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CranioSacrally Speaking

Exploring the Therapeutic Value of CranioSacral Therapy

by John E. Upledger, DO, OMM

Throughout the course of human history, great discoveries frequently have met with resistance before acceptance. Today, we take for granted that the world is round. Yet people in the 15th century not only believed the world was flat, but that anyone who sailed beyond its limits would vanish off the edge of the earth.

The exploration of the human body has proven no different. While no one questions the value of the cardiovascular and respiratory rhythms in modern medicine, there was a time when their very existence was debated worldwide. Even now, medical approaches to these systems are as varied as medical practitioners themselves.

For more than 30 years, I have been a proponent of using the rhythm of a different body system to evaluate and improve health and well-being. I have dedicated my life to teaching the therapeutic value of the craniosacral system to health care professionals worldwide, physicians and nonphysicians alike. How can many different types of practitioners benefit from understanding one physiological system? And what evidence supports the value of therapy focused on this system? Please allow me to explain.

While the craniosacral system has only been scientifically defined within the last three decades, it has existed since the beginning of time as we know it in every human being and animal possessing a brain and spinal cord. Forming in the womb and functioning until death, it extends from the bones of the skull, face and mouth (the *cranium*) through a system of fluid hydraulics and membranes to the lower end of the spine (the *sacrum*). Because the craniosacral system surrounds and protects the brain and spinal cord, restrictions in its membranes can directly affect all aspects of central nervous system performance, from motor function to emotions. Fortunately, such problems can be detected and corrected by a skilled therapist using simple methods of palpation.

The History of CranioSacral Therapy

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The roots of CranioSacral Therapy date back to the early 1900s, when William Sutherland, DO, was struck by the unusual idea that the bones of the skull were structured to allow for movement. For more than 20 years, he explored this concept, performing makeshift experiments on himself with helmet-like devices designed to impose variable pressures on different parts of his head. His wife then recorded personality changes he displayed in response to different pressure applications.

In the early 1930s, Sutherland published the first article about his work in the *Minnesota Osteopathic Journal* under a pseudonym. Based on his experiments, he developed a system of examination and treatment for the bones of the skull that today is known as cranial osteopathy. With some patient success, Sutherland organized a small group of osteopaths who studied cranial work with him. Because so little was known about how it worked, and the results at times seemed miraculous, his system acquired an understandably esoteric reputation.

Personally, I knew very little of this history when I observed the rhythmic movement of the craniosacral system firsthand in 1970. I was assisting a surgery on a man named Delbert and had only one job to do: hold the membrane that surrounds the spinal cord still while the surgeon removed a calcium deposit from its surface. As simple as it sounds, I couldn't do it. The membrane kept pulsing at a rate of about eight beats per minute, which didn't correspond to his breathing or heart rate, both of which were being monitored. Delbert made it through surgery, and I discovered that the pulsing motion I witnessed was new to all of the doctors there, not just me. We didn't know it at the time, but what we were seeing was the rhythm of cerebrospinal fluid pumping through the craniosacral system. The system itself hadn't even been named yet.

A few years later, I attended a workshop on cranial osteopathy developed by Dr. Sutherland. The course focused primarily on the bones of the skull and the fact that they weren't fused as doctors had been taught in medical schools, where anatomy was studied using embalmed and calcified cadavers. Instead, Sutherland's material demonstrated that skull bones continue to move throughout life. While this phenomenon has since been widely documented (see references for examples), widespread acceptance has typically been a slower evolution.

So here we were at the seminar, all palpating the motion of the bones, when people started asking about this rhythm they were feeling. That's when I realized I had seen the driving force behind these pulsations during Delbert's surgery. I put that episode together with what I was feeling now with my own hands. They seemed linked, yet no one knew how. That lack of information enticed me to continue developing my palpation skills and experiment with different methods of connecting with the rhythm

of the craniosacral system. Yet instead of focusing on the skull bones as Sutherland and other cranial osteopaths had, I was continually drawn to work with the membranes of the system itself.

News of my work spread, and in 1975 the Osteopathic College of Michigan State University invited me to lead the world's first task force to study and verify (or debunk) the mobility of cranial sutures and bones. It was an exhilarating time. For the next five years, I led a team of anatomists, physiologists, biophysicists and bioengineers, all testing the potential for performing therapy on the craniosacral system.

Together we conducted research, much of it published, that formed the basis for the modality I went on to develop and name CranioSacral Therapy. Yet we continued to take a different approach than the osteopaths who came before us. Again, instead of focusing on the bones of the cranium, we were working with the fluids and membranes of the system within the skull and spinal canal. By blazing this new path, we finally were able to explain the function of the craniosacral system. We then went on to demonstrate how it could be used to assess and relieve numerous health problems involving the brain and spinal cord.

How CranioSacral Therapy Is Performed

CranioSacral Therapy is a gentle, noninvasive approach to whole-body health. Generally using about 5 grams of pressure (roughly the weight of a nickel), the practitioner evaluates the craniosacral system by testing for the ease of motion and rhythm of cerebrospinal fluid. Simple manual techniques are then used to release restrictions in fasciae, membranes and any other tissues that influence the craniosacral system.

Experienced clinicians are able to feel the craniosacral motion anywhere on an individual's fully-clothed body. Valuable information can quickly be gained by palpating the rhythm for rate, amplitude, symmetry and quality. Lack of symmetry, for instance, can help localize a pathological problem that might relate to musculoskeletal dysfunctions, inflammatory responses, adhesions, trauma, surgical scars, vascular accidents and many other conditions. As the asymmetry is eliminated and normal symmetrical craniosacral motion is restored, the problem is often resolved or in the process of being resolved.

Consider, too, that fascia is a slightly mobile sheath of connective tissue that runs continuously from head to toe, surrounding every somatic and visceral structure in the body. This fascial system is in constant motion, corresponding to the craniosacral rhythm by both direct connections and common osseous anchorings. With this in mind, it's easy to see how loss of tissue mobility in one area can be

used to trace the location of the disease process that caused the original lack of mobility.

Ultimately, CranioSacral Therapy focuses on solving physiological problems at their source by using the individual's inherent self-corrective mechanisms. It has been shown over and over again, in thousands of cases, that it enhances general health, reduces accumulated stress, strengthens central nervous system function and improves resistance to disease.

I encourage you to continue to explore this therapy's potential for improving health, well-being and quality of life. Let your proof be in your results. And if you're faced with skepticism for your efforts, take heart. You might well be ahead of your time.

Resources

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