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Chronic Pain and CranioSacral Therapy, Part 2

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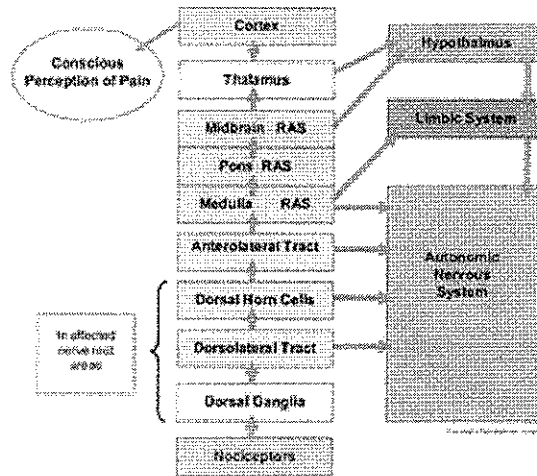
Editor's note: Dr. John Upledger has asked Tad Wanveer, LMT, CST-D, to share his insights on CranioSacral Therapy. Click [here](#) to see Part 1 of Tad's article as it appeared in the October issue of *Massage Today*.

Can you recall a time you experienced a paper cut or were pricked by a thorn? Remember how sensitive your finger was to touch or perhaps to the slightest movement? The pain receptors in the area became easily stimulated, even with slight pressure. Yet, in a few days, the sensitivity decreased.

With chronic pain, the sensitivity does not decrease. Entire areas of the body might stay in a state of overwhelming sensitivity and pain. Nervous system tissue reacting in this way is referred to as being "facilitated," which means the pain cells and pain pathways are overly reactive. Excessively reactive pain cells will tend to lose their ability to modulate input. It's as though a magnifying glass is amplifying a vast and abnormal amount of sensory information into the area. This can then cause abnormal changes in the structure and function of the tissue innervated by the area of the affected spinal cord neurons, thus maintaining the sensation of chronic pain.

The facilitated sensory input might even cascade into other regions of the spinal cord and brain. The overflow of signals can irritate brain regions, leading to the ongoing perception of pain and the symptoms that often accompany chronic pain. Disturbance of the sympathetic division of the autonomic nervous system (sympathetics) often will lead to widespread bodily dysfunction. The sympathetic turmoil also contributes to chronic pain. "The sympathetics control the caliber of most of the vessels of the body. When the sympathetics are hyperirritable in a given area, in a given segment or in a peripheral distribution, there is a tendency for either exaggerated vasoconstriction or vasodilation. This contributes to chaos and the

perpetuation of pathology. When you control the blood supply to a given area, you control its life; you control its capacity for recovery, its capacity to survive and maintain its integrity as a tissue.”⁷



The vascular stress caused by sympathetic nervous system imbalance can lead to more tissue aggravation and pain signaling. Also, “the sympathetic nervous system is an important participant in the maintenance of splinting.”⁸ Splinting is one way the body tries to avoid feeling pain – by rigidly contracting the muscles so minimal movement will occur. In these many ways, the unbridled responsive region(s) of the central and autonomic nervous systems might maintain the feeling of pain. This process also can produce a vast adverse affect on tissues such as nervous system cells, vascular structures, skeletal muscles, smooth muscle, cardiac muscle, glands, connective tissue, fascia, osseous tissue, skin and viscera.

What does all this mean to the bodywork practitioner? Simply put, normal tissue mobility is essential for this healing process, which is critical in addressing chronic pain. Enhanced mobility can help normalize vascular flow, decrease metabolic waste buildup, aid normal neural structure and function, de-facilitate affected spinal cord and brain areas, decrease adaptive body patterns that might be maintaining chronic-pain signals, and normalize autonomic nervous system function, thus decreasing abnormal strain on the associated somatic and visceral structures.

All this can help the body decrease the enormous strain chronic pain places on it, and help free the body from related suffering. In this highly individualized way, CranioSacral therapy might enhance the body’s ability to naturally correct the imbalance and dysfunction that might be contributing to painful patterns. CranioSacral therapy can assist the body in changing abnormal tissue-strain patterns residing in the depths

of the brain and spinal cord, throughout the musculoskeletal system, and in the body as a whole. CST also can be used in combination with massage and other manual therapies as an effective treatment for chronic pain conditions.

References (for parts 1 and 2)

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