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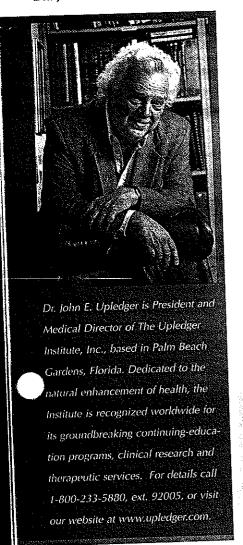
THE POWER
OF CRANIAL
WORKIN
COMPLEMENTARY
CARE



SPRING 2000 NUMBER 13

CRANIOSACRAL MEDRAPY IN THE MASSAGE THERAPISTS TOOL KIT: UNITED WASSAGE THE PAPER OF THE PAPER O

DR. JOHN E. UPLEDGER



t's been said that when all you have is a hammer, everything looks like a nail.

According to John E. Upledger, D.O.,

O.M.M., that axiom applies all too well to the burgeoning field of complementary care.

"When it comes to the benefit of the client," he says, "therapists should stay open to other approaches. And there should be no boundaries between disciplines."

That willingness to venture outside the borders of prescribed medical care in the 1970s led Dr. Upledger, a classically trained osteopathic physician and surgeon, to seek out a more gentle, effective method of hands-on therapy. What came out of that journey is a particular form of care that today is successfully integrated into

the protocols of massage therapists and other practitioners worldwide.

CranioSacral Therapy (CST) is now recognized as one of the leading modalities in the field of complementary care. Since Dr. Upledger first introduced this manual therapy more than 25 years ago, it's been studied by more than 50,000 healthcare practitioners worldwide. And it remains one of the most readily adaptable tools at the massage therapist's disposal.

AN ODD SURGICAL EXPERIENCE PUTS UPLEDGER ON A NEW PATH OF DISCOVERY

Dr. Upledger's journey with CranioSacral Therapy began in 1970. "I was assisting a surgery on a man named Delbert," he says, "and I had only one job to do." Inside the spinal canal there is a membrane that surrounds and protects the spinal cord. "All I had to do was hold that membrane still while the operating surgeon removed a calcium deposit from its outer surface."

It sounds simple — yet Dr. Upledger couldn't do it. "No matter how carefully I tried," he says, "the membrane kept moving." Stranger still, it was pulsing at a rate of about eight beats per minute, which did not correspond to his breathing or heart rate.

Delbert made it through surgery — and Dr. Upledger discovered that odd pulsing rhythm of the membrane he witnessed was new to all the doctors there, not just him. "We didn't know it at the time but what we were seeing was the rhythm of cerebrospinal fluid pumping through the craniosacral system," he says. "The system itself hadn't even been named yet."

A few years later Dr. Upledger attended a short course on cranial osteopathy, a field developed by Dr. William Sutherland. The course focused primarily on the bones of the skull and the fact — surprising at the time — that they weren't fused as doctors had been taught in medical schools. Instead, Sutherland's material demonstrated that skull bones continue to move throughout a person's life.

"So here we were in the seminar," Dr. Upledger says, "all palpating the motion of the bones, when people started asking about this pulsing rhythm they were feeling. That's when I realized I had seen the driving force behind these moving skull bones during Delbert's

surgery." He quickly put the two episodes together — what he saw in surgery and what he was feeling now with his own hands. "They seemed linked yet no one knew how."

According to Dr. Upledger, that lack of information actually enticed him to continue developing his palpation skills. "It led me to experiment with many different methods of connecting with the rhythm of the craniosacral system." But instead of focusing on the skull bones as Sutherland and other cranial osteopaths had, Dr. Upledger was continually drawn to work with the membranes of the system itself. He found surprising results.

"A friend of mine, neurosurgeon Jim Tyler, allowed me to scrub in with him on occasion to practice my techniques on postop brain surgery patients," Dr. Upledger says. "He'd been watching my work and felt it would help shorten his patients' recovery time. Personally, I was excited about how this new approach seemed to release restrictions to the central nervous system to help disorders like headaches, vertigo,



visual problems, even cases classified a mental retardation."

