with surgery had been a two-sided road. While the surgery likely saved her life, it had also left her with increasingly debilitating pain. In the end, we decided that further surgery would lead us into even worse problems.

We started researching less invasive, more natural approaches to heal her pain. Belinda had taken many continuing education courses in physical therapy after her graduation. Most of these involved exercises or new electrical modalities that were being researched, some of which were being billed as "state of the art" physical therapy, such as ultrasound and cold laser stimulation. We tried both the new and the traditional techniques, but they did not help resolve her pain. In fact, much to our distress, her pain was getting worse.

Belinda had read stories about manual physical therapy — a controversial compendium of various types of hands-on manipulations to the body. Most of her colleagues had little good to say about it — after all, there was just no proof that it did anything. Despite the

fact that manual therapy has been practiced in virtually all cultures throughout history, many professionals still consider it unproven, or simply a sham. Notwithstanding, most doctors felt it would do us no harm.

As Belinda's pain increased, we became more determined to find an answer and we decided to take a few courses in different hands-on manipulative physical therapy techniques. We were drawn to physical therapy because of its strong foundation in medicine and its acceptance by physicians, scientists and insurers throughout the US.

After each course we took, we adapted, refined, and modified new techniques we learned in order to address Belinda's pelvic pain. Slowly, her pain and dysfunction (poor digestion, fatigue, painful intercourse, etc.) began to resolve. Two long years after we started our research, she was finally able to return to work full-time. She was regaining her life and her capabilities.

The more we studied various methods and techniques, the more fascinated we became. Our curiosity turned into passion. Over the next several years, Belinda and I continued to take many manual therapy courses from wonderful physicians and physical therapists in the US and Europe. Far from being the charlatans our doctors had warned us about, the teachers we encountered were educated, well-grounded healthcare professionals who generally appreciated the advances of Western medicine, but were frustrated with its failures and myopic views of treating certain conditions. Like us, they had found that many of Western medicine's biggest failures were in the treatment of chronic pain and unexplained dysfunction, both of which plagued Belinda. Allopathic medicine seemed limited to drugs and surgery, which were not appropriate treatments for Belinda.

The experiences and knowledge we had gained through our ordeals and the results we achieved in Belinda were inspiring. During courses and seminars, we heard other people's stories. As we did, we began to realize that others with chronic pain or dysfunction might

benefit from our investigation and the synthesis of techniques. In 1989, I became a massage therapist, and Belinda and I opened a small manual physical therapy clinic with three treatment rooms. We specialized in treating men and women with chronic pain who did not want surgery and patients with persistent unresolved pain, despite all attempts by their physicians to resolve their symptoms.

As we used the techniques we had learned, developed, and synthesized, our patients began to report relief from years and even decades of pain. Physicians responded by sending more complicated chronic pain patients to our door. As we continued to witness dramatic turnarounds, we began to develop an organized system of treatment protocols to address longstanding pain issues for various areas of the body. We were becoming extremely busy treating very complicated cases. It was incredibly gratifying to be able to return a pain-free lifestyle to so many people.

Our tiny physical therapy clinic grew with our referral base, until we had five clinics that covered much of the geography of our state. Doctors were happy to send us their most challenging pain patients — what one physician called his “chronic pain hall of fame.”

Most of our patients were physician-referred, and we were enjoying an excellent reputation among the roughly 700 orthopedic surgeons, neurologists, internal and family practice doctors, and pain specialists who referred patients to us.

Over time, we found that we were helping pain and dysfunctions beyond our original intent and out of the usual scope of practice for physical therapy. Many of these “discoveries” were uncovered by chance. Patients who came for treatment of chronic pain would often report that they also seemed to have dramatic improvement in seemingly unrelated areas, such as digestion, elimination, or sexual function. Through feedback and encouragement from our patients and referring physicians, we documented many of these unexpected turnarounds.

Then the impossible happened. Nothing in our professional lives would ever be the same again. In fact, our world was about to turn upside down.

In 1989, Belinda and I treated a patient, Andrea, at our clinic. Andrea reported chronic pelvic pain and dysfunction following an invasive surgery and a fall. She and her physician had been unable to find relief for her via the conventional physical therapy, exercise, and electrical modalities that had been prescribed for her. In fact, like Belinda, her condition seemed to be worsening. As her pain became more chronic and severe, her doctor sent her to us as a “last resort.”

When we treated Andrea, she and her doctor were pleased to find that her longstanding pain went away. Five months after therapy, she was surprised that she had unexpectedly become pregnant.

