



Babies respond very quickly to treatment

What's in a Name?

The term Craniosacral Therapy was originally coined in the 1970s by American Osteopathic physician Dr John Upledger. Its origins, however, go way back to the turn of the century and the work of the osteopath William Sutherland. He was examining the bones that make up the human skull and observed that their construction was obviously designed for movement between these bones. Medical schools then, and still today, maintained that these cranial bones fused together to form an immovable vault to protect the brain. (This is probably a consequence of the use of cadavers to elucidate human anatomy – live bodies behave differently to dead ones!). After many years of mostly self-experimentation of what he termed Cranial Osteopathy he found that very gentle manipulation of the cranial bones could have profound physical and physiological effects.

He also discovered a subtle and rhythmic movement which seemed to originate in the brain and spread through the spinal cord and from here through the entire body. This rhythm could be sensed anywhere on the body and seemed to give important clues to its functioning. Sutherland called it the Primary Respiratory Impulse (PRI), though it goes by several other names, most commonly, and more simply, Cranial Rhythm. There are several competing theories to explain its origin, but it is beyond the scope of this short article to go into them here.

When Sutherland introduced his concepts to the Osteopathic community it was ignored by all but a handful of his colleagues. It was not Osteopathy as they knew it, at this time largely a therapy based on gross manipulation of the body. How could such subtle work achieve such profound effects? Clients can also be sceptical – until they notice the results! One recent client of mine went away with misgivings and then rang up a few days later to tell me her back pain of years had disappeared – “But it didn't seem like you did anything!”. Cranial Osteopathy has become much more popular in recent years and Upledger did a great deal to popularise the work by teaching it to bodyworkers who were not Osteopaths. This has been the subject of ongoing controversy ever since. Whether one sees a Craniosacral Therapist or a Cranial Osteopath is, in my opinion, secondary to the effectiveness of the therapist themselves. Ask the usual questions you would of any therapist – how experienced are they, do they get results? All Cranial Osteopaths and Craniosacral therapists are individuals and the emphasis of their work will vary as will their skills. The foundation of the work remains the same whatever the title, and most cranial workers are in agreement as to its effects. They all agree that the PRI can be felt anywhere on the body, that its integrity is vital to health, and it seems to be transmitted via the Cerebrospinal Fluid (CSF) and a system of membranes that surround the brain and spinal cord.

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Primary Respiratory Mechanism and the Breath of Life

Sutherland referred to the physiological system that carried the PRI as the Primary Respiratory Mechanism (Nowadays generally called the Craniosacral Mechanism or System). This consists chiefly of the CSF, the Dura Mater (a tough membrane surrounding the brain and spinal cord), and those structures intimately related to the Dura, notably the intercranial membranes (*Falx cerebri*, *Falx cerebelli* and the *Tentorium* – continuations of the Dura within the cranium), the cranial bones and the sacrum (hence the name, Craniosacral therapy).

Sutherland observed a rhythmic movement of the cranial bones and sacrum, a movement reflected through the whole body. It is a movement of expansion and contraction which was driven by some kind of inherent fluctuation within the CSF. At the end of the expansion phase the tension built up in the dural membrane system (called the Reciprocal Tension Membrane by Sutherland) causes a reflex contraction back to the beginning of the cycle. The brain and spinal cord moves along with this tidal flow of the CSF. Modern computerised tomography shows that Sutherland was right about the movement of the brain – it does change shape along with the movements of the craniosacral system. Ultimately Sutherland believed the driving force to be the “Breath of Life”, a subtle organising energy that seems to echo similar concepts of life energy that have emerged under various names through the centuries. Sutherland was not alone in believing that the CSF was one of the body’s prime self-healing and self-correcting mechanisms. Andrew Still, the founder of Osteopathy called it “the highest known element” in the body and Randolph Stone, the creator of Polarity therapy said the CSF “...acts as ...the liquid medium for life energy radiation, expansion and contraction.” Craniosacral therapy has a great number of techniques to utilise, but as I use them I try to keep in mind that the best I can do as a therapist is to facilitate the expression of this great healing and organising force. I am just helping it along, I am not the healer.

