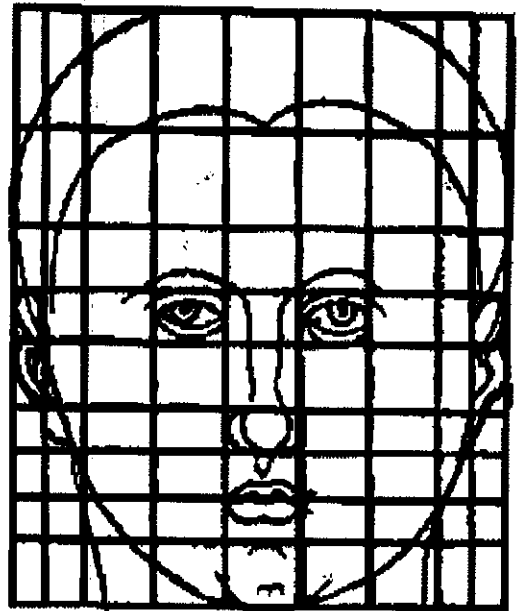


## Considering CranioSacral Therapy in Difficult Situations

Carol Brussel, BA, IBCLC  
Denver CO USA



When a baby is unable to nurse or nurses so poorly that he causes pain to his mother, he presents a true challenge. A mother who experiences pain or who perceives that her baby is not breastfeeding effectively is a mother who is at risk of prematurely weaning this baby (Riordan and Auerbach 1999).

After working through all of the usual avenues of information and resources that can help in this kind of situation, some Leaders have found a new therapy, called CranioSacral Therapy (CST), can be helpful. CST is a light-touch manual therapy used to encourage the body's self-correcting mechanisms. Generally using about five grams of pressure, or about the weight of a small coin, the practitioner evaluates the body's craniosacral system. This system plays a vital role in maintaining the environment in which the central nervous system functions. It consists of the membranes and fluid that surround and protect the brain and spinal cord as well as the attached bones—including the skull, face, and jaw, which make up the cranium, and the tailbone area, or sacrum.

Carol Brussel lives in Denver, Colorado, USA with her husband, David, and her children, Joey, 14; Leo, 11; and Laura, 6; and assorted pets. She is a board-certified lactation consultant in private practice, a volunteer with the Denver Mothers Milk Bank, and a retired LLL Leader. She writes and speaks about breastfeeding topics.

Since the brain and spinal cord are contained within the central nervous system, the craniosacral system has powerful influence over a wide variety of bodily functions (The Upledger Institute 2001). The extremely light touch used in this therapy means that at no time should CST treatment cause damage.

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Doctors of osteopathy, chiropractors, and others are trained in cranial osteopathy. There are many different types of health care professionals who have taken CST courses including medical doctors, nurses, doctors of oriental medicine, osteopaths, psychologists, massage therapists, dentists, physical therapists, acupuncturists, chiropractors, occupational therapists, and some lactation consultants.

Babies who seem unable or unwilling to nurse at birth and babies who are unable to nurse properly may benefit from CST. A thorough evaluation by a health care professional should be done to determine possible causes of the problem.

These may include birth injuries, congenital or neurological problems, illness, or the lingering effects of drugs used before the baby's birth. The history may reveal that a baby was deeply suctioned, fed artificially (with tubes or artificial nipples), or experienced other interventions that could cause oral aversion (Healow and HUGH 2000). It is crucial to investigate all aspects of the infant's health when determining the cause of breastfeeding problems.

If none of these factors seems to be the cause of the problem, then circumstances surrounding the birth may be the cause. Even a normal birth can cause trauma to the baby's head or spine. If the birth history includes a precipitate (very fast) birth, a cesarean birth, the use of a vacuum extractor or forceps, an unusual presentation, or a baby with a large head, this may indicate that birth trauma has occurred. These kinds of events during the birth can result in undue pressure placed upon cranial nerves, particularly those that control the mouth. The three nerves of the cranium that affect breastfeeding are the glossopharyngeal nerve (which controls the muscles of the pharynx), the vagus nerve (which controls the muscles of the soft palate), and the hypoglossal nerve (which controls the tongue muscle). Compression of any or all of these nerves can cause dysfunctional nursing (Hewitt 1999).

