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CranioSacral Therapy keeps juices flowing

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By A.J.S. Rayl
 With medical adviser Stephen A. Shoop, M.D.
 A Doctor In Your House.com

When you're stressed, anything can - and something usually does - happen to you physically. Nobody knows that better than actress Brooke Shields, who experiences temporomandibular joint syndrome - pain and discomfort in the upper jaw - when she's under pressure.



Brooke Shields: A CST believer. (AP)

To alleviate the pain, she turns to CranioSacral Therapy (CST), a very gentle, noninvasive, hands-on method of enhancing the function of the craniosacral system - the body system made up of the cerebrospinal fluid and membranes that surround and protect the brain and spinal cord.

The basic theory behind CST is that the body is a holistic complex of systems, that everything in it is connected, and that healing is a natural power. The therapy assists the body in healing itself by getting the craniosacral fluid moving efficiently and relieving any restrictions that may be blocking that movement.

CST is currently used by various types of practitioners - including physical therapists, bodywork specialists, doctors of osteopathic medicine and allopathic medicine - to treat a surprisingly broad range of dysfunctions that include:

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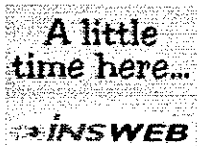
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The technique is said to be particularly effective on children and infants.

"CST is designed to try and restore normal physiologic motion, normal physiologic anatomy, and anatomic relationships in order to improve the body's functions in a number of the organ systems," says Paul J. Steier, D.O., of the Cedars-Sinai Integrative Medicine Medical Group, at Cedar-Sinai Medical Center in Los Angeles. "It helps the body restore its normal physiologic activity, normal immune function, improving vascular tones, lymphatic flow - all of those systems that keep us intact."

Therapeutic technique

"The therapist who's doing the work is, ideally, acting more as a facilitator, and not a doer," adds CST therapist Jeff Rogers, based in Tucson, Ariz. "It's not an active type of treatment of going in there, finding the problem, treating it and getting out, and seeing how the patient responds to it.

"It's melding with the person's body in such a way that they don't really feel what's going on," he continues. "In other words, their left brain won't be engaged in tracking or controlling or following how this happens. It's like flying under radar."

Basically, you lie down, face-up on a table. The practitioner places his or her hands in key positions around your cranium, spine, and sacrum, applying small amounts - around five grams - of pressure. It seems as if the therapist is doing almost nothing.

"It does feel like nothing is happening," says Rogers, who has been treating people with CST for more than a decade. "When I first received a treatment - I said to myself: 'What the hell am I paying for? She's not doing a damn thing.'"

"Then, I got up off the table," he recalls, "and — whoa. I felt taller, more peaceful, and my whole energy moved. That is what got me into doing this."

Shields has reported the experience as being something like "going back to the womb."

Cranial chronicle

Preliminary concepts in cranial work were first put forth in the early 1900s by osteopathic physician William Sutherland, a student of A.T. Still, the father of osteopathic medicine. Sutherland's work with a human skull in medical school led him to hypothesize that the central nervous system and its associated structures were in a state of constant rhythmic motion.

Sutherland's work focused on the investigation of cranial motion and the expansion and contraction of the hemispheres of the brain. He put forth the notion that this rhythmic motion was a lot like breathing. Since it was occurring in the most vital organs, it was, he postulated, a most integral aspect of human physiology he called the primary respiratory mechanism.

If this system was free-flowing, Sutherland conjectured, a person was in good health. If it was restricted, it could lead to disease since the central nervous system regulates all the body's other organs. The technique he developed for modifying, enhancing, and restoring the system to its optimal state came to be known as cranial osteopathy.

Traditional American allopathic medicine asserted that the bones of the head were fused, and that no such movement could possibly exist. Consequently, a few devotees carried on Sutherland's work, but essentially it fell into disfavor in allopathic circles and off the medical map.

Then, in 1970 another osteopathic physician and surgeon, John E. Upledger, observed a rhythmic movement of the dura mater, the membrane that encompasses the brain and spinal cord. His search for an explanation led him to the work of Sutherland.

Upledger launched a series of scientific studies with a research team at Michigan State University that eventually proved there is movement in both the cranium

and the dura.

He then put forth a distinct model for how the primary respiratory mechanism manifests within the cranium and throughout the dura and the body - essentially describing the fluid dynamics of the system and how, through the motor cortex, it is transmitted via the connective tissue.

The Michigan State findings, along with his new model for modifying the system through hands-on therapy, established the scientific basis of the CranioSacral system that Upledger teaches today from his institute in Palm Beach Gardens, Fla. Since the late 1970s, more than 50,000 practitioners have been certified in this adjunctive, therapeutic modality.

Optimal osteopathy

During the last several years, CST has becoming increasing popular, due in part perhaps to the chapter devoted to it in the best-selling book *Spontaneous Healing* (Ballantine 1995) by integrative medicine specialist Dr. Andrew Weil.

In recounting his observations of Tucson osteopath Robert Fulford, Weil admitted his initial skepticism about this seemingly innocuous technique. Eventually, he writes, he was won over. "Gradually, I began to realize I was seeing something extraordinary. This old man of strong hands and few words was, in fact, fixing people who came to him with a wide range of disorders, often in one session of therapy that, on the surface, seemed minimal."

Still, CST is not yet widely accepted by the medical establishment.

The reason, says Steier, is that "it's virtually impossible to be able to do the kind of double-blinded, placebo-controlled study that Western medicine likes so much. You cannot not know whether or not you're putting your hands on somebody's head. And the patient cannot not know there are no hands on their head."

Nevertheless, he says, there are plenty of anecdotal studies and case reports, and clinical trials in large populations are beginning to emerge.

Even if you have no specific ailment, treatments can help

with the day-to-day stress of modern life, therapists say.

"It's excellent for stress management, and therefore for your general well-being," says CranialSacral therapist Lisa Upledger, D.C., wife of the Upledger Institute's founder. "It's very good for relieving tensions, nerve pressures, and aches and pain."

"We have to have fluids - craniosacral fluid, lymph fluid, blood fluid - moving well in our cells and tissues and throughout the tissues," she says. "When you remove restrictions from the cranial system, you get better fluid exchange and as a result you have better nourishment into cells, better washing away of toxins. From that point of view, it's very good for the immune system. It also benefits the body in terms of deep relaxation, and so is also a good preventative modality as well."

Steier agrees. He cautions, however, that "it is not a magic bullet for all dysfunction, pain, and disease. It is one more technique for helping the body to maximize its own ability to heal those things that can be healed."

For those who respond, Steier says it can offer "a dramatic improvement in quality of life," often for patients who have found nothing else that works.

Sessions range in price across the USA from \$35 to \$200 for a 45-minute session. Four to six initial sessions are generally recommended to see if the treatment and the therapist are effective for your needs. The relationship between the practitioner and the patient is critical. Equally important is establishing with the practitioner some reasonable expectations for improvement.

"Everybody has their own experiences and their own ways of initiating the experiences for healing," says Rogers. "The therapist entrains with the person they're working on, so it's a shared experience. In many ways, and perhaps most importantly in the beginning, it's an education for those who get the treatments, because they start to realize just how connected everything is in the body."

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