Effects of Craniosacral Therapy

Whatever the driving force, the effects are real enough to make this a very effective therapy in many conditions. Because the dural membrane is intimately linked into the connective tissue or fascia of the body it is possible by gently restoring correct function to the craniosacral system to effect changes in the fascia and vice versa. Fascia is continuous throughout the body and connects every part to every other part. It connects and supports the bones, the muscles, the organs, the viscera, the endocrine system, the nervous system, everything. It gives solid physical evidence for the holistic concept in health. Thus the scar from an operation, a localised infection, toxicity or irritation, for example, may have a disturbing effect far from the site of the problem. Craniosacral therapists have refined their sense of touch to the extent that they can sense and correct such dysfunctions and imbalances by “tuning in” or “listening” with their hands resting lightly on a part of the body remote from this site. This is often done by monitoring the state of the craniosacral system and making subtle adjustments. An experienced cranial worker is able to shift attention between the bones, the membranes and the fluids of the craniosacral system. They can access “body memory” of past emotional or physical injury and help the bodymind towards its resolution. If you have difficulty with this concept think what information can be recorded on a simple medium such as a videotape or computer disc. How much more could be stored in the complex tissues of the body? As such, cranial work is often complementary to psychotherapy and I have seen many examples of Craniosacral therapy helping in this way.



We do a lot of 'listening' before doing anything

As I first place my hands on a new client I receive a wealth of information – of stress and strain, of emotional or physical shock, of disease and trauma. Sometimes I am able to consciously appreciate this information but often I feel emotions arising in me that I know are not mine, or my hands take on a life of their own – they just know what to do. This aspect of the work is hard to describe. As I focus on certain aspects of the system – a subtle restriction in the flow of the CSF, for example, it will often change and normalise, as if it was just needing to be noticed, to get some attention. As it resolves, the client will often notice some physical or emotional change, sometimes subtle, sometimes dramatic. Sometimes as fascial releases occur a whole-body unwinding of tensions may result.

One can appreciate the degree of stress held in adult bodies when one works with babies and young children. Perhaps it is because they haven't had the years to accumulate the physical and emotional baggage most adults have that they respond so quickly to treatment. Colicky babies can often be helped in a few minutes, for example. I don't have much experience in working with animals, but I understand that they too respond rapidly and naturally enjoy the work.

Because of the global effects of Craniosacral therapy, there are few conditions that do not benefit from the work. Since it is extremely gentle work the very young and the aged and infirm are able to be treated. It also integrates well with other forms of treatment, both conventional and complementary. My own caseload has been very varied over the years, although I do use other modalities other than Craniosacral therapy in my work.

Some Case Histories

Here are a few examples from my practice. Sometimes the work seems quite miraculous! Nearly always it is immensely satisfying.

She was an attractive young woman but had a problem diagnosed as left hemifacial spasm which meant her face on that side twitched pretty much constantly. She had had the problem for 7 years but despite drug treatment and an operation to decompress the facial nerve there was no improvement. She was then treated with Botulinum toxin which paralyses the muscles (it is also one of the most powerful toxins known.). This helped for a while but was now losing its effectiveness. Her history included a fall with impact at the base of the skull. She also had migraines and tinnitus.

I found the relationships of a number of her cranial bones to be stressed, also one of her facial bones. I worked to establish normal functioning in this area, which I knew to be related to the course of the facial nerve that controlled the muscles that were in spasm. There was also a great deal of tension in the jaw muscles which was not helping the problem, so I treated these directly and also gave exercises for her to use on her jaw at home. By the third session there was definite improvement and by the fourth her tinnitus

had gone. I had her husband along to that session and showed him a simple technique to decompress the temporal bones, which I asked him to do daily. By the sixth session the twitching had stopped, and the migraines were less frequent and intense. I saw her three more times at two monthly intervals, now concentrating on bringing more energy (“potency”) into her craniosacral system. All was well, and continues to be after well over a year.

Briefly I will mention another lady who had Bell’s Palsy, another form of hemifacial paralysis. (Her GP thought she had had a stroke). I saw her in the early afternoon. She was tired after the session (this is common) and went to bed, and woke in the early evening, with all her symptoms gone. That was in my early days of practice, and I still haven’t bettered that one!

