

# TOWARD AN UNDERSTANDING OF CRANIOSACRAL THERAPY

By Steve Heinrich, PT  
(Special to the Forum)

In our practice, we recently had the opportunity to treat a patient for longstanding head and neck pain which was unresolved by rest, medication, or traditional modalities, including exercise, joint mobilization and other "hands on" physical therapy techniques.

The patient was a 49-year-old female who had experienced an upper quarter injury to the cervical spine, left shoulder and facial region in a motor vehicle accident two years prior to being seen in our clinic. She was employed in the outpatient Physical Therapy department of a major hospital as a PT aide, and received immediate medical attention.

In spite of a thorough neurological workup, and a lengthy course of treatment she persisted in having facial pain, headaches and upper cervical symptoms. She began to question whether she was imagining things, or perhaps had an undiagnosed tumor. She even questioned her mental clarity at times (a not uncommon reaction by patients who have been in pain for long periods).

Our examination revealed a torsion strain or "shear force" in the sphenobasilar junction and significant compression of the cranial base. Physical findings included compression/rotation at the sphenobasilar synchondrosis, with the sphenoid being depressed posteriorly and caudad on the right, and extruded and elevated in a cephalad direction on the left. Dr. Upledger describes these lesions as "sidebending with convexity left or right" of the sphenoid on the occiput. (See Figure I)<sup>1</sup>

In addition, the sub occipital space was reduced by chronic postural stress along with changes in the plastic component of the soft tissue.

Various testing and treatment techniques are described in depth by Upledger, Sutherland, Barnes and others, and universally require an extremely light touch, approximately 5-10 grams. Our methods are hybridized from these sources and clinical experience.<sup>2</sup>

Treatment was initiated with five to ten minutes of gentle stretches to the anterior and posterior cervical muscles for relaxation, followed by specific motion testing of the cranial bones, which revealed the lesions mentioned.

The response to gentle correction of the torsional and compressive forces on the sphenobasilar junction in this case was both immediate and profound. The patient began to perspire, and said repeatedly that she could feel the pressure and pain behind her eyes and

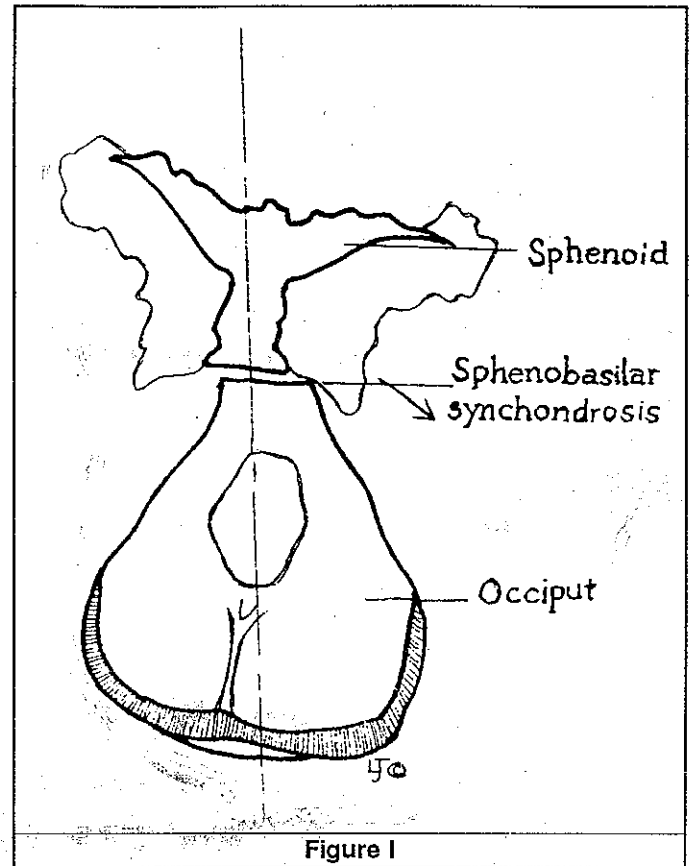


Figure I

nose dissipating.

