

10309

EXPLORING TODAY'S TOUCH THERAPY

MASSAGE

OCT 2003

www.massagemag.com

Thai Yoga Massage with Ram Thye Chow

#BXNQNZX *****AUTO**3-DIGIT 334 P16
 #MSG/A14466/3090# EXP 0407
 CAROL BRESNICKY
 THE UPLEDGER INSTITUTE
 10759 WHARTON WAY
 WEST PALM BEACH FL 33412-1113

in the Medical Setting

Techniques for Plantar Fasciitis

Body Language Returns

CranioSacral Therapy in the Medical Realm

Two Physicians Explore the Healing Power of CST

by Brandi Schlossberg, Associate Editor

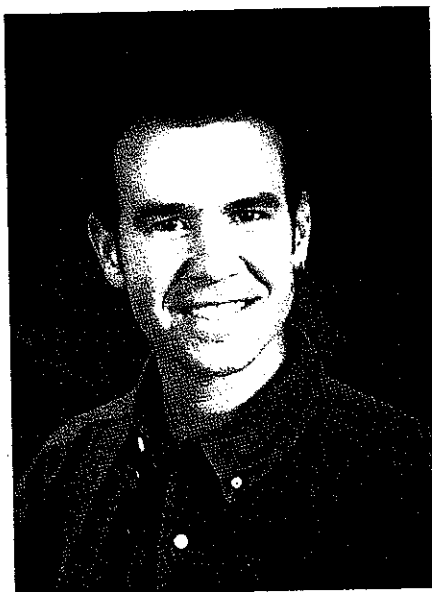


Photo courtesy of Michael Allen



Photo by Mike Irvin

Michael Allen, M.D., (left) uses CranioSacral Therapy daily in his Sacramento, California-based pediatric practice. Pediatric cardiologist Andrew Fryer, M.D., (right) was first encouraged to take CST courses by his wife, Sally, a pediatric physical therapist trained in the technique.

Beyond the Dura '03, an international research conference hosted April 30-May 4 in Jupiter Beach, Florida, by the Upledger Institute, featured presentations on CranioSacral Therapy (CST) for everything from breastfeeding to multiple sclerosis. A common theme was the integration of this healing technique into hospitals and traditional medical practices. Keynote speaker Andrew Fryer, M.D., a pediatric cardiologist in Dallas, Texas, and Michael Allen, M.D., a pediatrician in Sacramento, California, both presented on the use of CST in their practices. Here, both physicians share how they came to use the technique, and the results they've seen.

2003 09

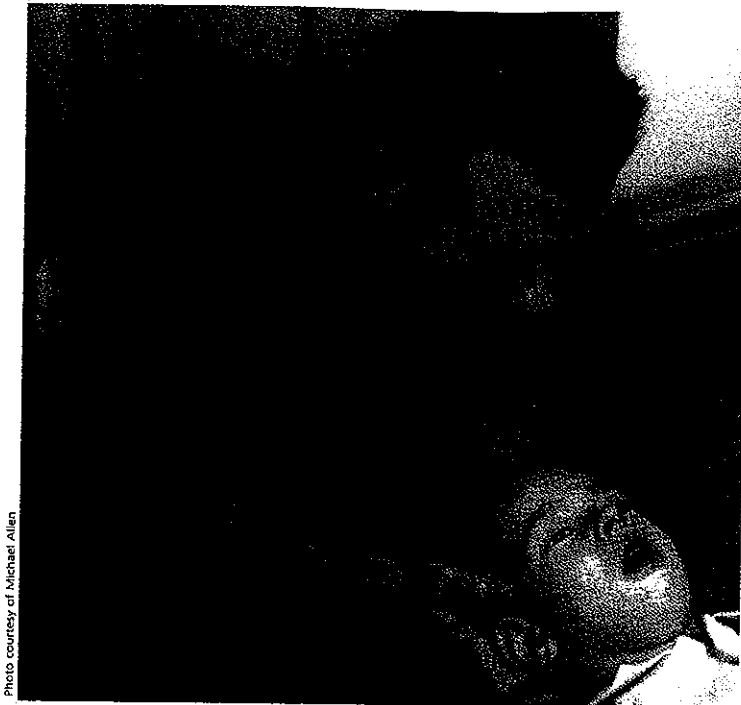


Photo courtesy of Michael Allen.