CranioSacral Therapy can also be beneficial for babies who do not open their

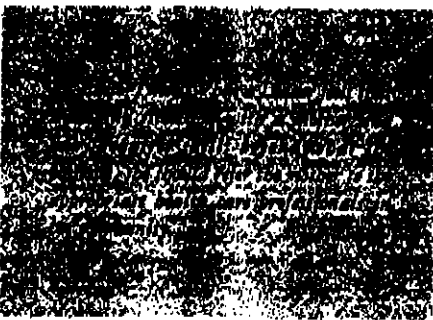
mouths widely enough to latch on effectively, and for babies described as "arching or hypertonic." These types of babies are difficult to nurse. They cause pain or trauma to the mother, and often grow poorly due to inadequate milk transfer at the breast. When babies do not open their mouth widely to latch-on, it is often possible to remedy the situation by assisting the mother with proper positioning and latch-on (Eastman 2000). If the use of proper techniques does not help, a Leader may want to suggest that the mother consider looking into CST.

Arching or hypertonic babies are considered "tight." The behavior seems to be a temporary condition that improves over time rather than permanent neurological impairment. The breastfeeding relationship often suffers or is ended early due to the difficulty of nursing these babies. The behavior is considered by some to be a sign of difficulties with the nervous system, possibly caused by pres-

successful. It is common for babies to need continued treatments over a period of weeks, even when the initial CST work greatly improves the situation. If basic issues such as positioning, latch-on, and milk supply have not been properly addressed, adjunct treatments like CST are unlikely to help. It is important to remember that even after CST treatments, mothers and babies may need additional breastfeeding help.

How can mothers find CranioSacral Therapy practitioners? Information is available from the Upledger Institute at [www.upledger.com/](http://www.upledger.com/) (click on the "Locate a Practitioner" button) or from the International Association of Healthcare Practitioners at [www.iahp.com/pract.htm#directory](http://www.iahp.com/pract.htm#directory) (look for the practitioners who have taken the courses symbolized as CSI, CSII, SER, ADV, CSP). It is important to know whether a CST practitioner is specifically trained and experienced in working with babies. A mother can ask for a detailed explanation of what the treatment involves, the level of experience and training the practitioner has, and what the possible results might be, before considering treatment. Some mothers have found CST helpful when they are experiencing low milk supply and other lactation-related problems; experiencing CST herself may help a mother feel more confident in choosing that treatment for her baby.

CranioSacral Therapy offers a promising approach to solving difficult breastfeeding problems. It helps bring mothers and babies closer to the loving relationship that breastfeeding can be.



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sure on the nerves that occurred during the birth. CST is often dramatically effective in reducing the hypertonic behavior and encouraging the baby to nurse more efficiently by relieving pressure on nerves caused by the malposition of the cranial bones (Hewitt 1999).

The routine use of epidurals, mothers birthing in a supine position, the use of vacuum extraction and forceps, and the high rate of cesarean birth, may cause babies to be at risk for cranioSacral problems. Of course, it's necessary for babies' skulls to mold, enabling them to pass through the birth canal. The skulls do correct themselves after the birth, although many can use assistance in achieving a well-balanced, optimal shape. A CST practitioner will gently examine the baby's head for overlapping cranial sutures, unevenness (one side of the head not matching the other), and "missing" or unusually large or small "soft spots." The techniques used in CST to encourage the body to correct itself are also evaluative techniques that inform and guide the practitioner (The Upledger Institute 2001).

CranioSacral Therapy is an option when traditional techniques for correcting latch-on problems are not completely

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Send Ideas and articles for "Keeping Up-to-Date" to Contributing Editor Andrea Eastman, 59 Highgate Road, Granville, OH 43023-9505 USA or [aeastman@infinet.com](mailto:aeastman@infinet.com) (email).