


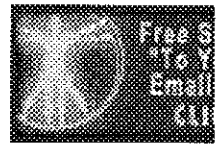
2002.12

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## CranioSacrally Speaking

by John Upledger, DO, OMM



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## Living in the Laboratory

One day in September 1998, I went to the dentist to have a cavity in a lower molar filled. I had a slate of patients that afternoon, so my dentist suggested I go without anesthetic. It took one shot of air into the cavity to convince me I was not of the ilk to have a non-anesthetized filling. That single squirt of air put me into orbit.

Consider that the right lower molar is innervated by the right mandibular nerve, which feeds into the trigeminal ganglion. This ganglion receives input from the other two branches of the trigeminal nerve: the maxillary and ophthalmic nerves. That shot of air sent a shock into my trigeminal ganglion, which then went straight into the trigeminal nuclei. These nuclei, which are bilateral, extend from the upper pons down through the medulla and into the upper spinal cord.

It just so happens that the trigeminal system has the most plentiful connections to the reticular alarm system of any of the 12 cranial nerve systems. My connections were obviously effective. I found myself in a ready-alert condition that wouldn't quit. I even tried to talk to my reticular alarm system to soothe it, but the relief was only temporary. Then I tried visualizing a gauge from 1 to 100, with the needle pointing at the number representing my level of alertness. My needle was at about 90, nearly to the max. With a lot of hard visualization I was able to get it down to about 30, but every time I got tight again the needle would shoot up to 90.

This went on until the dentist was able to see me again the next week. It was after hours, so he was slightly rushed. As he froze my

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DearLyndaLMT  
Lynda Solien-Wolfe, LMT

jaw, he explained that he was doing a mandibular nerve block instead of the usual "infiltration," since it worked faster. Of course, my mouth was full of instruments, so I couldn't object. **Acupunc:** Acupuncti

From the Editor's Desk  
Cliff Korn, NCTMB

As he injected the lidocaine near the medial aspect of my right mandibular ramus, I felt excruciating pain. It felt like he was sprinkling hot embers on my chin from the lip to under the mandible, and from the mandibular notch forward to the vertical midline of my chin. What went on for minutes felt like hours. My rational mind knew instantly that his needle point had pierced my mandibular nerve. In my mind's eye, I could see the two or three cc's of lidocaine fluid separating my nerve bundles and tearing apart the integrity of the supporting structures formed by the glial cells, as the hydraulic forces of the fluid wreaked havoc on my mandibular nerve. I could feel my trigeminal ganglion quivering with anxiety as it sent a continuous SOS message to my reticular alarm system.

The Great Spa  
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Robin Zill

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Let's Talk About...  
Ben Benjamin, PhD

My View From Here  
Ralph Stephens, BS, LMT,  
NCTMB

At this point, I had to control an urge to run or attack my attacker. Instead I sat quietly, mouth wide open, with all the suction pumps and drills making their noises. I'm sure he did a nice technical job, but by the time he was finished nearly an hour later, I was on full alert.

Nutrition and Wellness Care  
James Meschino, DC, MS

Professional of Note  
Claudette Laroche, RN,  
LMT, NCTMB

That evening, the right side of my mouth stayed numb and lacked motor control for about five hours. Then, at about 3:00 a.m. I awoke with an extremely sore throat. It was on the right side, extending through all the hyoid-related tissues down to my right clavicle. The sore throat evolved into a cough which stayed in the throat, above the clavicle. By the next day, the pain was complemented by neck stiffness and right-sided temporal head pain, which involved the right occipitomastoid and the right temporoparietal sutures.

Spa Letters  
Steve Capellini, LMT

The Ramblemuse  
Keith Eric Grant, PhD,  
NCTMB

Women's Body Therapies in  
Focus  
Kate Jordan, NCTMB

To make a long story short, I was a mess. Unfortunately, I had to fly to Detroit to do a three-hour CranioSacral Therapy presentation the next day. I did fine, but had to work harder to concentrate, and my throat, neck and head still hurt quite a bit. I flew home totally exhausted, which is unusual for me. Instead of recovering, I was deteriorating.

