



“Gerry G”

The Osteopath

Mr Gerry Gajadharsingh D.O.

Once a world-class fencer, he’s now one of the few and finest traditional osteopaths in London. Our Editor went to meet the man they call “Gerry G” to find out why he’s so successful.

Mr Gerry Gajadharsingh photographed at his Wimpole Street Consulting Rooms by Sarah Holland

Going to Mr Gerry Gajadharsingh's private practice is rather like visiting a friend at his very own luxury apartment on Wimpole Street. Up a flight of ritzy stone steps one goes, passing several apartments until one reaches a polished wooden door with name plate. A pretty young PA answers at my ring. Introducing herself as Kerry, she is memorably friendly and nice, directing me into a luxurious living room.

I wait, flicking idly through a magazine when a movement from the open doorway catches my eye. A striking-looking man with golden skin and bright, clever eyes has just strolled past; lean, long legged and glowing with health. This is Gerry G, I realise; purveyor of the traditional art of Osteopathy and what a staggeringly good advertisement for it he is. Having expected a beefy old battleaxe who pummels people for a living, I am delighted when Kerry returns, ushering me into his consulting room.

It is a wide, sunlit treasure trove filled with natural objects and an air of tranquility; green plants blooming by an open window; wooden furniture rich with waxen health, bookshelves stacked with well-read books. There are artefacts, artistically arranged and on the walls, beautiful paintings, trinkets and intriguing pieces of medical

“I was an elite fencer until I was injured. An osteopath healed me and I became an osteopath myself.”

equipment; some old, some state of the art and some exotic.

At the head of this sits the radiant Gerry G himself. He is so completely the antithesis of my idea of an Osteopath that my first question is: - what exactly *is* Osteopathy?

“Osteopathy is a philosophy of medicine,” Gerry G tells me, “created in 1874 by a man called Andrew Taylor Still. He was an American doctor whose three children died of meningitis one after the other. This was pre-antibiotics and he was understandably distressed that all his medical knowledge couldn't save his children, so he decided to look at the body in a slightly different way. He explored the relationship between structure: anatomy, and function; physiology. He concluded that if something isn't working properly it has an impact on the whole body.”

What attracted Gerry to it so strongly that he gave up a successful career as a world-class fencer to become an Osteopath?

“Yes, I fenced at a very high level.” he says, and I bet he still fences because he has that lithe dancer's grace that so many fencers have. “But then I was badly injured with an avulsion fracture.” he continues, “The hamstring muscle from the back part of the thigh came away from my pelvis and I had about 6 months of orthopaedic specialists and physiotherapists working on me without healing me. Eventually, my school, St Clement Danes Grammar, sent me to see an Osteopath. Like you, I had no idea what an Osteopath was, but by that time I was willing to try anything. I saw this man about 7 or 8 times and he totally sorted me out. At the time, I was choosing my A levels

and as a result of this experience, I decided I wanted to be an osteopath.”

So where did he train?

“At the British School of Osteopathy, which is the largest and oldest osteopathic establishment in Europe. It used to be just off Trafalgar Square. I qualified in 1987 and was invited back to teach. I taught at undergraduate level for 10 years and now teach postgraduates all over the world.”

And is recognised as an expert.

“I'm also a clinician, so most of what I do is diagnostic medicine. I get referrals from GPs and other specialists for complex medical problems; either they're not sure what's happening or they're not sure why treatment hasn't worked.”

Can he give me an example?

“Let's say somebody comes in with shoulder pain. They think they've pulled a muscle in their shoulder. But we have a saying: - *Everything's about something else*. The patient will say; “I've had this pain for 2 months and I don't quite know why.” But when you go into their history you

can find some interesting revelations – what's going on at work, what's changed, what's happened in their personal lives. Anatomically the pain in the shoulder can also come from their neck, but the same nerves that supply your diaphragm supply the nerves in your shoulder. If you're an upper rib cage breather you're recruiting extra muscles in your shoulder and neck, they're getting more tense; one day you put your arm in your coat and your shoulder goes.”

What would he do with a patient of this sort?

“I'm interested in why that patient has become vulnerable and predisposed the shoulder to get into trouble. There are a category of medical conditions, rheumatological problems which demand a spectrum of blood, x-ray or scan tests to see if the shoulder pain is not just a musculoskeletal problem but part of an underlying systemic inflammatory disease process. Sometimes these are classified as auto-immune problems – and the question is; why is the body attacking itself? So I apply a series of diagnostic protocols to find out why the patient has a problem. I practice an integrated approach to medicine.”

What would be the first step in this integrated approach?

“I'd be asking the patient about their current physical problem along with their past medical history, social history, family history, lifestyle, what you eat, what you drink, patterns of stress and anxiety and blood tests, imaging. I'd then do a clinical examination. One of the skills of osteopathy is palpation; the ability to feel, using that sense of touch called palpation, the ability to inform what we think is going on in the physiology of the body. We also use a



“The nervous system can’t differentiate between an attack from a sabre-toothed tiger and missing your train.”

number of specialised tests.” He gestures towards an instrument on the desk in front of him; “This is a capnometer, it looks at your breathing behaviour, heart and autonomic nervous system behaviour. I’ll test you with it shortly.”

