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Craniosacral Therapy
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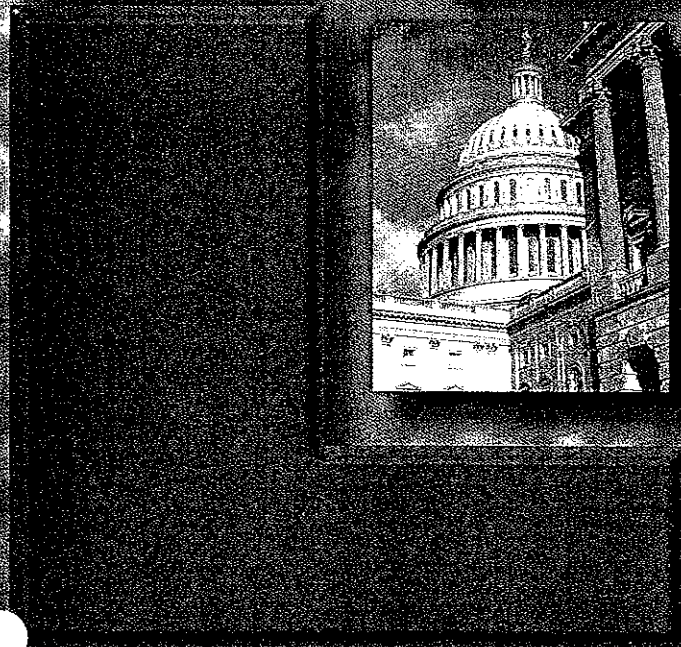
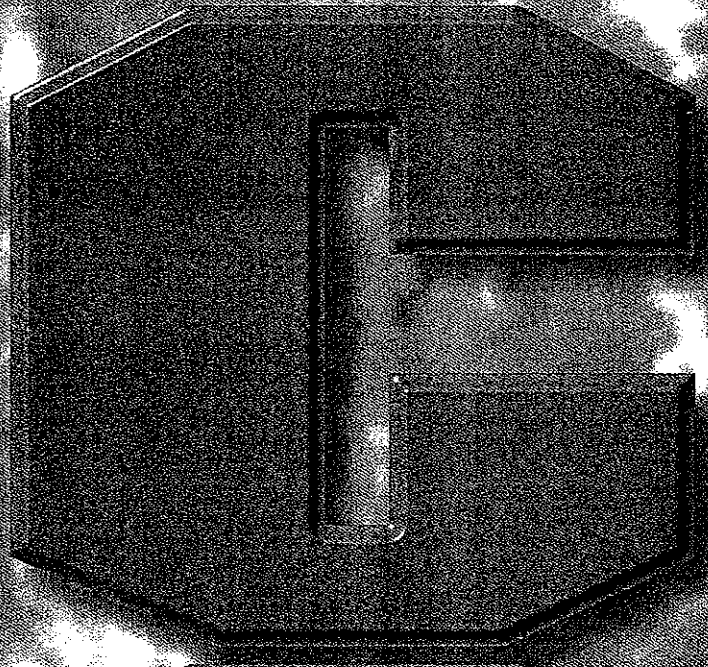
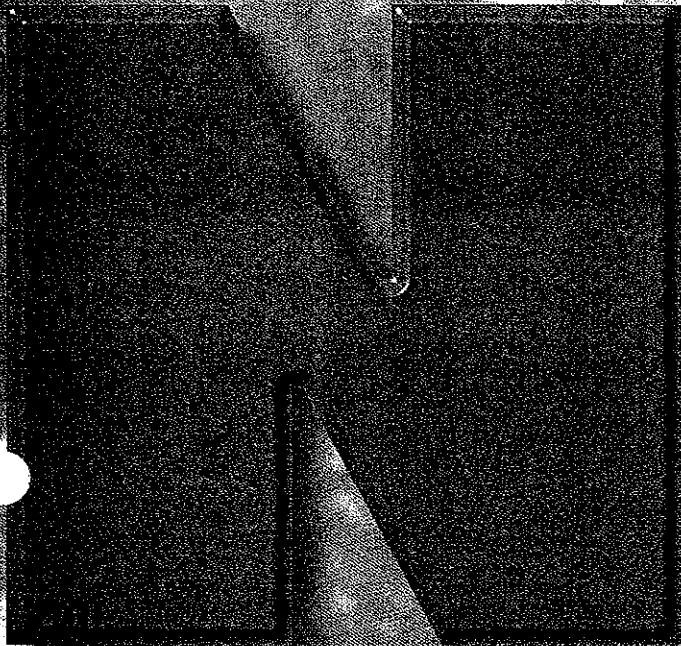
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Using CranioSacral Therapy in the chiropractic practice

