

Reprinted with permission of *Massage & Bodywork Quarterly*. Publisher permission is required for all additional reprints of this article for the purpose of distribution.



Differences Separate CranioSacral Therapy from Cranial Osteopathy

by John E. Upledger, D.O., O.M.M.

CranioSacral Therapy, which I developed as a practicing osteopath and researcher, is frequently confused with cranial osteopathy, a totally different modality. While they share a common historical thread, the therapies differ broadly, not just in technique but also in therapeutic focus.

Cranial Osteopathy: A Radical Idea

What was to become cranial osteopathy began as the idea of an osteopathic student in Kirksville, Missouri in the early 1900s. Dr. William G. Sutherland saw that the bones of the skull were designed to provide the opportunity for movement in relationship to one another. For more than 20 years, he pondered the prospect of movable bones in the adult skull. That radical idea flew in the face of anatomy textbooks, which taught that the skull bones fuse together before adulthood. To test his theory, Dr. Sutherland filled a skull with dry beans to which he added water. This caused the skull bones to move along the suture lines and, ultimately, to disarticulate.

He also performed makeshift experiments on himself with helmet-like devices designed to impose variable controlled and sustained pressures on different parts of his head. His wife then recorded personality changes he displayed in response to different pressure applications. He described symptoms such as head pains and problems with coordination

related to the varied pressures in different locations.

Under a pseudonym, Dr. Sutherland published the first article about his work in the early 1930s. Based on his experiments, Dr. Sutherland developed a system of examination and treatment for the bones of the skull. With some patient success, he organized a small group of osteopaths to study cranial work with him, and his system became known as cranial osteopathy. Because so little was known about how it worked and results with patients seemed at times to be miraculous, Dr. Sutherland's system acquired an esoteric reputation.

Observation & Tenacity Lead to the Development of CranioSacral Therapy

Conversely, the origin of CranioSacral Therapy can be traced to the accidental discovery of the craniosacral system during a seemingly routine surgery in 1970. During this surgery, I had a rather unique view of the dura mater—the outer layer of the meningeal membrane in the neck. The dura mater, which is ordinarily compromised as part of surgical procedure, was deliberately left intact during this surgery to prevent any risk of meningeal infection.

My task as a surgical assistant was to hold the dura mater still while the surgeon scraped a calcium plaque off its surface. I was unable to hold it still; the membrane rhythmically moved at a rate of about 10 cycles per minute. No member of the surgical team, none of my colleagues, nor any of the medical texts I consulted had an explanation for this observation.

Still curious about what I had seen, I enrolled two years later in a seminar that explained Dr. Sutherland's ideas and taught some of the evaluation and treatment techniques. Coupling my scientific background with tactile sensitivity, I surmised that the rhythmical motion could have been caused by a

hydraulic-type system, functioning inside a membranous sac encased within the skull and canal of the spinal column. After further study and research, I refined Dr. Sutherland's techniques and successfully incorporated them into my private medical practice.

In 1975, I was invited to join the College of Osteopathic Medicine at Michigan State University as a clinician-researcher and professor in the Department of Biomechanics. I worked with a multi-disciplinary research team made up of anatomists, physiologists, biophysicists, and bioengineers through the maze of research that first established the scientific basis for the craniosacral system. The team was able to explain in scientific and practical terms the function of the craniosacral system, and how it could be used to evaluate and correct a myriad of health problems that previously were misunderstood.

Unlike Dr. Sutherland's cranial osteopathy, I had uncovered the scientific basis for CranioSacral Therapy. However, the prevailing viewpoint that cranial bones could not move was a remaining obstacle to wide-spread acceptance of CranioSacral Therapy. A lecture I gave to physicians and scientists at a hospital in Haifa, Israel, in 1978 at first astonished me, then validated my viewpoint. Accustomed to a battery of questions concerning the movement of the skull bones, I came prepared with slides of microscopic views of the skull bone sutures. I was surprised, however, that the audience didn't question me about my presentation. Mentioning this to one of the physicians, he showed me an Italian medical text published in 1920 that stated that skull bones continue to move in relationship to one another throughout life except under abnormal and/or pathologic conditions. The idea that skull bones moved was not new to physicians who studied Italian anatomy texts. However, the British texts, which are the basis for American reference

books, asserted that the skull bones are fused.

The Differences Between Cranial Osteopathy and CST

One major difference between cranial osteopathy and CranioSacral Therapy is the quality of touch. Practitioners of CranioSacral Therapy use a light touch that has been scientifically measured at between 5 and 10 grams or 1/16 to 1/3 of an ounce. That's about the weight of a nickel resting in the palm of the hand. No invasive or directive forces are used in CranioSacral Therapy. This gentle quality often belies the effectiveness of the therapy as most clients report feeling nothing more than subtle sensations during a typical session. In general, the manipulations used in cranial osteopathy are sometimes heavier and more directive.

