

Case Study: Mahendra Kumar Trivedi (GURUJI)
Prepared by Dr. Lori Croteau in Nelson, BC June, 2004

Introduction

A 41-year-old male by the name of Mahendra Kumar Trivedi (referred to as Guruji) presented with a 10-year history of back pain and unusual subjective, sensory experiences including visual, proprioceptive and auditory changes. These changes were gradual and without history of trauma. He reported that he has always been a healthy person, is a vegetarian, doesn't smoke, drink alcohol or participate in any form of exercise. His history revealed an injury to his left knee in 1991 and mild allergies. This male reported having a spiritual experience in November 1994 and noticed these physical changes since that time. He also reported that during the last 10 years he has traveled to 35 countries as a Metaphysical Psycho spiritual Preacher and has blessed thousands of people through prayer and by touching his hand on a person's head. He stated that these blessings have had a profound and at times almost instantaneous beneficial effect on the recipient's physical and/or emotional ailments.

I have been a Chiropractor and CranioSacral Therapist for 10 years and have treated more than 6000 patients. I specialize in somato-emotional release through cranioSacral therapy (CST) and pediatric CST. I am a fellow of the International Chiropractic Pediatric Association and practice chiropractic and CST in British Columbia, Canada. I have spoken with many people in Canada and India who have received a blessing from Mr. Trivedi (Guruji) and there is a common subjective experience of long-term change and relief. Of interest is not only the process of how these men and women from various cities, countries and socioeconomic backgrounds are obtaining relief through the blessing, but also the man himself who is doing this work. As a clinician using scientifically and statistically proven methods in my practice, I am continually baffled when patients do not get the results I expect and I am always searching for more tools to help those that come through my door. However, like all health care practitioners, I recognize my limits and acknowledge that there is a way for people to access health and happiness that has yet to be understood by modern medical science. I have taken this opportunity to assess this unique man and I have spoken with other scientists about Mr. Trivedi's (Guruji's) highly unusual physical findings, namely Dr. David Chu and Harold Finkleman of Canada as well as Dr. Brian Costello (Chairman of the International Council of Integrative Medicine) in Australia, and we are collaborating on a multi-disciplinary study of Mr. Trivedi (Guruji).

I performed a complete chiropractic and cranial-sacral examination on three occasions in June 2004, each exam was approximately one week apart, while Mr. Trivedi (Guruji) was in Nelson, British Columbia (BC) Canada for 20 days. There was no treatment given between examinations other than relaxation massage therapy. Each time he was examined the findings were the same. While he was in Nelson, BC, Mr. Trivedi (Guruji) was interviewed on a healthcare radio show, which created a great deal of interest amongst the local health care practitioners.

Craniosacral Examination

The craniosacral system (CS) is a hydraulic system in which pressure changes occur as cerebrospinal fluid (CSF) moves from the cranium to the sacrum in cycles which are independent of the heart and respiratory rhythms. The flow of the CSF brings nutrients to the neural tissue and is contained by the meninges. The meninges are firmly attached to each cranial bone and at the second cervical vertebrae then have no osseous attachment again until the sacrum and coccyx, where it is once again firmly attached. The movement of the CSF and the pressure changes result in small movements of the skeleton most easily felt at the cranium and the sacrum.

“The craniosacral (CS) system is characterized by rhythmic, mobile activity which persists throughout life...it is distinctly different from the physiological motions which are related to breathing, and different from cardiovascular activity as well. The anatomical parts of the CS system are:

1. The meningeal membranes
2. The osseous structures to which the meningeal membranes attach
3. The other non-osseous connective tissue structures which are intimately related to meningeal membranes
4. The cerebrospinal fluid (CSF)
5. All structures related to production, re-absorption and containment of the CSF

The CS system is intimately related to, influences, and is influenced:

1. The nervous system
2. The musculoskeletal system
3. The vascular system
4. The lymphatic system
5. The endocrine system
6. The respiratory system

Abnormalities in the structure or function of any of these systems may influence the CS system. Abnormalities in the structure or function of the CS system will necessarily have profound and frequently deleterious effects upon the development or function of the nervous system, especially in the brain.” (Craniosacral therapy, Dr. John Upledger and Jon Vredevoogd, Eastland Press, Seattle USA, 1983 pp. 5-6)

The cranial-sacral system was examined for rate, amplitude and quality.

