

YOU ASKED: WHAT CAN CRANIOSACRAL THERAPY ADDRESS?

- January 4, 2023
- [Allison M. Payne](#)

-
- [Massage Practice Articles](#)
- [Technique Articles](#)



Although craniosacral therapy is among the gentlest of modalities, anecdotal evidence of its effectiveness abounds, and a growing body of scientific research supports its efficacy. MASSAGE Magazine asked three craniosacral therapy practitioners to discuss how this light-touch technique can address specific client conditions.

Pain

[Thomas Rosenkilde Rasmussen, PhD, MSc, CST-D](#)

Director of Science, [Upledger Institute International](#), FL USA

Center for Manuel Medicin, Copenhagen, Denmark

Craniosacral therapy is a non-invasive manual therapy that works with the body's fascial system and self-healing capacity. Craniosacral therapy is derived from cranial osteopathic manipulative therapy and was developed by John E. Upledger, DO (1932-2012), an American osteopath.

The Upledger Institute International (upledger.org) is continually evolving the standards and concepts of craniosacral therapy in line with new scientific research with a central focus on safety, evaluation and therapeutic effect.

Chronic pain disorders are one of the most common causes for a client to seek a craniosacral therapy treatment. The prevalence of people [disabled by chronic pain](#) is increasing worldwide and the effect of pharmacological approaches is often limited. Low back and neck pain, headache and migraine are common among clients.

For craniosacral therapy treatment, the number of randomized controlled trials (RCTs) is growing. A recent systematic review and meta-analysis of RCTs using craniosacral therapy for chronic pain treatment show a robust effect of craniosacral therapy treatments.¹

Ten RCTs of sufficient study quality with 681 patients were included, giving a more solid basis for the therapeutic effect of craniosacral therapy. Satisfactory symptom reduction across all age groups was achieved after an average of seven craniosacral therapy sessions.¹ This indicates a substantial clinical benefit that is usually associated with 50% symptom reduction.²

Central to any modality is safety with documentation of possible adverse events. Some studies report on adverse events and use a scale of major, minor or absent. Oftentimes adverse events may require withdrawal from a study. A growing number of scientific studies reporting on possible adverse events in craniosacral therapy treatment has been published (see References, below).

In general, reported adverse events for craniosacral therapy are absent or minor without withdrawal from studies with a total sample size of 745 clients.³⁻⁹ Further, in randomized controlled trials reporting safety data, the minor reported adverse events were similar comparing the intervention group with the sham group^{6,7} or intervention group (standard treatment + craniosacral therapy) and control group with standard treatment without craniosacral therapy⁵

Craniosacral therapy is a clinically safe modality for all age groups and for pregnant women. As the number of RCT studies of sufficient quality grows, so does the evidence for the therapeutic effects of craniosacral therapy. The documented significant and robust effect of craniosacral therapy in chronic pain is an evidence-based step for the use of craniosacral therapy in health care.

Footnotes

1. Haller H et al. BMC Musculoskeletal Disorders. 2020. 21: 1-14.

2. Dworkin RH, Turk DC, Wyrwich KW, et al. J Pain. 2008;9(2):105–121

3. Castro-Sanchez AM et al. *Clin Rehabil*. 2011. 25(1):25-35.

4. Castro-Sanchez AM et al. J Altern Complement Med 2016. 22(8) : 650-7.

5. Elden H et al. ACTA Obstetricia et Gynecologica Scan 2013. 92:775-782.

6. Haller H et al. Clin J Pain 2016. 32:441 – 449.

7. Mataran-Penarrocha GA et al. Clin Rehabil 2011.25:25-35.

8. Wyatt K et al. Arch Dis Child 2011. 96:505-512.

9. Haller H et al. Comp. Thera Med 2021. 58:1-7.

Migraine Headaches

[Brittany Herzberg, LMBT](#)

I have found success using craniosacral therapy to address my clients' migraines.

There's usually more to a migraine than pain, and the type of pain is unique. My clients with migraines often present with:

- Stabbing pain behind the eyes
- Overall throbbing, achy feeling of the head
- Nausea, dizziness, balance issues
- Hot/cold flashes
- Sensitivity to light, sound and touch
- Aura (changes in vision like black spots, blurriness, etc.)

Craniosacral therapy calms the nervous system, allowing the body to unwind. Cranial fluid flows easily, relieving any apparent pressure in the head. It feels like everything in the body is able to settle and reset. Craniosacral therapy allows for a very gentle treatment during an active migraine, which to the client seems like a miracle in the moment.

When clients leave a session, they comment on how the intensity of the migraine has been reduced, the pressure in their head feels less, the aura is gone, or they don't feel nauseous anymore.

