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# Chronic Pain in Migraine May Be Mitigated by Craniosacral Therapy

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Craniosacral therapy (CST) may have major therapeutic benefits to those suffering from chronic pain, a new literature [review](#) published in *BMC Musculoskeletal Disorders* found. The literature review examined randomized controlled trials for craniosacral therapy (CST) in patients with migraine and other conditions that cause pain.

Chronic pain, which is the leading global cause of disability, is increasing in prevalence. Migraine, headaches, and low back and neck pain all fall into the chronic pain category and, according to researchers, all age groups can be affected.

The literature review found no serious adverse events reported in 10 studies used in the meta-analysis. Compared with sham treatments, CST had a greater effect on pain intensity and disability at the 6-month mark. Secondary outcomes also improved in patients who underwent CST as opposed to sham treatments. Patients' mental quality of life after 6 months was the only exception to this finding.

Specifically, CST showed better postintervention effects on:

- Pain intensity: Standardized mean differences (SMD),  $-0.32$ ; 95% CI,  $-0.61$  to  $-0.02$  and disability: SMD,  $-0.58$ ; 95% CI  $-0.92$  to  $-0.24$ , compared to usual treatment
- Pain intensity: SMD,  $-0.63$ ; 95% CI,  $-0.90$  to  $-0.370$ , and disability: SMD,  $-0.54$ ; 95% CI,  $-0.81$  to  $-0.28$ , compared to manual/non-manual sham
- Pain intensity: SMD,  $-0.53$ ; 95% CI,  $-0.89$  to  $-0.16$ , and disability: SMD,  $-0.58$ ; 95% CI,  $-0.95$  to  $-0.21$ , compared to active manual treatments.

The final analysis included 681 patients with chronic pain.

“In comparison to manual and non-manual sham controls, CST resulted in significantly greater pooled effects of a medium to large size directly after the end of the intervention as well as 6 months after randomization for pain intensity, functional disability, physical quality of life, and global improvement,” the authors stated. They continued, “Effects tended to be higher in comparisons of studies with blinded patients as well as patients with neck pain or lateral epicondylitis compared to those with fibromyalgia or migraine.”

The study's limitations included a small number of studies in the meta-analysis, unclear risks of biases, and lack of subgroup analyses. According to authors, more research is needed to corroborate the effects and safety of CST as a viable tool to treat chronic pain.

**Reference**

Haller H, Lauche R, Sundberg T, Dobos G, Cramer H. Craniosacral therapy for chronic pain: a systematic review and meta-analysis of randomized controlled trials. *BMC Musculoskelet Disord.* 2019; 21(1). doi:10.1186/s12891-019-3017-y.