Questioning CranioSacral Therapy

Dear Editor:

Dr. Upledger speculates that cerebral spinal fluid (CSF) moves in a pulse, and that cranial bones move in relationship to this pulse (**www.massagetoday.com/archives/2004/08/12.html**). Medical imaging is a technique to validate these speculations. Medical imaging is sensitive enough to detect extremely minute changes in bone position and in the detection of a moving fluid. Let's start with cranial bone motion first.

A standard imaging technique for people with brain tumors or other cranial space occupying lesions is to utilize repeat head computer tomography (CT) scans. In this technique, a series of CT scans are compared with each other to determine if a lesion is microscopically growing or shrinking. For this technique to work, the sequential scans must have a common reference for which to measure change. The common points of reference used are cranial bones. If these bones moved, as is speculated, comparing serial CT scans would not be possible, since the reference would be moving along with any lesion change. Since the cranial bones are fused, comparing repeat scans

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provides accurate, detailed information about the change in a tumor's size.

Magnetoresonance (MR) imaging cannot record motion. Blood flow, including venous blood flow does not image using the MR technique; however, CSF does image with MR, indicating that CSF moves very, very slowly. If CSF were to move in a pulse, it would not image using MR. Of note, MR can be used to image bone; cranial bones image quite well, indicating that they do not move relative to one another. Dr. Upledger's article speculates that CSF moves in a pulse and the cranial bones move in relationship to this pulse. These speculations are refuted by the results of medical imaging.

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Dr. Upledger Responds:

In CranioSacral Therapy (CST) we are talking about a wave action, not a dominant flow pattern. I first saw the wave in 1972 while assisting a neurosurgical procedure in the posterior cervical spine into the dura mater. In addition, Charles Probst, MD, a neurosurgeon in Switzerland, has supported these observations in a letter to me. After participating in 20,000 neurosurgical operations, Dr. Probst stated he had observed "...without any doubt, rhythmical movements with a four to 10 cycle-per-minute rhythm" that corresponded to a "wave-like motion of cerebrospinal fluid, visible very well through the space in which the meningeal membranes lie." He added that all of these movements had a "frequency, which is not in correlation with the heart [rate] or respiration."

Personally, I prefer to believe my eyes – particularly since my eyes do not necessarily change the physiological milieu of the central nervous system, its fluids or its meningeal coverings. It is my belief that the energy fields created by both CT scans and MRI investigations will modify the physiological milieu, which may indeed result in changes of rhythmical activities. I am a devotee of Heisenberg's Uncertainty Principle.

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