As the treatment continued over the next few minutes, she felt a relief of pressure in her chest, head and neck followed by a sensation of deep relaxation. She left our office feeling more hopeful about her condition than she had in years. We were pleased to hear from her a few days later, when she called to say that her head and facial pain were gone, and more importantly to her, she was able to "think clearly for the first time in several years." Earlier, she had reported that her concentration, short-term memory and organizational skills had been greatly reduced after the accident and that she was afraid she would never be able to handle stress and details again.

We treated her a total of six times and then re-evaluated her after seven or eight months. She had been without any reoccurrence in pain during that time, and had regained the ability to concentrate, organize and remember intricate details once more.

While this is obviously an appealing case to report on, and not a wholly typical result in terms of rapidity and speed of response, we are consistently achieving similar positive results by using Craniosacral techniques. Our practice has come to use these treatment methods, sometimes exclusively,

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with patients who have been unsuccessful in achieving pain relief.

There is, of course, a variance of opinion and a fair amount of controversy concerning the efficacy of Craniosacral Therapy. In my opinion, Myofascial Release and Craniosacral Therapy are essentially sophisticated tools for listening to the body and responding in such a way as to influence and facilitate balance in musculoskeletal and neurological systems.

*"The greatest breakthroughs in the physical sciences, from computer design to advanced particle physics have come to ordinary men and women who have been able to look at ordinary situations and events in extraordinary ways—who asked why, or why not with a child's eye view to the answers."*

The essence of health in biological systems is found in balance. The grounding principles of these two complementary schools of treatment is found in restoration of bodily function in harmony with its own natural rhythms.

We have no difficulty believing that an expert fisherman can sense a trout about to take a dry fly off the surface of the water, or visualize a steelhead inspecting the bait during a drift through a deep fishing hole.

So, one might ask, why is it so hard for us to believe that a trained observer can "feel" the "release" of the fascial component, and follow it with sensitive hands to its natural position of homeostasis?

Perhaps it is because the same paradox described by Niels Bohr<sup>3</sup> to explain the wave particle duality of light and other principles of sub atomic physics applies to our understanding (or lack of understanding) of the way the body responds to stress, disease, trauma and deterioration.

Bohr's theory of "Complementarity" states that light is composed of two mutually exclusive natures or properties—one of wave dynamics and actions, and another in which light behaves and acts like a particle. These properties are mutually exclusive in that something cannot be both a particle and a wave at the same time. Thus the paradox.

To Bohr, the paradox is remedied by ascribing the discrepancies in observable light phenomena to our own interaction with light. It appears that the outcome of the observation depends on which quanta one is wishing to observe.

We may have problems seeing the body as a three dimensional matrix of collagen fibers into which is woven the "stuff of life"—motor, neurologic,

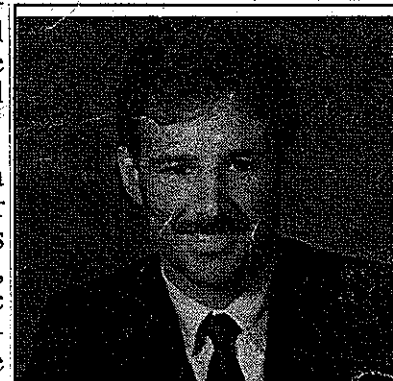
cognitive and creative essences with our intellectual and proprioceptive senses in an area which must still ultimately be the unknown.

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I believe the Complementarity theory is at the core of our ability to understand the process by which physical and emotional healing can occur. What we observe is in great part a function of that which we set out to observe. Waves or particles?

If the fisherman can "feel the fish" through several hundred feet of line, reel and pole, is it such a leap of faith to accept that a skilled and attentive therapist could assist and facilitate release of the plastic component of the soft tissue/collagen matrix, and perhaps influence the subtle balance of delicate osseous structures in the cranium via the dural tube, sacrum or the structures of the cranial vault which are available to external contact?

It may be too great a leap for now, for some, but perhaps with continued study, research, scientific validation and understanding, will come more frequent utilization.



Steve Heinrich, PT

## REFERENCES

1. Upledger, J.E., Verdevogd, J.D., *Craniosacral Therapy*, Illinois, Eastland Press, 1983.
2. Upledger, J.E., Verdevogd, J.D., *Craniosacral Therapy*, Illinois, Eastland Press, 1983.
3. Zukav, G., *The Dancing Wu Li Masters—An Overview of the New Physics*, William Morrow & Co., N.Y. 1979.