

The Discovery of the CranioSacral System
An Interview with Dr. John Upledger, D.O., O.M.M.
Creator of CranioSacral Therapy and SomatoEmotional Release

By Dennis Hughes, Share Guide Publisher
Holistic Health Magazine

Dennis: I thought it was very fascinating, when you mentioned early in your book, *Your Inner Physician and You*, your discovery of this system. I forget the name of the gentleman that you were working on.

Dr. John: Delbert Smith, I owe my whole career to him, I guess!

Dennis: You found something calcified, a coin-sized shape on the outside of his membrane, and you noticed that it had a rhythmic pulse which was different than the breathing machine or the heart rate machine. I thought that was very fascinating--it had a rhythm but it wasn't related to the other two!

Dr. John: At this particular juncture I could visualize the rhythm of the other two systems and this was different. It stuck in my mind because I could not hold this membrane still for the surgeon to scrape the tumor off. He was pretty upset with me. But he turned out to be the same surgeon that sent us the skull bone samples so that we could prove that sutures could move.

Dennis: So this is a system in the body that's obviously always been there but no one was really aware of?

Dr. John: That's about right. Cranial osteopaths knew about skull bones moving, but they didn't understand this system. I saw this thing in my patient, and I knew that there was something different that I didn't know anything about, and nobody else in the operating room knew anything about it either. Then along comes a piece of literature from the Cranial Osteopathy Academy. When I was in school they were considered kind of offbeat quack types. Most of the people in our college wanted them to hide because they were considered an embarrassment. Everybody knew skull bones didn't move (as far as the school was concerned), but these guys were getting some clinical results: they didn't know why the skull bones were moving, but they knew they were moving. I had the opportunity to see what was making them move during surgery. Most of the guys that did Cranial Osteopathy never did much surgery. Most of them were a bit more elderly, and osteopaths until the 1940's weren't doing much surgery.

So what happened was, I took a position they had offered me at Michigan State to research several things. I researched Kirlian photography, acupuncture and Cranial Osteopathy. We came up with how this whole thing works and actually the Cranial Academy didn't like the idea because it was like heresy against the mainstream of their organization. My job was to put a scientific basis underneath it and either prove it or disprove it. That's what our Dean wanted me to do. I proved it was there, but it was different from what they thought it was. So, we did discover this system as it is, and we called it the craniosacral system.

Dennis: It's also worth mentioning here for our readers that you began in private practice, but you did spend nearly a decade as a clinical researcher and professor of biomechanics at Michigan State University. After that you founded your institute?

Dr. John: Well, I was in private practice for almost twelve years in Clearwater Beach, Florida before I was in Michigan. This is where I saw Delbert Smith. Then I went up to Michigan State in 1975. They offered me this job as a clinician/researcher and I accepted it and was up there for over 8 years. Later on I was teaching at the Metiger Foundation in Topeka, and one of the people from Unity Church heard me there and asked me would I like to start a model holistic health center there for Unity Churches. So I took that job for three years. Then we started our own institute after that, in 1985 in Palm Beach Gardens, Florida.

Dennis: In CranioSacral Therapy, how are evaluation and treatment carried out?

Dr. John: Our treatment is all done hands-on, and our evaluation is all done hands-on. There's an example I can talk about where the patient doesn't have any problem with sharing. Perhaps you remember an Olympic diver, Mary Ellen Clark. She won the bronze medal on the high platform in Atlanta. Mary Ellen was suffering from vertigo (dizziness), which is common to high divers. She had been all over the country. She came to see me in September in hopes that she could make a comeback. She had to lay off diving for about four months prior to that. So I evaluated her and I'm looking for stuck places in the craniosacral rhythm or the way it broadcast through the body. Her problem is dizziness, so she's been treated by all kinds of ear, nose and throat specialists and other doctors, but nothing worked. She couldn't dive. So I scanned her body as we would do in a craniosacral examination. What I found out was a lot of the problem was coming from the lower end down at the sacrum and up the dural tube (of that tube of membrane) into the head and then restricting the right temporal bone. This in turn was causing her to get dizzy, because your balance mechanisms are located in the temporal bone. The normal mobility of 10-12 cycles per minute motion was restricted in that temporal bone. Now, it wouldn't do any good to move the temporal bone if you don't get the reason why it's stuck. That came from down in her lower back. Tracing from her lower back what I wound up with is she had an old injury in her left knee that was coming muscle-wise and fascia-wise up into her low back, restricting her sacrum. That was compromising the activity of her craniosacral system, which in turn was screwing up her temporal bone and making her dizzy. I got her knee fixed and then everything else was a piece of cake, and she was back to diving again. And then she won the bronze medal at the Olympics.

Dennis: That's excellent! How does this relate to "tissue memory" and what you call the "energy cyst?"

Dr. John: When I was at Michigan State I did a lot of work with physicists, biophysicists particularly. While I was working there, one of the things we did was we had Wednesday morning meetings and we had five clinicians and twenty-two PhD's from a wide variety of scientific backgrounds. We had already gone through the suture movement business and we had the hydraulic system pretty well taken care of. Working with these patients I said, "You know, I feel like there is an energy transference between the patient and myself when I am working with them." Part of that is because you have your hands still on them. You use maybe a little pressure on one finger, and then you move this or that, but your hand stays essentially in the same place, so that the hand/skin contact on a patient (or through the hair) is pretty constant. At the same time, I am doing research with Kirlian photography.