Many research studies have focused on hypothesizing *if* craniosacral therapy could help migraine sufferers. One eight-week trial in the journal [Complementary Therapies in Clinical Practice](#) (2013) indicated a significant drop in headache scorings (participants felt better) between their first and final craniosacral therapy treatment. Probably the trickiest part of these studies is how much subjects' symptoms, triggers and pain tolerance levels vary.

I've noticed in my practice and my own life how helpful craniosacral therapy has been to reducing the intensity and frequency of migraines. It also allows the client to lie face-up on the table, fully clothed. This means the client doesn't feel extra nauseated or irritated by pressure being put on the body by the therapist or their position on the table (face-down tends to cause extra pressure in the sinuses).

The kind of craniosacral therapy I practice follows a 10-step treatment protocol. This protocol can be used for all clients with a very wide range of symptoms. Craniosacral therapy offers a solid foundation in the 10-step treatment, but allows the therapist to take note of what they find (feel) during the session and spend more or less time in an area.

As safe as craniosacral therapy is, it does have contraindications. According to the website of [Upledger Institute International](#): "There are certain situations where application of craniosacral therapy would not be recommended. These include conditions where a variation and/or slight increase in intracranial pressure would cause instability. Acute aneurysm, cerebral hemorrhage or other preexisting severe bleeding disorders are examples of conditions that could be affected by small intracranial pressure changes."

I've also noticed in my practice how important it is for clients to be able to "let go" during treatments. It's not uncommon for clients to release trauma, emotional or physical, during a craniosacral therapy session. This is something you cannot predict. It's imperative for the client to feel safe enough to have that trauma release. Much of that is tied to if they feel completely at ease with you.

Head Injuries

[Pat O'Rourke, LMP](#)

Clients with head injuries typically present with any combination of headaches, neck pain, anxiety, insomnia, vision issues, cognitive issues, emotional volatility and fatigue.

The normalization of movements and fluid flows craniosacral therapy offers will help with brain function. The brain itself sits in the bony and ridged cranium and with impact or quick movement can be damaged, with shearing of neurons or bleeding into the tissues either causing lack of blood or irritation to the tissues. In any of these cases, brain function will be reduced or altered and, depending on the location, the function associated with be affected. Restoring normal function to the limbic system will normalize emotional reactions to the environment.

There has not been a ton of research with respect to craniosacral therapy and head or brain injuries, but some has been done. Also, the attention given to the subject because of the NFL's history of head trauma has triggered more research.

In the research, the main areas of improvement are with respect to increasing the length and quality of sleep; decreasing pain; improving memory and other cognitive issues; increasing ability and ease of function; and increasing range of motion in the neck and head.

Craniosacral therapy is inherently difficult to do research with because each person may have a different level of ability to tolerate pressure or attention to specific areas, so a double-blind study doing the same thing to each person is inherently not particularly effective. Some early research showed inconclusive results, and I think this is why.

From my experience working with many people with single or multiple head injuries, strokes, brain or head surgeries, I have seen very significant improvement, often in combination with other therapies, but also with only craniosacral therapy as the treatment. Progress can be slow but significant.

Overall, craniosacral therapy is very safe, but head injuries usually include [a brain injury](#) and the brain is a very sensitive structure; it needs particular sensitivity and gentleness. Part of craniosacral work is about listening, and with brains one needs to listen rather intently and be slow and receptive.

If a practitioner starts to move too quickly or too abruptly or without listening to the system, then the system or brain will shut down and not be receptive to treatment at all, and some negative symptoms may result, such as headaches, tiredness (although this is quite common, even with careful treatment in the beginning), dizziness, focus issues or just an exacerbation of the already-existing symptoms.

Contraindications are minimal, but the big issue is bleeding, intracranial hemorrhage being the worst. Check with a physician about clotting and damage to blood vessels, broken bones or any potential for cerebrospinal fluid leakage. Often a minor head injury can be treated right away, but anything significant may need a few weeks before it's safe to start work.

The other universal contraindication is a negative reaction, but that can be worked with by changing session parameters, such as being more receptive and less active, spending less time, giving more time between sessions or assessing the amount of input the client's system is getting and the resources they have to integrate the session.

"You Asked" provides answers to questions asked by our community of massage therapists. Join our closed massage therapists' Facebook group at [facebook.com/groups/massagemagazine](https://www.facebook.com/groups/massagemagazine) to participate in polls and for the opportunity to tell us what you'd like to learn.



About the Author

[Allison M. Payne](#) is an independent writer and editor based in northeast Florida.

<https://www.massagemag.com/you-asked-what-can-craniosacral-therapy-address-138091/>