MSU INVITES UPLEDGER TO TEST HIS THEORIES HANDS-ON

News of Dr. Upledger's work has spread, and in 1975 Michigan Sta University invited him to lead the work first task force to study and verify the mobility of cranial sutures and bones. was an exhilarating time," he says. "For the says of the says."

next five years I led a team of anatomists, physiologists, biophysicists and bioengineers, all studying the basics and potentials for performing therapy on the craniosacral system."

Yet his team continued to take a different approach than the osteopaths who came before them. "Instead of focusing on the bones of the cranium," he says, "we were tapping into

rely on CranioSacral Therapy as an effective, adaptable adjunct to their areas of practice. "Because it's so gentle, CST is a perfect method to use before, during or after a therapeutic mashelp practitioners refine their palpation skills and address soft tissues both intra- and extradurally."

Today, tens of thousands of bodyworkers sage," says Roy Desjarlais, LMT, CST-D. "It can

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the fluids and membranes of the system within the skull and spinal canal."

By blazing a new path, they were finally able to explain the function of the craniosacral system, which had never been satisfactorily done before. Then they went on to demonstrate how the system could be used to assess and treat numerous health problems involving the brain and spinal cord.

HOW AND WHY CRANIOSACRAL THERAPY HELPS

It was during his tenure at Michigan State University that Dr. Upledger began teaching CranioSacral Therapy to non-physicians. "The qualifications to evaluate the craniosacral system are relatively simple," he says. "You have to have proprioceptive sensitivity, a willingness to work hands-on with a client for 30 to 90 minutes, and a strong sense of the artistic qualities of body function."

According to Dr. Upledger, that makes massage therapists especially well qualified to learn CranioSacral Therapy. "The training seems to come easy to bodyworkers because their sense of touch is already so highly developed."

The positive effects of CranioSacral Therapy rely, to a large extent, on the inherent self-corrective mechanisms of each individual. It focuses on the craniosacral system, which consists of the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord. This system extends from the bones of the skull, face and mouth - which make up the cranium — down to the tailbone, or sacrum.

"The craniosacral system basically acts like a semi-closed hydraulic system," Dr. Upledger explains. Pressures build as the amount of cerebrospinal fluid increases in the system, forcing the fluid to move up and down the spinal cord. When the fluid moves, membranes containing it also move, normally at a rate of six to 12 cycles per minute. Practitioners are trained to monitor this rhythm to detect imbalances that could potentially cause any number of sensory, motor or neurological dysfunctions. "Often, just the process of gauging this system will, in itself, allow the system to self-correct," he says.

In practice, a therapist will apply very gentle pressure when accessing the craniosacral system - generally in the area of five grams, or the weight of a nickel. "Because the approach is so delicate, there's virtually no chance of serious error or side effect," Dr. Upledger says.

Indeed, the therapist seldom dictates how the correction to the imbalances should be made. "A competent CranioSacral Therapist simply searches for obstacles and circumstances that compromise these inherent self-

corrective processes," Dr. Upledger explains. "The practitioner then focuses on removing the obstacles and modifying the circumstances to allow the body to do its work. He or she simply supports the body so it can continue to correct health-destructive problems."

In this way, CranioSacral Therapy has proven effective in numerous areas: infantile disorders, traumatic brain and spinal cord injuries, migraine headaches, chronic fatigue, motor-coordination impairments, chronic neck and back pain, scoliosis, central nervous system emotional difficulties, disorders, temporomandibular joint disorders, learning disabilities, stress and tensionrelated problems, post-traumatic stress disorder, orthopedic problems, and

many other conditions.

Yet to Dr. Upledger, the issue of health is not even about conditions. "To improve client outcomes, good therapists come back to one thing," he says. "The client."

"In the end, your skills won't cure anything," he adds. "But when you're trained in techniques that allow you to access the tissues, the body will tell you its story. That's when real healing can take place."