Dr. Upledger describes normal motion as:

“A gentle rocking motion about a transverse axis located approximately one inch anterior to the second sacral segment. The rocking motion of the sacrum correlates rhythmically to a broadening and narrowing of the transverse dimension of the head. As the head widens, the sacral apex moves in an anterior direction. This phase of motion is referred to, as flexion the counterpart of flexion is extension during the flexion phase of the craniosacral motion cycle; the whole body externally rotates and broadens. During the extension phase, the body internally rotates and seems to narrow slightly.”

The normal rate of the cranial sacral rhythm is 6-12 cycles per minute. In a pathological state, the slowest rhythm I have ever felt is 3 cycles per minute, which is similar to the findings of Dr. Upledger in comatose patients. The rate of the craniosacral rhythm in this male was one cycle

every 50-80 seconds. This finding was so highly unusual that I measured it several times and at various locations for confirmation.

Throughout the system, the craniosacral rhythm, also referred to as the pulse, was the strongest and fullest I have ever experienced. The flexion phase lasted longer than the extension phase in all locations on his body, approximately 35 seconds at the cranium and 15 seconds at the sacrum. In the cranium and the sacrum, there were 5 stages of flexion with a brief pause between each phase before the movement of the bones continued.

Normally, the craniosacral pulse, felt as movement of the bone, narrows where the sacrum meets the coccyx. In this male, the movement of the sacrum was felt over a broader area than normal, even inferiorly where the sacrum meets the coccyx; the sensation of movement from CSF flow spread laterally and toward the pelvic floor.

When his extremities were assessed for external and internal rotation, which corresponds to the flexion and extension phases of the craniosacral rhythm, I found a superior and inferior movement on both sides in the legs and the arms, similar to the movement at the spinal cord.

When the individual cranial bones were assessed there were abnormal findings at the temporal, occipital and sphenoid bones. Normally, each cranial bone has its own movement pattern and should move freely and independent of the other bones. However, in this case the bones stated above were moving in a unique axis that I have not felt before. Also, the temporal and occipital bones were appearing to move as one unit. I also noted that there were two points on each side of his head that did not correlate with sutures, which were very soft and had a separate rate, amplitude and erratic behavior from the rest of the cranium.

Chiropractic Examination

Standing posture showed a high left occipital (skull) base, acromial-clavicular (shoulder) joint, and iliac crest (hip) compared to the right side. This configuration remained when he was kneeling but improved when he was sitting. He had a pronounced lumbar lordosis and flattening of the thoracic kyphosis. From the front, there was an abnormal amount of movement of the hyoid bone on the front of the throat when he spoke or swallowed.

Palpation of the cervical spine (neck) revealed a step defect at approximately C7, giving the impression that one of the cervical vertebrae had slipped anteriorly (forward) on the vertebrae below. The cervical paraspinal muscles (back of the neck) and all anterior cervical muscles (front of the neck) were very supple and had lower tone than is normal according to my experience. The grade of muscle tone was similar to someone with a spinal cord injury in the neck. Ranges of motion in the cervical spine were normal, however during side bending he was able to drop his ear to his shoulder on both sides, which is beyond the normal physiological range of motion. Palpation of the upper cervical vertebrae was difficult because the lateral masses of the first cervical vertebrae and the transverse processes of the second cervical vertebrae were deeply embedded in the soft tissues. However, the soft tissues were not fatty, hypertonic muscles or inflamed.