Over the next few weeks, I received sessions in a variety of modalities - CranioSacral Therapy, energy cyst release, SomatoEmotional Release, myofascial release, chiropractic -and started to feel some relief. Then came Sunday, September 27, 1998. My whole world opened up when the root causes of my troubles presented themselves. At this point, my wife Lisa was getting a bit concerned about me. I had never been so exhausted and miserable for such a prolonged period of time - three weeks. I called the dentist's office to find out exactly what he used to inject my mandibular nerve. It was lidocaine with epinephrine.

First synthesized in 1937, lidocaine is a stable local anesthetic, also used intravenously to treat cardiac arrhythmias, especially during catastrophic events such as myocardial infarctions. As an anesthetic, it prevents the generation and conduction of the nerve impulse. The main site of action is in the nerve cell membrane. Supposedly, there is little or no residual effect upon the neuron when lidocaine is used in the small doses required to interrupt impulse generation and conduction. Conventional thought is that when the gross effect wears off and sensation returns, the drug is gone. However, in our Upledger Institute workshop "The Brain Speaks," we have gotten the distinct impression that local anesthetics are stored for long periods of time between the lipid layers of the neuronal membranes. This, in turn, has a long-term effect on the neurons in question: it produces post-anesthesia hyperexcitability.

If you think about your teeth - their crowns, root canals, fillings and things that just don't feel right, or remain hypersensitive to heat, cold, sugar, what have you - it could be that the innervation to these teeth has remained hyperexcitable because of residual effects of the local anesthetics in the neuronal membranes.

Now, let's consider the epinephrine. A synthetic version of a natural hormone that comes largely from the adrenal gland, it's used with local anesthetics because one of its effects is to constrict the blood vessels with which it comes in contact. This keeps the local anesthetic from being too rapidly cleared from the site of injection. The result is a prolonged anesthetic effect. Functionally, epinephrine is adrenalin. Whatever the name, it has a powerful effect upon the sympathetic nervous system. It raises heart rate, increases blood pressure, inhibits visceral activity, and generally increases the alertness of the reticular alarm system. But my reticular alarm system was already riding high. It did not need an epinephrine boost.

Now, back to that Sunday in 1998, when my concerned wife treated me with CranioSacral Therapy. She began by "arcing" from my feet, then coming up to my mandible just to the right of the midline. As she placed her hand there, I began to experience the same strong taste I had in my mouth when the dentist injected me with lidocaine and epinephrine. The taste remained for most of the session. Soon Lisa was releasing a tremendous "energy cyst" from my anterior mandibular region just to the right of the midline, and from the ramus of the mandible on that side. I felt the effects of her work in my right ear, all of my lower teeth on the right side to the anterior midline, some of my upper teeth on the right side, into my head and neck, down into the hyoid and into the right clavicle and shoulder. The related muscles were all very much involved.

The overwhelming sensation was deep ache and pain in all these

structures and tissues. In my imagery, the right mandibular nerve had been damaged by the injection. It was also clear that Lisa was removing energy and subatomic particles that were residual within the nerve. As I visualized this energy, I saw electrons derived from the nerve injection material that had spread throughout the course of the mandibular nerve into the trigeminal ganglion. The ganglion was trying to contain these toxic energies and electrons, but wasn't completely successful. Some of these energies and electrons had spilled into the maxillary and ophthalmic nerves, as well as into the spinal cord, thus creating effects in the neck and throat.

Much of the cranial dysfunction was the result of the toxic effects upon the meninges, especially by challenging the magnetic crystals located in the dura and the pia mater. It has been shown that there are 100 million single-domain magnetite crystals in a single gram of both *dura* and *pia mater* membranes, and five million per gram of brain tissue. I'm sure errant energies and electrons or other subatomic particles could easily stress these systems and result in pain and dysfunction.

After Lisa cleared most of this toxic residue, I experienced remarkable relief. I thought we were finished. No sooner did I get that thought than a crown on the 2nd molar on the lower right side began to hurt again. This crown had been less than comfortable for the decade I'd had it. It had felt hypersensitive and somewhat out of place. Lo and behold, the same thing happened. In my imagery, residue of the local anesthetics began to clear and more energy cysts released. As this occurred my crown began to feel more comfortable in my mouth.

That's when I started feeling much less tired, more comfortable, and less wired. Certainly there was a more to go, but by that time I was well on the road to recovery.

So, what's the moral to this story? There is perhaps no better way to learn than by living in your own laboratory.

*John Upledger, DO, OMM  
Palm Beach Gardens, Florida*

*MSJ*

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