Uh-oh. I feel nervous at the thought of being exposed as horribly unfit, so I make a face at his machine and he laughs; he doesn’t laugh often during the interview, but when he does it’s genuine, infectious and I slowly realise he has a great sense of humour. But on the subject of Osteopathy, he is very serious.

“So we use all that information,” he continues, “to develop a diagnostic evaluation. Sometimes a patient may have obvious pathology but most patients don’t; they simply have something that isn’t working properly. It may be musculoskeletal or visceral but often lifestyle factors such as nutrition, exercise strategies and the dreaded stress may also have an impact on their particular problem.”

Stress again. So many of the consultants I’ve met mention that - no matter which discipline they practise.

“These things are all inter-related.” says Gerry.

Does osteopathy include any massage techniques? I know most people see it as a hands-on technique.

He shakes his head. “Osteopathic soft tissue (one of many manual techniques that Osteopaths use) is different to massage. Osteopaths have a highly tuned sense of palpation. When we’re applying a technique to a patient we’re communicating with their physiology. So the force we use, the direction we use, push or pull, the speed at which I apply the technique or the fact that I might be working with your breathing rate, asking you questions about what’s going on in this part of your life results in my making a connection with a path of tension you might have in your body.”

Why is the way one breathes so important?

“Breathing is a subconscious activity, controlled by the autonomic nervous system. Most of us don’t think about it unless we have a chronic respiratory problem like asthma or other pulmonary disease. But 70% of all my patients can’t breathe properly and they don’t even know it. They come in with IBS thinking they have a major problem with the gut itself, but their IBS could be caused by altered breathing behaviour and their stress levels. The gut is essentially a muscular bag receiving information from the autonomic nervous system, the mechanical movement of the diaphragm; moving down as you breathe in and up as you breathe out aids good motility in the gut.”

What effect does stress have on this autonomic system?

“Professor Bruce Rockefeller, a researcher in the States, came out with a concept called *Allostatic Loads* which means multiple stressors hitting the patient’s system day after day after day raising the stress response. Inevitably lifestyle feeds into this as well, so we need to know; does the patient smoke, drink, how much exercise do they do. Most patients think they eat quite well but when you nail them down on it you find they don’t. Concepts of optimum nutrition have changed a lot during my 25 years of practice.”



The breathing test reveals that *what I think* has a profound effect on me physically; heart, pulse, breathing, blood pressure.

Is that the same as people not breathing properly, I ask, casting a baleful eye at the capnometer?

“Stressful breathing is upper rib cage breathing. When we’re born, we are beautiful diaphragmatic breathers but as we grow and are exposed to stress we tend to shift to upper rib cage breathing, like you are doing at the moment, Sarah.”

Oops!

“Proper diaphragmatic breathing is not just one of the main mechanisms of gut peristalsis, but it provides the body with essential CO₂. So if you don’t breathe with your diaphragm your CO₂ levels will lower and you won’t have enough CO₂ for oxygen to be released on a cellular level. So all the cells in your body; brain, liver, heart, muscle which need oxygen from respiration don’t receive it at optimum amounts.”

I can stand the tension no longer. I volunteer for the dreaded capnometer which is connected to his computer. Gerry wires me up by inserting a plastic tube into my nostrils, clipping a heart rate monitor onto my ear and putting my finger in a strange plastic device (an oximeter). He tells me to keep my mouth closed - a familiar request throughout my life and I refrain from the obvious reply. He tells me to close my eyes and think happy thoughts. I feel increasingly calmer as the silence continues and am just drifting off into a lovely day dream when he asks me to think about whatever is causing me anxiety or stress in my life.

Instantly, I think of a beloved relative who had a stroke 48 hours ago. I feel very upset and wonder if my face reflects my extreme distress. To my relief, Gerry seems not to notice and soon tells me to open my eyes and study the screen, where a pink sphere is rolling. I have to breathe slowly in time with the sphere. This is more difficult than it sounds; it demands 100% concentration. Every time I stop concentrating, I breathe too quickly.

Gerry G shows me my results. My physical tension is high; my breathing four times faster than normal. My CO₂ levels increased dramatically when I breathed more slowly. But the biggest shock is that when I thought about my relative’s stroke my vital signs went haywire. Everything worsened; breathing, pulse, heart rate variability and blood pressure. Just thinking about it for 60 seconds had a dramatic effect which the machine recorded. I tell Gerry I’m horrified to see how much *what I think affects me physically*.

He smiles. “That’s what everybody says.”

Sarah Holland

To contact Mr Gerry Gajadharsingh in either London or Amersham, please call his PA Kerry on; 020-7631-1414.