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By LISA UPLEDGER, D.C.

Back pain brought Marge to my office. She had fractured several vertebrae in a car accident several years ago. As Marge watched the other vehicle approach hers, she set the emergency brake and twisted her body out of the way to avoid direct impact from the windshield. When I evaluated her, I noticed the torque in her body from the accident. Marge also mentioned that she felt as if her right leg was shorter or pulled up.

While injuries such as Marge's may seem routine in a chiropractic practice, the approach that I took to help her may seem different. Using CranioSacral Therapy techniques, I released dural tube restrictions and addressed the torque in her body. Marge's back pain improved and her feeling of having one leg shorter than the other went away.

Craniosacral System

CranioSacral Therapy (CST) is a hands-on method that has made its way into the chiropractic office as an adjunctive therapy. *The technique* focuses on the craniosacral system, which is composed of the membranes and fluids that surround and protect the brain and spinal cord, as well as the bones of the skull, face, mouth and sacrum that attach to the membranes.

The craniosacral system influences the physiological environment of its contents, which include the brain, the spinal cord, the cranial nerves, the spinal nerve roots and several of the ganglia that are enclosed within the dura matter membrane compartment. Also affected are the

pituitary gland and its related structures, the pineal gland, the ventricular system of the brain, the enclosed blood vascular structures including the arterial system, the venous system and some lymphatic drainage subsystems. Additionally, the various cisternae of the cranium, the interstitial and intracellular fluids, the arachnoid membrane, the pia matter and the subarachnoid and the subdural spaces are affected by the function of the craniosacral system.

The system operates like a semi-closed hydraulic system, based on the rhythmic rise and fall of cerebrospinal fluid volume and pressure in the dura mater. The changing volume and pressure cause corresponding changes in dura mater membrane tensions, which induce small accommodative movement patterns in these membranes. According to research at Michigan State University, the bones that directly relate to the dura mater must be in continual, minute motion in order to accommodate the constant fluid pressure changes within the membrane compartment. That finding is consistent with those published in *Anatomica Humanica* by Italian Professor Guiseppi Sperino, where he noted that cranial sutures fuse before death only under pathological circumstances. In addition, the 30th American Edition of Gray's Anatomy acknowledges that some cranial sutures possess potential for movement throughout life.

The CST practitioner gently palpates the body for the craniosacral rhythm, generally using about five grams of pressure. The craniosacral rhythm is produced by movement of the craniosacral system and its attached bones to accommodate the system's filling and emptying of cerebrospinal fluid. When there is impairment of the natural mobility of the dura mater and/or any of its attached bones, the function of the craniosacral system may also impair that system's function. When the craniosacral system is compromised, sensory, motor or neurological disabilities can result.

History

The original concepts for what is now known as the craniosacral system were put forth by osteopathic physician William Sutherland in the early part of this century. Dr. Sutherland was struck by the idea that the bones of the skull were designed to allow for movement. He explored this concept, which developed into a therapeutic

method known as Cranial Osteopathy.