Andrea told us that her pregnancy was remarkable because both of her fallopian tubes had been diagnosed blocked during medical testing, seven years earlier. Fallopian tubes typically block due to adhesions, and once closed they are not known to open again naturally. “I’ve been sexually active with the same partner for seven years; I never used any form of birth control — we knew for a fact that both of my tubes were blocked. How could this happen?” she asked.

Dr. Falk, the physician who referred Andrea to our manual physical therapy clinic, learned of Andrea’s pregnancy. He became curious and asked us if we felt we had anything to do with opening her tubes. While we had similar thoughts, we did not know. The idea that we had opened her tubes seemed at once far-fetched and intriguing.

Andrea had her child and then Dr. Falk referred a woman with three years of “unexplained” infertility to us. He said, “Let’s see if you can do that again.” After a few hours of treatment, she became pregnant naturally and had an easy, successful birth — of twins! This was exciting. Belinda and I were very happy with the results, as were the physician and of course, the new moms.

Then Dr. Falk revealed to us that his wife, Shannon, had been infertile for twelve years. Her infertility history was incredibly complex. He explained, “She only has one fallopian tube and it is totally blocked. Her other tube and ovary were removed years ago. Her history includes Stage IV endometriosis (the most severe form) and massive surgical adhesions. Over the years, she has had several surgeries for the endometriosis and to remove ovarian cysts, and another surgery to remove her ovary, remove one tube, ease her pain, and help her conceive. Each of these surgeries left its own internal scars. Due to her only tube being blocked and her extensive scarring, her doctors gave up on her fertility years ago.”

“Oh, and she is now 41, so she is fast approaching menopause,” Dr. Falk said. “Do you think you can help her?”

With a deep inhale, Belinda and I resolved to give it our best shot. A few weeks after therapy, Shannon came to see Belinda. She stood in the doorway, just staring. “I don’t know if I should hug you or hit you,” Shannon said with a broad grin. “I’m turning 42 years old — and now I’m pregnant — naturally!”

Dr. Falk was amazed that through the therapy we were developing, his wife was pregnant naturally, despite all the procedures medical science had attempted over 12 years of infertility. Shannon gave birth to a beautiful little girl who is now 17 years old — and an accomplished equestrian and rising tennis star at her school.

By now, our curiosity was piqued. As healthcare professionals, we felt a strong obligation to investigate this phenomenon, which appeared to be having positive effects on seemingly unrelated bodily systems. We had seen it dramatically increase reproductive function in women who were considered medically beyond hope. At the same time, it was significantly decreasing pain in most of our chronic pain sufferers despite years of debilitating pain, and improving digestion for most patients with abdominopelvic complaints.

Excited and looking for answers, we approached the Chief of Staff of our local hospital. Richard King, MD, was a highly respected physician, scientist, and research gynecologist. While Dr. King was initially quite skeptical, he agreed to review the charts of the three unexpected mothers. The more he read, the more fascinated he became. Before long, he was telling Belinda and me that these were important findings and that we needed to start conducting some serious scientific research. Our curiosity and passion combined with Dr. King's, and we began a journey that would help many women and men, and lead to over 15 years together (thus far) researching new phenomena and discoveries in non-surgical treatment of pain, infertility, and several unexplained dysfunctions.

We never dreamed that our quest to relieve Belinda's pain would lead us on a path to discover and develop a natural treatment, not just for patients with chronic pain, but for women with endometriosis, menstrual or intercourse pain, sexual dysfunction, and other, often unexplained conditions – including unexplained infertility. Nor did we ever expect to conduct clinical research or to publish studies and abstracts in some of the most respected medical journals in the world.



Belinda and I learned how drastically fate could turn our lives in an instant. Just as we were starting our life together as newlyweds and looking forward to great careers treating patients (for Belinda) and creating art (for me), a few tiny cancer cells deep within Belinda's body changed everything for both of us, immediately and indelibly.

Now, 20 years after her diagnosis, our lives have come full circle. Belinda is still practicing physical therapy, but she is largely teaching patients and their partners the reasons for their unexplained pain and dysfunction, and what to do about it. She is also teaching select therapists around the country how to treat these complex patients with our new therapy, the Wurn Technique®. We also conduct,

publish, and share our scientific research and findings with doctors and other healthcare providers when we are invited to speak at professional conferences.

As for me, I am once again creating art, but that too is very different from anything I had ever imagined. I no longer sit in front of a blank canvas with brushes and paints. Instead, my canvases are patients who arrive at the clinic every day in search of help.

These canvases have very complex histories: a lifetime of experiences, traumas, and the emotions associated with them. My art now, like Belinda's and that of all of our therapists, is to help uncover the trail of adhesions left by the healing processes deep within the bodies of our patients over time. As we peel apart these adhesions strand by strand, we return patients to an earlier state of pain-free function and mobility.