Palpation of the upper thoracic (middle back) spine revealed abnormally little motion of the upper ribs with deep breathing even when requested to take a breath using this part of the rib cage. At the level of the mid to lower scapula (shoulder blade) the ribs were difficult to palpate and the intercostals spaces were further apart than normal. Palpation of the costo-sternal (rib to breastbone) juncture revealed very little joint play compared to normal and had a hard end

feel extending laterally (out from the mid line) beyond the normal anatomical borders of the sternum (breastbone). The paraspinal muscles along each side of the vertebrae in the lower thoracic and lumbar (low back) spine were very well developed and had normal muscle tone. These paraspinal muscles were broader than normal and also very thick. To palpate the spinous processes of the vertebrae at these levels required pressing approximately 2-3 cm into the mid-line between the muscles on each side, which is unusual in my experience. This was most pronounced at the lower thoracic and upper lumbar spine and made it very difficult to determine specific landmarks. Stretch marks on his skin extended laterally as far as the mid-axillary line and spanned from approximately T10-L4.

Palpation of the sacro-iliac joints revealed abnormally little motion during stationary marching, forward and side-bending compared to other males of his age. There was also a minimal amount of coordinated action at L5 with the sacro-iliac joints as he performed these movements. There were stretch marks on the inferior and lateral aspects of the skin over the gluteal and the lateral hip muscles on both sides.

Examination of his legs revealed low tone of the calf muscles, similar to the tone of the cervical spine. There was excellent flexibility in the quadriceps and normal flexibility in the hamstrings. The tone of the quadriceps and hamstring muscles, as well as the paraspinal muscles, was described by Jennifer Hayley, a registered massage therapist in Calgary, Canada who saw this man on several occasions:

“His muscles are very toned, like a body that has been exercised a lot. But his muscles are also very supple and fluid. There were no adhesions, fibrous tissue or congestion in the soft tissues. I have worked on many world class athletes and I have never worked on muscles like his. The texture of the muscles, tendons and ligaments was unique and reminded me of what the muscles and bones of a small child feel like. The quadriceps muscles, in particular, had a rubbery quality yet were very firm and long, like a dancer. The ligaments were also supple and had a rubbery, fluid-like quality. His feet also had this fluid quality as did his scalp and the muscles of his face.”

I agree with her findings about the suppleness and rubbery, fluid-like quality of the soft-tissues that I palpated. I also described in my notes how the muscle/tendon/ligament and bone complexes had the texture and quality of a child's skeleton.

When the joints of the extremities were examined obvious stretch marks were observed at the shoulders, lateral (outer) aspect of the hips, supra-patellar (knees) and inferior and lateral aspect of the quadriceps (thighs). Mild marks were found at the wrists, elbows and on one finger on the left hand. He reported that all of these stretch marks have appeared in the last 10 years. The second toe on each foot was curved laterally, had stiffness and minimal joint play. The fifth finger on each hand was abducted away from the other fingers and holding it next to the fourth finger caused pain. He reported that these changes have also occurred in the last 10 years.

While he was in a supine position I also observed some unusual breathing patterns. There was very little movement of the upper ribs during inhalation or exhalation however; there was a sucking in movement of the skin with inhalation and release during exhalation above the clavicles (collarbones), below the mandible (jaw) and in the axilla (armpit). This was observed for approximately 5 minutes on more than one instance for verification.

Conclusion

In my opinion, Mr. Mahendra Kumar Trivedi (Guruji) has some highly unusual structural and functional findings. Clinically, any one of these findings may not hold relevance. However, when all are considered in the context of his spiritual experience and the last 10 years of traveling around the world as a Metaphysical Psycho spiritual Preacher, there may be a link between his unique physical body and the profound phenomenon of others improving their physical, mental and spiritual health. As the public and health care practitioners explore more alternative health practices, such as prayer, our team of doctors including Dr. David Chu and Harold Finkleman of Canada; myself, Dr. Lori Croteau of Canada, and Dr. Brian Costello of Australia, believe that the study of Mr. Trivedi's (Guruji's) structure, physiology and neurology combined with the study of what occurs in his body and the bodies of those he blesses, during and after, can help modern science understand, clarify and quantify this ancient and widespread practice of achieving physical, mental and spiritual health through the induction of prayer and divine powers.

Guruji Spinal cord