What I was doing was taking Kirlian pictures of my fingers and my patients fingers on the same place before and after every session. I did this for a couple of years. What I noticed was, let's say

you came in with severe back pain and I worked on you, the first Kirlian picture you would probably have very weak coronas or defective coronas, which is the name for the broadcast of the energy out. I might have strong ones, but at the end of the session maybe you got strong or full corona and I got more defective. It would look like I lost some energy to you. Now the question becomes--and I threw this at the physicists--can we measure that kind of energy transference? For a week or two the physicists ignored this question, and then I kind of insulted them and told them if they knew what they were doing, they would be able to answer this. This guy Carney got real angry with me and said he would come work with me to prove I was an idiot.

Anyhow, he started watching me with all of the patients. He was there all the time. "What did you do that for, why'd you do this, why'd you do that?" Ultimately, we wound up studying and making recordings of full body electrical potential, tuning out such things as electro-myographic stuff. What we were looking for was the body potential of fluctuations, considering that the body has a bag full of electrolyte conductors and the skin is the insulator that keeps it inside. When I do certain things, just by positional changes or modifying the cranial rhythm by compressing one area that's moving too much, that kind of thing, it would change the electrical potential of the total body as we were measuring way down in the lower limbs. What he taught me to realize was when I found the right position with a patient to reduce the pain or to take that pain away, the electrical potential that he was measuring would drop when I got in exactly the right place. If I kept it there long enough the electrical potential would start to come up a little bit.

He said, "How did you know how to find that place?" It took a lot of introspection, but finally I discovered that when I found exactly the place that took the pain away, the craniosacral rhythm stopped. It stopped at the same time that the body electrical potential would drop. What we discovered here was that there is a change in electrical potential when I find exactly the right position. Now how did I find the position? Well, my answer to that was that I just followed the body's tendency. What we found out over a lot of arduous work was that if I was very skillful and very sensitive, I could find the position. I would go with that body to a position that alleviated the pain. It was the body that was taking me there. Then we found out those were the positions that the injury had occurred in initially. It happened over and over again. These were mostly Worker's Compensation patients, and they were mostly work injuries that I was working with at the time.

Dennis: So the body is telling you the past injuries?

Dr. John: Yes. The patient would say, "Gee, that's exactly the same position I was in when I fell down and hurt my back!" I didn't know that. Carney didn't know that. The patient didn't even know it until he got into the position. So we called that "tissue memory" because the muscles are taking us exactly where we need to go. When we get there, the path of injury is a straight line. In other words, if I fall down on my tailbone on a step, the force of me hitting the step goes into my body in a straight line. But when my body is straight, that line is bent. The energy can't come back out again around a curve or around a 90 degree angle.

When I get the body in exactly the right position, that straight line is once again reestablished, and now the energy can come back out the straight line. We found out when we measured it with thermography that we would get one or two degrees centigrade increase in heat while the body was releasing and at the same time during that period of heat release, the millivoltage was down and flat and I had a stop in the craniosacral rhythm. When the heat started diminishing, the

cranio-rhythm started again and the electrical potential came back up--not usually as high as it was before, but back up to maybe halfway to where it was before. We got a correlation between all three of those things. So I learned a lot of physics then. Carney started bringing books home from the library and said, "You learn this, and THEN I can talk to you." I really appreciated it. He was a good teacher.

Anyway, we decided that what's probably going on here is we have a chaotic energy that comes in--this energy from the blow comes into the body and it's disorganizing. Your body may dissipate it and then you don't have an ongoing injury. If the body can dissipate that foreign energy when it comes in, fine, you'll be all well and the tissues heal in maybe a week or two. It's those injuries that last that are the problem. You fall on your tailbone and you never get better.

Dennis: The deeper injuries?

Dr. John: The injury happened at such a time or such a way that your body was unable to dissipate that foreign energy--so it concentrates it into the smallest possible ball. When we find the pathway that the ball will exit, then the pain is gone. We call the compression into the ball an "energy cyst." Actually, Elmer Green from Metiger called it that. I was describing it as "entropy" and he said, "You are describing an energy cyst," and that's more correct. The tissues remember how to take you there, and when you get to the right place, it's like the body tissues are saying, "If you'll do this with me, I know how I can get this thing out of here." If you follow the body and do it very sensitively, it will take you to exactly the right position, the energy cyst comes out, and that thing that's been giving you trouble for the last five years is gone.

Dennis: That's remarkable. And you are testing for this with Kirlian photography and other instruments?

Dr. John: Yes. With Carney we did a polygraph reading. It was before big computerized things were available. We used to do a cardiac monitor and a breathing monitor and then a total body electrical potential monitor in both limbs. We had electrodes. I decided arbitrarily to put them about three inches above the kneecaps on each side and then ground each one on the same side at the top of the foot. That way we were as far away from brain electricity and heart electricity as we could get. Carney made a special instrument that would add the negative and positive fluctuations. He tuned out what most electromyographers would term "noise." Carney edited in such a way with his instrument that it turned into a pattern we could read. Then we decided we would study the heat output when we saw this energy was coming out, and the Kirlian photography gave us a general idea of whether the coronas improved or not. Basically whether or not the patient gets better.