In 1970, another osteopath, John E. Upledger, observed the rhythmic movement of what he later termed the craniosacral system during surgery wherein the dura mater was not incised. None of Dr. Upledger's colleagues nor his medical texts could explain his observation. After studying Dr. Sutherland's work, Dr. Upledger set out to scientifically confirm the existence of the craniosacral system. From 1975 to 1983, he served as clinical researcher and professor biomechanics at Michigan State University, where his research team was the first to establish the craniosacral system's scientific basis and applications for treatment. Dr. Upledger went on to develop a therapeutic approach to evaluate and correct dysfunctions in the system, which he called CranioSacral Therapy.

Applications

My interest in CST was piqued by its ability to affect soft tissues, which, when contracted, can pull on bones. For example, Sharon came to see me complaining of headaches. I found muscle contraction in the left leg from a previous ankle sprain. When I released the muscle and fascia, the structure easily went back into place and the headaches went away. In another patient who had sustained a blow to mid-thigh, I worked to release contraction in the belly of the muscle and fascia, which allowed the leg and pelvis to release.

CST's affects on the dural tube is like no other technique. At times a manipulation won't completely release a dural tube restriction. But if I release the dural tube first, it can make the manipulation easier to achieve and more comfortable for the patient. CST also has given me another view to consider if the vertebrae isn't holding the manipulation.

The beauty of CST is how it can be used

to influence the cranial nerves by releasing membrane restrictions that inhibit their function. This piece of the work has been particularly helpful in addressing tic dou-loureux, head injuries or Bell's palsy.

For instance, last year I saw a patient named Tom who had been diagnosed with Bell's palsy. Tom got up one morning and found that his face was paralyzed. After his first office visit, Tom reported about 50 percent relief. Then, after about three weeks' worth of visits, he considered the problem solved. His emotional outlook was better, too, as he had been told that he might suffer the effects of Bell's palsy for several months.

Other conditions such as TMJ syndrome, chronic back pain, central nervous system disorders, migraine headaches, orthopedic problems and chronic fatigue also respond to CST. Additionally, the method can be used for children to address cerebral palsy, motor-coordination impairments, learning disabilities and attention deficit disorders.

Contraindications to CST include any condition wherein a subtle change in intracranial fluid pressure could be deleterious. Among these are acute intracranial aneurysm with threat of rupture, acute cerebral hemorrhage, acute subdural or subarachnoid bleeding and increased intracranial pressure that could precipitate a medullary or brain stem herniation through the foramen magnum.

Differences Between CST and Other Cranial Methods

Although CST has been compared to Cranial Osteopathy or Sacro-Occipital Technique (SOT), the methods are quite different. CST focuses on working with the motion of the dural tube and meningeal system. The bones that attach to the craniosacral system—the bones of the skull, face, mouth and the sacrum—are

used as handles to access the motion of the membrane system—to evaluate the system, detect restrictions and seek information on how to assist the body in releasing the restrictions. In Cranial Osteopathy, the focus is on the sutures of the skull bones.

CST practitioners use the craniosacral rhythm as both a diagnostic and therapeutic tool. As we follow the motion of the system, we find that we are pulled into specific tissue restrictions. At that point, we hold the position and wait for the tissues to release.

Also the amount of hand pressure used for CST is slight—about five grams—while other methods may use more force. The positive effects of CST rely on the hydraulic forces within the system to contribute to the corrective process. The CST practitioner essentially facilitates the removal of obstacles that the body's normal, self-correcting abilities have been unable to overcome.

Unlike SOT where a specific protocol is followed, the CST practitioner follows cues from the body to determine how the corrections should be made. When the therapist follows this gentle approach, CST is extremely safe and effective in most situations.

Practicing CST

The prime modality I use in my practice is CST. The method is somewhat time intensive, but my schedule is such that I can spend up to 50 minutes with a single patient. I know colleagues, though, who incorporate the method into their patient's treatment program by having them schedule CST sessions with the chiropractic assistant or massage therapist working in their practice. I can also recommend having the CA or MT perform a few CST's techniques such as stillpoint induction or O-A release before the adjustment. Those specific techniques will help relax the patient and facilitate the manipulation.

Using CST has brought an important component to my practice. It also gives me another glimpse into the body's innate intelligence. **FCA**

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