

A VAHT journey into MS

by Ian Heburn

This story begins two years ago when Rory MacLeod, a young man of 23 years, was diagnosed with multiple sclerosis (MS). Faced with the diagnosis, Rory decided, without support from his doctors, to seek out the controversial treatment known as Liberation Therapy. In 2008, Italian researcher Paolo Zamboni hypothesized that restricted blood flow to the brain resulted in symptoms related to Multiple Sclerosis. Zamboni claims MS conditions, due to venous stenosis from developmental abnormalities, could be ameliorated through angioplasty and stenting of neck veins. The full name of this condition is Chronic Cerebrospinal Venous Insufficiency (CCSVI) and Zamboni's therapy is popularly known as Zamboni Liberation Therapy or Liberation Procedure. At the time Rory decided to avail himself of this therapy, it was not recognized and approved in Canada, with the result that there was no financial assistance available. With the help of community fundraising, Rory traveled to southern Mexico for the treatment. When he went to Mexico, he was in a wheelchair. Two days after the treatment, he was able to walk with the aid of crutches. Rory told his story to *The Review*, our local newspaper (which is why I am using his name).

At the time, I recalled having read that Sarajane Williams had done a few sessions with MS sufferers to see if Vibroacoustic Harp Therapy® (VAHT) could lessen the muscular rigidity in the legs that is symptomatic of MS. I contacted Rory to see if he would be interested in receiving a complimentary VAHT session with the aim of giving him some relief. Rory accepted the offer and appeared at my office for his first session. After explaining what I would be doing during the session, taking his history, recording pain/tension levels and establishing how his body was experiencing the harp frequencies, we began a 30-minute session. Following the playing, Rory reported that he found VAHT to be very relaxing. His pain levels were reduced and his walking seemed a little more steady. He asked me how much a session costs. I told him my fee. He said he had no job. I said "That's fine; pay me what you are able; if you cannot pay me, then I will do 10 sessions pro bono with conditions. The conditions are: you must be available for a weekly session and complete all 10 sessions; you must complete daily record-keeping so we can chart the progress of the sessions; you must present a final report to your doctors and you must agree that data collected may be used for publication purposes with the understanding that your name will not be used unless you authorize it." I added that I would not contact him again — it was up to him to decide whether or not to proceed. My final caveat was that I had never worked with a patient with MS before and had no idea what might come of this — but if he was willing, so was I.

The next day, at 9:00 a.m., the phone rang; it was Rory saying that, for the first time in two years he had slept through the night and been able to get up without any stiffness. He wanted to proceed with the sessions. As Rory had told me that he had to get up four or five times throughout the night in order to move his muscles or he would be unable to move the next morning, I expressed surprise. He, too, was surprised but very pleased. And so, our journey began.

At this point, I should mention that Rory is not well-educated but is very intelligent and answered any questions that I asked him with clarity and precision — which helped immensely in our work together. At the beginning of our program, I asked him what would constitute a positive outcome for him. He replied that he was going to be married in a year's time and wanted to be able to walk down the aisle without

the aid of crutches or a cane. I said, "Great — we have a goal." At various points along the way, I asked Rory to describe what it felt like inside when he 'lurched' in his walking. He described it as feeling as though messages sent from his brain were taking too long to reach his leg muscles and so he would start to fall, then the message would arrive and he could correct his 'fall'. Which is pretty much the way MS does its nasty work in the body. As we went along, Rory reported that the messages seemed to be getting through more quickly. In fact, his walking was improving week by week. By our fourth session, he had discarded his cane entirely.

The daily record-keeping provided valuable insight into how various conditions affected Rory. Weather, physical work undertaken on his farm, family relationships, occasional abuse of alcohol — this one, in particular was instructive. At one session, I noticed Rory's pain/tension levels were very high and his mood was dark. I asked about this. Rory told me he had had a 'heavy night' of drinking, but on the positive side, he found his walking improved. I said, "I'm not here to judge you, but I think you need to look into this. If you really believe drinking helped your walking, then you would have to have this confirmed by someone who wasn't drinking. And if you are right in your perception, then we have to ask why this might be the case — perhaps the resulting muscular relaxation is a factor and you need to tell your doctor about this." He did, and was subsequently prescribed a mild muscular relaxant.

Over the course of our 10 sessions, Rory's pain and tension levels fell. At the beginning, his average pain levels were 6 and 7 on a 1-9 subjective rating scale. By the eighth session,

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levels were 1 and 2 for all body parts. At our final session, Rory 'scored' 1 across the band. His mood and energy levels were equally positive.

While we were primarily addressing issues of pain, tension and balance, Rory reported that he felt his eyesight was improving. This was interesting because it was through his deteriorated eyesight that the MS was diagnosed. A visit to his optometrist confirmed that Rory had achieved remarkable improvement to his peripheral vision. At the time of writing, Rory was "one line away" on the eye chart from reclaiming his driver's license.

At the conclusion of our VAHT sessions together, Rory underwent an examination at the MS Centre in Ottawa. He passed the various cognitive and physical tests with flying colors. His doctor could not account for the improvement in his condition. Our local newspaper *The Review*, did a follow-up story on Rory entitled "Life has changed for Rory MacLeod." It can be found on the Media page of my website: www.vibroacousticharptherapy.ca.