Michael Allen, M.D., performs CST on his son, Kieran, whose seizures have been dramatically reduced by the technique.

The baby looked like he had swallowed a football. From edema of the intestines, Down syndrome and congenital leukemia, to lung disease, recurrent infections, and liver damage—a result of chemotherapy—he seemed to have it all.

“In this kid’s case there were three or four major things going on that each prevented the other from getting better,” said Andrew Fryer, M.D., a pediatric cardiologist at Medical City Dallas Hospital’s Magus Pediatric Cardiology facility in Dallas, Texas. “It was kind of a crash-and-burn, about-to-die situation.”

The infant, just two months old, was nearing the end of chemotherapy, said Fryer. Somewhere along the way, his guts had stopped working, which intensified his pain and his swollen stomach.

Fryer, a Fellow of the American Academy of Pediatrics and a member of the American Heart Association’s Council on Cardiovascular Disease in the Young, had recently completed courses in CranioSacral Therapy (CST), the Upledger Institute’s hands-on method of evaluating and enhancing the craniosacral system, which consists of the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord.

Practitioners aim to release restrictions in the craniosacral system, using pressure about the weight of a nickel, to improve the functioning of the central nervous system and the body’s overall ability to heal itself.

Fryer put his hands on the baby boy and began performing CST. About 15 minutes into the session the baby had a bowel movement, something that hadn’t happened in a painfully long time.

“When his guts started working again, his jaundice started improving,” said Fryer. The infant’s liver began functioning properly, as well, and he was able to fight off infection.

One of the tenets of CST is that a practitioner “dialogues” with the client, asking his or her “inner physician,” often without words, to do what is necessary to heal the person.

“When you dialogue, you’re dialoguing with your hands, your mouth and your consciousness,” said John Upledger, D.O., a pioneer in the development of CranioSacral Therapy, based on his work as a clinical researcher and professor of biomechanics at Michigan State University, as well as the theories of cranial osteopath William Sutherland.

“Your consciousness is contagious,” said Upledger. “What you’re doing is trying to help [clients] help themselves, and that’s where your consciousness has to be.”

Fryer said that during the CST session with the sick infant, he let the boy’s body know that it had the power to choose life and improved health.

“We put our hands on him and made his guts move, and the kid had a future,” said Fryer. “This may be one of the best examples of CranioSacral Therapy in an acute-care setting.”

▶ | continued on page 49



Photo by Terry Cockerham

Andrew Fryer, M.D., provides CST to one of his pediatric-cardiology patients in Dallas, Texas.

Pediatrician puts CST into practice

When the son of Sacramento-based pediatrician Michael Allen, M.D., developed cerebral palsy and cortical blindness, it brought a reality check to his father's fast-track medical career.

Allen spoke to attendees of the Upledger Institute's conference, *Beyond the Dura '03*, about how CranioSacral Therapy (CST) transformed the health of his son, Kieran, and in turn, how it transformed his pediatric practice.

At age 3, Kieran was experiencing a wide range of seizures that sometimes kept him up all night. At age 4-and-a-half, he needed a gastrostomy tube in order to be fed.

"We tried basically everything known to mankind," said Allen. "Each of them had a small benefit, but overall, not that great."

Kieran's seizures had become so bad that sleep was the only activity he could engage in. At his lowest point, Kieran was manic for 36 straight hours, followed by 24 hours of sleep.

"It was at that point we thought that we might lose him," said Allen.

