



Addressing the Skeptics, Part II

By John E. Upledger, DO, OMM

Editor's note: A few months ago, *Massage Today* received two letters in response to Dr. Upledger's April 2003 ("Cell Talk" www.massagetoday.com/archives/2003/04/10.html) and May 2003 ("Applications of CranioSacral Therapy in Newborns and Infants" www.massagetoday.com/archives/2003/05/08.html) articles, respectively.

This is the second letter and Dr. Upledger's response. Part I of this installment appeared in the January issue (www.massagetoday.com/archives/2004/01/11.html). Letters have been edited for space and clarity.

Dear Editor:

I read with alarm Dr. Upledger's article, "Applications of CranioSacral Therapy in Newborns and Infants."

Far from being "proven effective," multiple studies to date show CranioSacral Therapy (CST) ineffective, with no ability to reliably detect a craniosacral rhythm.^{1,2} Furthermore, his conclusion that autism is related to a craniosacral system dysfunction disagrees with the other dysmorphic features of autism:³ higher rates among twins and males with other genetic markers,^{4,5} immunological indicators,⁶ and cerebral blood flow anomalies.⁷

While it's plausible that cranial misalignment may cause neurological problems that could be addressed by CST at an early age, there's no reliable evidence yet to suggest this. Presenting speculation as fact is, at best, misleading and premature. With a growing body of evidence showing CST ineffective in adults, Dr. Upledger needs solid proof before parents place their children's neurological futures in the hands of CST practitioners, or therapists spend large amounts of money learning techniques that have been repeatedly shown not to work.

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Dr. Upledger's Response

Thank you for noticing my article. Many dedicated health care professionals who use CranioSacral Therapy (CST) entered this work as hard-line skeptics, but as they became acquainted with the art and science of CST, what they saw with their own eyes eradicated their skepticism.

Unfortunately, your comments reflect your lack of knowledge about what has been done to fully investigate the craniosacral system. As you may have gathered from my previous two articles, "CranioSacral Therapy and Scientific Research, Parts I and II" (www.massage today.com/archives/2003/10/10.html; www.massage today.com/archives/2003/11/11.html), I have an extensive background as a researcher. While a second-year student

in osteopathic medical school, I accepted a three-year teaching and research fellowship in biochemistry. My mentor, Dr. Stacy F. Howell, was the man who discovered that enzymes were proteins as part of his PhD work at Cornell University. (Dr. Howell's mentor, Dr. John Sumner, received a Nobel-Prize for that work.) Dr. Howell, who was the second author of that Nobel Prize-winning article, taught me more about research protocol and bench work than you can imagine; he generously shared his lifetime of experiences in both teaching and research with me.

After more than 11 years in private practice, I joined the faculty at Michigan State University (MSU) as a clinician-researcher in the Department of Biomechanics. I remained on the faculty for almost nine years, researching acupuncture, Kirlian photography and various manual medicine procedures - and developing CST. Our work in both the laboratory and the clinic explored the therapeutic potentials of CST on everyone from newborns to the elderly, in both humans and primates. While at MSU, I also served for five years on the American Osteopathic Association's Bureau of Research. I evaluated 50 to 100 research proposals per year, and presented those I deemed to be of high quality to the rest of our nine-member panel with recommendations for funding.

I left MSU as a tenured full professor to return to Florida, where a couple of years later I established an institute to further the study and application of CST. Soon after, I was invited to join the first Alternative Medicine Program Advisory Panel with the Office of Alternative Medicine at the National Institutes of Health. I served on this panel for two years. We discussed and recommended a wide spectrum of experimental designs and research protocols that could be used to evaluate various alternative and complementary healthcare approaches. For some of that time, I served as co-chairman of the research committee.

Mr. Woodruff, believe me when I say that I have ample experience as a researcher and evaluator of research protocols. There is probably more solid evidence that supports CST and its uses than there is for the efficacy of coronary bypass surgery. Your fear is unfounded. CST is efficacious and essentially risk-free when applied with reasonable skill. When you see newborns' heads re-shape; colic disappear; seizures stop; medications discontinued; and children with congenital central hypoventilation syndrome obviate the need for breathing machines, you begin to believe your eyes and the "double-blind study" becomes much less important.

I have seen people with stroke syndromes recover in one CST session; long-time speech deficits and blood pressures normalize; atrial fibrillations of several years disappear; central sleep apneas disappear; and TMJ problems abate. I worked with an Olympic diver who returned to training after a six-month lay-off secondary to vertigo. She traveled the country looking for relief from "scientifically qualified" therapeutic approaches, and came to see

me after all else failed. Ten sessions later, she resumed her training sans vertigo. She won a bronze medal in the Atlanta games.

There is much more, but I think you get the idea. Let go of your fears and believe your eyes. If you are in a health care profession, you should be most interested in having patients get well. If we wait for double-blind studies, these people will suffer until the arguments about double-blind protocols abate. This is not humane treatment. We all use gravity and electricity without understanding them, and both can be far more dangerous than CST.

CST recognizes that no two patients are exactly alike. It also recognizes that each therapeutic protocol is dictated by the wisdom of the patient's own body, so no two sessions are alike. In view of this, it is clear that this therapeutic approach will never be accurately evaluated by a double-blind study. The accomplished CranioSacral Therapist never knows what the body of the patient will dictate. Clinical outcome of a given patient is the only true evaluative process. I suggest that you allay your fears, and perhaps even try CST and see what you think. Be careful: You may evolve into a proponent.

Author's note: In 1995, I wrote a summary of the research that had been done to date that involves the craniosacral system and related therapy. This monograph, entitled "Research and Observations Support the Existence of a Craniosacral System," can be obtained from The Upledger Institute at (561) 622-4334, and is also available online at www.Upledger.com/news/p-mon.htm.

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