For those who may be interested in the technical side of this: The VAHT system in my office is comprised of a full-size Salvi pedal harp equipped with five pick-ups. Each pick-up goes into an amplifier and mixing board which is wired in such a way that I have complete volume and EQ control of each channel. The amplifier powers two state-of-the-art transducer speakers located in a hydroacoustic soundbed (800 lbs. of water) designed and manufactured by Gary Baker of Sacred Innovations.

A word about techniques used during the VAHT sessions: As most VAHT practitioners are aware, flexibility of approach is the watchword. Sometimes, a patient wants to address the issue of pain, sometimes the goal is relaxation, sometimes we search for a restoration of balance. Each of these words — pain, relaxation, balance — and many more, carry with them subtle meanings for the one using them.

That said, with Rory, I approached most sessions in three stages — each stage lasting approximately 10 minutes. After 'charting' the body's experience of the vibrations, I began playing open octaves and 5ths in the progression of the Circle of 5ths — allowing 10 or more seconds between each note. The purpose of this is to settle the patient and open the body. Toward the end of this first stage, I used many, or all, of the notes Rory identified as being particularly resonant. I ended this part of the session by stopping and asking Rory if he was "doing OK."

The second stage, lasting approximately 10 minutes, was comprised of a technique I call musicofractals. Musicofractals are usually four-note broken chords, two notes played per hand (see page 11). Notes are played quite softly with chords played repeatedly and then played again with one note as a variant ... always returning to the home position before travelling to another variant. The permutations and combinations are almost limitless. Rory described the sensation as having "little fingers playing the inside of my body." My purpose in using musicofractals was to massage and continue to expand the opening created in the first stage. After 10 minutes of stage 2, I would stop and ask Rory "How are you doing?"

The final stage of the session was very similar to the first stage except with more emphasis on the notes identified as useful from our initial frequency mapping. We ended each session with a pain/stress evaluation and analysis of what took place on any given day.

The entire experience with Rory was very rewarding — first, because Rory obtained a very positive outcome. Second, I gained new insight into the efficacy and potential of VAHT and was able to expand my 'repertoire' of VAHT technique for future work.

Story update: I met Rory's fiancée, Kierstian, several times throughout our sessions together and knew she was pregnant and expecting their first child in December. Rory MacLeod and Kierstian

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welcomed their new daughter Lilly into the world on December 18, 2011. I have seen Rory several times since our sessions ended. He'll ask for a session from time to time just to "keep balanced." He's doing really well and looking for a job within his physical limits. His walking is steady and he takes no medication.

Possibly as a result of the story, several people suffering a range of illnesses from autism to ALS have approached me for help. ♥

Ian Hepburn played in the hallways of Hawkesbury & District General Hospital for several years before meeting Sarajane Williams and subsequently graduating from the Vibroacoustic Harp Therapy Training Course® in 2005. In 2007, Hawkesbury General accepted VAHT as a service to its inpatients.

Ian holds diplomas in Piano Performance and Piano Pedagogy from the Royal Conservatory of Music in Toronto, Ontario. He teaches piano and harp and has his private VAHT office in the Vankleele Hill Medical Centre. His website: vibroacousticharpttherapy.ca includes several feature articles, a CBC Radio documentary and various video presentations on his work.

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mance. Her harp students have won national and international awards and honors. She teaches a full harp class at Oakland University in Rochester, Mich.

Anita too has been a performer and teacher of pedal and lever harp, but during midlife chose to follow training in using the harp within healing centers. In seeking certification as a Harp Therapy practitioner she learned the effects of various modes, keys and intervals and tempi on the well-being of people and animals. She studied Vibroacoustic Harp Therapy with Sarajane Williams and added this modality to her toolbox as she works within long-term care facilities, hospices and hospitals. At this three-day collective, she will share her knowledge and stories of Vibroacoustic Harp Therapy as well as her bedside work with smaller harps.

Each day will start with yoga movement, followed by classes in beginning technique, ensemble playing, harp pedagogy, healing modalities and performance. The setting encourages walks along the Lake Huron shore, excursions, time for practice and reflection and evening concerts.

The Collective will also offer a concert with Christa Grix, a gifted jazz harpist who is excited to be part of this Canadian adventure. Christa fell under the spell of the harp during her first lesson at 16. Two years earlier, she was transfixed by live jazz during a performance at her high school. The two influences have shaped, but not limited, her explorations and accomplishments on the instrument. Equally adept as both a classical and jazz harpist, she is one of those rare individuals who can make the transition from the jazz rhythm section to the symphonic string section sound effortless.

Together, Anita and Kerstin will offer their expertise over the three full days and cover a vast array of possibilities through and with the harp. There is something for all harpists and want-to-be harpists. Our musical journey can be enhanced and nurtured within ourselves so that we can more fully connect with others through our music. We can grow in creativity, joyfulfulness and healing, while having lots of fun. Harps are for rent as well – lever and pedal.

For more information visit www.kerstinallvin.com Applications are on the web. To visit the beautiful site for this camp go to: www.tobermorylodge.com. ♥

¹A Collective: 1. Assembled into or viewed as a whole. 2. Of, relating to, characteristic of, or made by a number of people acting as a group: a collective decision. 3. An undertaking, such as a business operation, set up on the principles or system of collectivism.

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