While pregnant, Allen's wife had received CST, and the couple decided to schedule a session for Kieran. "Because of the positive results [of that session], we immediately hooked up with John [Upledger] and headed to Florida for a two-week intensive," said Allen.

Within those two weeks at the Upledger Institute, in Palm Beach Gardens, Florida, Kieran was experiencing fewer seizures, had more trunk control, improved vision, and was more alert and verbal. A month later, Allen and his wife were enrolled in CST courses.

Within six months, Kieran's seizures were "well-controlled," said Allen. He began eating on his own, gained 10 pounds and cut his seizure medication in half.

"Children are very receptive to CST," said Allen. "There are fewer layers to penetrate."

Since Kieran's improvement, which included the return of his smile and laughter, Allen has treated hundreds of children in his practice with CST.

"I have two other children in my practice with seizure disorders less severe than Kieran's, and with CranioSacral Therapy, they no longer have [seizures]," said Allen. "The neurologists can't explain this."

He said he uses CST daily in his pediatric practice, both as a preventive measure and for a wide variety of conditions.

"Babies, when they first come in for their newborn evaluation, I do cranio at that point," said Allen.

He cited the importance of evaluating and treating newborns with health problems as soon after birth as possible. "Look for depth, sparkle and expression when evaluating a newborn's eyes," said Allen.

If the child's eyes are distant or disinterested, it may be an early sign of autism, cerebral palsy, mental retardation

or other learning disabilities, he said, all of which can benefit from CST. "I'm starting to be able to pick up a lot of these children in the first years of life," he said.

CST also helps kids with more apparent medical conditions, said Allen, such as colic, which usually starts by three weeks of age and is due to severe, recurrent abdominal pain. "Doing truncal release can be very soothing for these babies," he said. "I always teach parents to do this."

Nystagmus, a constant, involuntary movement of the eyes, and torticollis, a neck-muscle spasm marked by a tilted head, can also be eased with CST, said Allen, who uses the technique to treat such conditions regularly.

"All of us can be more effective the more modalities we use," said Allen. "I do believe my role is to help these children heal in any way I can."

When his traditional medical training comes up short, Allen said he turns to CST. "When I see something that doesn't make sense to me from a traditional standpoint, I use cranio," he said.

For instance, when one of his patients developed a facial tic—rapid eye blinking—Allen addressed it with CST. "It sprang up out of the blue, at least from a traditional standpoint," he said.

However, Allen came to find out that the patient's grandmother, whom she was very close to, had passed away a few months earlier, and the tic had developed soon after.

"Any stress on the body will impact the health of the entire body and can cause restrictions," said Allen. "If I had not known CranioSacral Therapy, I would've sent her to a neurologist, who wouldn't have been able to do anything."

Instead, he used CST, and within a week the rapid eye blinking had stopped. After one session, the girl was back in dance and piano classes, he said.

At *Beyond the Dura*, Allen also relayed the tale of Marissa, a 5-year-old girl with cerebral palsy, seizures and low bone mass. When Marissa was rear-ended in a car crash, it resulted in vertebral fractures and compression, said Allen, which left her in constant pain and crying all the time.

Marissa's parents had tried all sorts of therapists and pain medications, to no avail, before they brought her to Allen, who had recently completed CST I.

"I put my hands on her forehead and her chest, and the crying stopped," he said. "I realized how truly powerful this therapy is, and I really felt humbled at how much healing was passed through me."

Today, Allen said his son, Kieran, is doing great, and weekly CST sessions continue to help him maintain that happy status. Meanwhile, Allen is touching more and more patients with the technique that touched his life.

"I realize that the best thing I'm doing is craniosacral work in my practice," he said.

It was a case that changed Fryer's outlook on the use of CST, illuminating it as a powerful tool in acute and intensive care.

"[CST] should be a mainstay in the care of critically ill neonates," said Fryer, "not an ancillary frill."