Also, in cranial osteopathy, the focus is on the sutures of the skull

**The resonance of
Gregorian Chant.**



**The stillness of
the sea at dawn.**



Experience

CREATION SONG

**Breathtaking visual imagery
and meditative music
celebrate nature's beauty
in this unique video.**

Video: \$19.95 Also available:
CD Soundtrack: \$15.95
or Audio Cassette: \$10.95

Please add \$2 S&H for each item.
Send check or money order to:
Creative Connections
187 East Market St., Suite 204, Rhinebeck,
New York 12572. Dept. 103
Or call, 1-800-811-0581

bones. CranioSacral Therapy, however, focuses more upon the dura mater membrane system and the hydraulics of the craniosacral system as primary causes of dysfunction. Since the dura mater attaches to the bones of the skull, these bones serve as handles for the therapist to access the craniosacral system membrane. Both CranioSacral Therapy and cranial osteopathic techniques involve the sacrum and coccyx, in addition to the cranium.

Who can do this work?

In 1985, The Upledger Institute, Inc., was established as a clinical and education resource center. Since then, more than 20,000 healthcare professionals representing a wide range of disciplines have studied the therapeutic value of the craniosacral system.

However, the first CranioSacral Therapy training session was in 1976 during my research at Michigan State. While preparing a project involving the use of CranioSacral Therapy for learning-disabled children in the Michigan public school system, I realized that there were not enough osteopaths in the area trained in CranioSacral Therapy. One of the county supervisors of special education estimated that one in 20 children enrolled in the school system had some sort of brain function problem such as seizures, autism, learning dis-

abilities, concentration problems, retardation, speech and/or motor problems. I estimated that 50 percent of brain dysfunction problems might be helped by CranioSacral Therapy.

Faced with this dilemma, I obtained permission from the university to teach professionals at the children's school to do evaluations while I performed the treatment. Physical therapists, occupational therapists, registered nurses, school psychologists, and special education teachers enrolled in the course. They learned the craniosacral system evaluation techniques exceedingly well.

When it became apparent that I could not treat all candidates for CranioSacral Therapy, I began teaching the treatment techniques to the school staff when they accompanied children to the clinic. Soon, the university sponsored my teaching of night courses in craniosacral system evaluation and treatment to anyone with diagnostic or therapeutic credentials to work with children.

During that time, I learned that the requirements to do CranioSacral Therapy were dedication, compassion, and sensitivity. The requisites were not organic chemistry, neurology, materia medica, and other science courses. More than 20 years later, healthcare professionals are finding CranioSacral Therapy to be a valuable complement to their manual therapy skills, adding a new dimension to their practice. Because it deals more with soft tissues, as compared to bones, CranioSacral Therapy has been embraced by physical, occupational, and massage therapists in addition to osteopaths, chiropractors, medical doctors, dentists, nurses, doctors of oriental medicine, and psychologists. As the director of multi-disciplinary healthcare centers, I have observed these professionals practicing CranioSacral Therapy and achieving largely equivalent results. Patient satisfaction has been outstanding.

Over the past 25 years, my views on the requirements for practicing CranioSacral Therapy have changed very little. I believe that the most important requisites are proprioceptive sensitivity, willingness to work hands-on, uninterrupted, with a patient or client for 30 to 90 minutes, and a strong sense of the artistic qualities of body function. Most body workers qualify in these areas. Massage therapists seem to qualify exceptionally well and seem to train easily. I suspect that this is because of the development of manual skills and proprioceptive sensitivity that is required of them.

While CranioSacral Therapy and cranial osteopathy have differences, they are linked in history by two osteopaths who trusted their observations and continued undaunted on their quest to prove their theories.

For additional information on CranioSacral Therapy workshops, please call The Upledger Institute toll-free at 1-800-233-5880, extension 9214.



NEW MASSAGE SHIRTS!

Give A Sure-To-Relax Gift This Christmas.

Discover this Fun Money Making way to give a Relaxing Massage For Students, Stores, & Clients. Three really cool Massage Shirts each with a different, easy-to-follow guide and instructional hang tag.

RELAXING TOUCH : for Stress Relief (XL, L)

SPORTS MASSAGE : for Tight Muscles (XL, L)

LOVING TOUCH : for Couples (XL, L)

Wholesale Price - \$10.00 (Minimum Order 12 Shirts plus shipping and handling)

A Great Gift & Teaching Tool
ORDER NOW for Christmas Delivery!
For additional information and literature call,
Wear To Touch (404) 237-7943

