

MT CranioSacrally Speaking

# Taming Osteoporosis

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Osteoporosis has become a "popular" problem over the last decade or so. While it's traditionally discussed in terms of post-menopausal women, more recently it's been showing up in increasing numbers of men. It commonly manifests as compression fractures in the spinal vertebrae in the elderly, and seems to relate to declining sex hormones and the inability to exercise the musculoskeletal system at least moderately.

In osteoporosis, we see a demineralization of bone and a reduction of bone mass. The bone itself has a negative calcium balance thought to be caused by



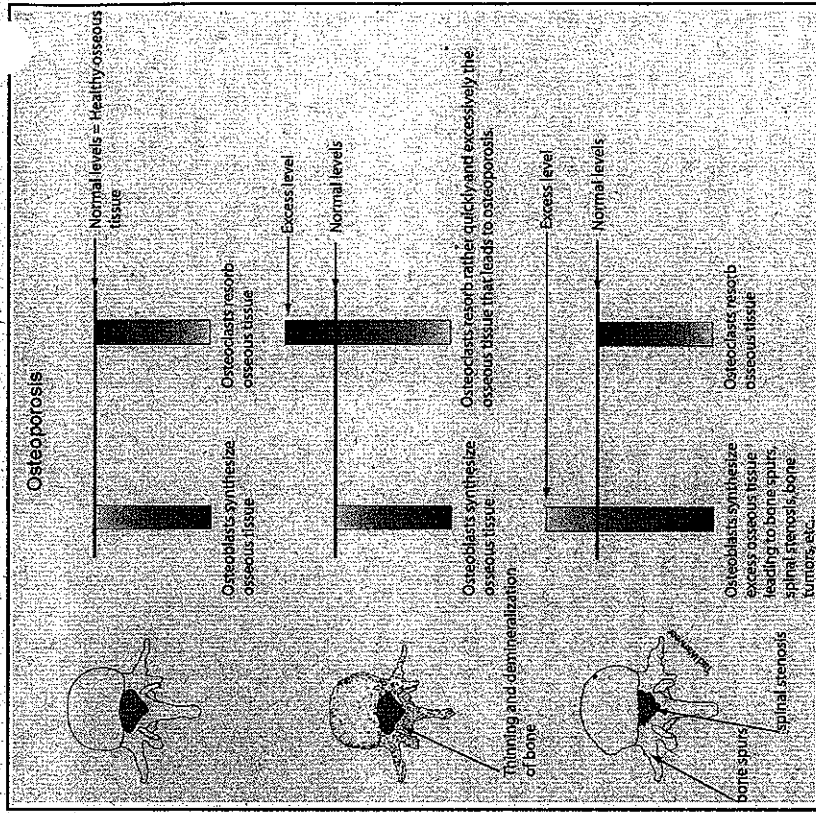
hormonal imbalances, inadequate dietary intake of calcium and faulty metabolism of protein, which might be secondary to inadequate protein in the diet. Osteoporosis also might be secondary to the prolonged use of therapeutic steroids or heparin.

While many other causes have been considered, I believe a considerable number of osteoporosis cases fall within an etiologic model that can be effectively treated with CranioSacral Therapy and related techniques.

Osseous tissue constantly is reabsorbed by cells called *osteoclasts*. In turn, the boney tissue that's reabsorbed continually is replaced by osseous tissues synthesized by cells called *osteoblasts*. It's estimated that under normal circumstances, our skeletons are totally renewed every 10 years or so, and maybe even remodeled a bit to adapt to the demands of our evolving lifestyles.

However, when osteoclasts reabsorb more bone than osteoblasts replace, we see bone thinning and demineralization known as osteoporosis. If the balance shifts in the opposite direction - if osteoblasts outperform osteoclasts - we see the formation of bone spurs, spinal stenosis, malignant and benign bone tumors and more.

How do osteoclast and osteoblast activities relate to CranioSacral Therapy?



First, CST is aimed at generally mobilizing body fluids, neuronal-impulse conduction, cellular communication and the like. More recently, I've seen CST favorably interact with the immune system and many of its activities.

For instance, a cytokine named *interferon beta* is produced by a wide variety of immune cells. Interferon beta also inhibits the activity of osteoclasts. So an increased flow of interferon beta gives osteoblasts an opportunity to produce more osseous tissue than what can be reabsorbed in any given time period. This makes the CST approach to enhancing the production of interferon beta a valid treatment for osteoporosis.

The communication between the immune cells and you, the therapeutic facilitator, takes place not only through hands-on work and blending, but also by actually dialoguing with cells and tissues. Remember, intention is everything.

If the problem is overproduction of osseous tissue, the therapeutic approach simply is reversed. I have asked immune cells to reduce the production of interferon beta. I also have asked osteoclasts to reabsorb or liquify abnormal osseous structures that are interfering with the body's health and well-being. The results were well worth the conversation.

It seems almost too simple, I know. But I've seen it work. And why should we discount something just because it's simple?

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Previous articles, a "Talk Back" forum and a brief biography of Dr. Upledger are available online at [www.message-today.com/columnists/upledger](http://www.message-today.com/columnists/upledger).



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