As the keynote speaker at Beyond the Dura '03, an international research conference hosted by the Upledger Institute biannually in Jupiter Beach, Florida, Fryer spoke about the multiple uses of CST in both acute-care settings and his pediatric-cardiology practice in general.

"When I started to use it, it was just unusually effective," said Fryer, who completed CST I in October 1999 with encouragement from his wife, a pediatric physical therapist trained in the technique.

He went on to complete advanced levels of training in CST and says he currently uses it two-to-five times a day. "Most of the people I work on come straight out of my pediatric-cardiology practice," said Fryer.

When discussing treatment options with his patients and their families, Fryer said he always offers CST, describing it as relatively new and, in and of itself, without side effects.

"Frequently, the patients will choose that over medication," he said.

One condition Fryer commonly addresses with CST is neurocardiogenic syncope, a dysfunction of the autonomic nervous system that results in fainting spells, which occur often in his pediatric-cardiology patients.

Frequently, standard treatment involves medication, said Fryer, with possible side effects and variable efficacy. "We treat these people in three-to-five sessions [with CST]," he said. "We typically treat them once a week."

Migraines are another problem Fryer alleviates with CST on a regular basis. "Kids who've had open-heart

surgery often have migraines," he said. "In three-to-five sessions, most of them are better."

Fryer said other doctors have begun to refer their migraine patients to him as well. Because of CST, "a lot of them would be on drugs that aren't," he said. "We're saving people money and complications."

Fryer is currently working on a grant proposal for a study to prove such statements, starting with a comparison of CST versus standard care in the treatment of neurocardiogenic syncope.

He's also setting up a pilot study on the use of CST on children following open-heart surgery, with the hypothesis that it will help them come out of anesthesia quicker and easier, decrease post-operative complications and reduce hospital stays.

"The numbers ought to speak for themselves," said Fryer. "I think it will pave the way for a lot of folks."

Until such studies have been conducted, he said, it will be a challenge for craniosacral therapists to get doctors' attention about the benefits of CST. For now, Fryer suggests the best way for craniosacral therapists to integrate into a traditional practice is to "come in under the radar," by working on the patients of these doctors in your own practice, so they may see and hear about the benefits of CST for themselves, from their patients.

At Beyond the Dura, Fryer encouraged the audience of bodyworkers to continue their work with the knowledge that it is a unique and important element of health and recovery.

"There are things you can do that transcend and go beyond surgery and traditional medicine," he said. "What you do is absolutely powerful, and it's powerful in an acute and clinically relevant way." M

PUT A NEW CAREER IN YOUR HANDS

Certificate Programs in
Massage Therapy, Shiatsu,
Advanced Medical Massage,
Prenatal, Deep Muscle Therapy,
Sports Massage, etc.



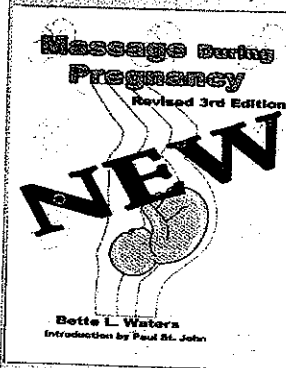
PENNSYLVANIA SCHOOL OF
MUSCLE THERAPY
PENNSYLVANIA'S FIRST AMTA/COMTA
ACCREDITED SCHOOL

1173 EGYPT ROAD, P.O. BOX 400
OAKS, PA 19456

610-666-9060 www.psmt.com

Massage During Pregnancy

By Bette Waters, RN, CNM



Revised Third Edition

- ~Frequently asked Questions
 - ~ Updated
 - ~ Research
 - ~ Home Study
- NCBTMB, FL
12 CEU's

1-888-541-5381 Visa/MC \$18.95 (\$5.50 s/h)
BLUWATERS PRESS
P O Box 144 Deming, NM 88030
Bwaters@zianet.com www.zianet.com/bwaters