One I can’t explain is the case of the lady who came with the diagnosis of neurological sarcoidosis. It took a year of in-patient hospital observation to come up with that diagnosis! One of the effects of this illness was that of raised intracranial pressure in the CSF. She was having monthly lumbar punctures to control this. I used various drainage techniques to reduce the fluid pressure in her head and spinal cord. I figured the sarcoid lesions were impeding fluid flow. This seemed to work because subsequent checks on her CSF pressure showed as normal, and she didn’t need the lumbar puncture. The headaches she was getting as a result of the raised pressure also ceased. What was remarkable was what happened to a large sarcoid lesion which showed as a lump on the left side of her head. Within a short while of commencing work to try to normalise the tidal flow of CSF she experienced a burning sensation in the area which lasted for about 4 days. The lump then decreased in size and disappeared entirely by the third session!

In the more everyday arena, musculoskeletal problems often seem to melt away with Craniosacral therapy. I have seen any number of acute back problems, whiplash injuries and the like respond very quickly. In these circumstances osteopathic or chiropractic manipulation is either extremely uncomfortable or contraindicated. One person came with a prolapsed cervical disc which had been osteopathically manipulated. She was totally unable to move her neck and the prognosis was 2 years to recovery. She had frequent dizziness which on testing appeared to be due to vertebral artery restriction in the area of the injury. It was not even possible in the beginning to work at her head because of the discomfort of even the slightest movement, but I was able to access the Craniosacral system from the sacrum. We were able to get a complete recovery in 2 months using principally techniques to re-establish normal craniosacral function, and gentle soft tissue work to release muscle guarding once the lesion began to repair.

It is simply not possible to describe all applications of this work. If in doubt, try it! Because Craniosacral therapy works so subtly with the body’s own innate healing mechanisms, it is safe to use in most conditions.

What Happens in a Craniosacral Treatment

All practitioners are different, so this is only a guide. Some will begin with an in-depth case history. Of particular concern to Craniosacral therapists are any history of physical and emotional trauma. Even though this may have happened years ago, it may well contribute to today’s problem. Operations, illnesses, allergies, medications, lifestyle, other therapies, work, exercise, diet and digestion – these are all aspects that may be covered as the therapist tries to build up a holistic picture of the client. Other therapists postpone this history-taking initially and will go straight to “hands-on”, listening directly to the body’s own story. Some therapists may do a structural assessment, to visually check for asymmetry and areas of stress, and for this, outer clothing will need to be removed. The work on the table is generally done fully clothed.

The client lies on a massage table or plinth, initially on their back. The session usually begins with a deep listening to the body. Through very gentle hand contact on a variety of parts of the body, the therapist is able to sense the subtle signals sent out from those areas in distress, to determine the relationships

between various parts of the bodymind and to establish a connection with the client. We do a lot of listening before doing anything!

Watching a Craniosacral session is not the most exciting spectator sport! The therapist will position their hands in various positions on the body, often on the head, and will hold these positions for several minutes, seemingly doing nothing. In fact much is happening; they are following the subtle movements of the body, monitoring the cranial rhythm, reflecting back to the system patterns of holding and restriction which help the bodymind to “see” the problem and thus facilitating return to a more efficient mode of functioning. It is very difficult to describe! The client will often feel subtle releases, pulsations, and warmth in their body, and sometimes experience an upwelling of buried emotions and memories. At the end of the session the client will generally experience a feeling of wellbeing, increased levels of energy (holding restrictions in the body takes up energy) and a deep sense of relaxation. It is not necessary to have an illness or any particular problem to benefit from Craniosacral therapy. Many of my clients like to come back for an occasional “tune up” – they enjoy the sense of relaxation, stress release and vitality that comes after a session. Often when a good deal of work is done in a session the immediate effect can be a deeply relaxed sense of tiredness. In this case it is best to rest as much as possible for the remainder of the day. The sense of vitality will usually be there the next day. The effects of the work are ongoing and cumulative.

William Sutherland died in 1954. I leave you with some of his words which explain the essence of his work better than I can.

“The professional task is in a large respect a finger-task; that of locating etiological factors beneath, as well as throughout all bodily tissues; being as problematic as is the 'searching for a needle in a haystack' and requiring fingers with brain cells in their tips...fingers capable of feeling, seeing, thinking. Fingers should be like detectives, skilful in the art of finding things hidden.”