



# Craniosacral Therapy

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CranioSacral Therapy was pioneered and developed by osteopathic physician, John E. Upledger, following extensive scientific studies from 1975 to 1983 at Michigan State University, where he served as a clinical researcher and Professor of Biomechanics. CST is a gentle, hands-on method of evaluating and enhancing the functioning of a physiological body system called the craniosacral system - comprised of the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord. There is a rhythmic production of cerebrospinal fluid (CSF) in the brain that flows out through the spinal column. One theory is that as the fluid flows down through the spine it provides a gentle nourishment of the nerves resulting in a gentle regular movement of the body.

Craniosacral therapy (CST) has been used to describe several different technique processes and there are several closely related and named therapies, but most have at their core a *gentle, soft touch therapeutic approach*, and the intent to help induce the parasympathetic, or relaxed state. Using a soft touch generally no greater than 5 grams, or about the weight of a nickel, practitioners release restrictions in the craniosacral system to improve the functioning of the central nervous system.

Craniosacral Therapy does not involve any high impact spinal manipulations or adjustments but focuses on the use of Light-touch therapies to align the structural integrity of the body that is the root cause of many structural and spinal imbalances. The Craniosacral Therapist therefore may employ a number of techniques from different healing modalities to assist in rebalancing the integrity of the body.

By complementing the body's natural healing processes, CST is increasingly used as a restorative health measure for a wide range of medical problems associated with pain and dysfunction, including: Migraine headaches, chronic neck and back pain, chronic pain syndrome, fibromyalgia, colic, CNS disorders, infantile disorders, learning disabilities, emotional difficulties, chronic fatigue, PTSD, and TMJ.

Alternatives: There are many alternative procedures and methods of treatment to craniosacral therapy, depending on a person's chief complaint. In Western medicine, there are medications, surgery, and physical therapy, chiropractic adjustments, body work, acupuncture, hydrotherapy, herbal medicine, and homeopathy. If you are interested in these alternatives we encourage you to consult your primary care provider who can make recommendations based on your individual concerns.

Risks: The risks of craniosacral are very rare, but may include but are not limited to severe pain, increase in symptoms, bruising, inflammation, injury, numbness, allergic reaction (to topical agents) and infection.



### **A little more on the physiology:**

Bones of the head are firm, somewhat flexible and move with each inhalation and exhalation. This allows for proper circulation of the blood and cerebrospinal fluid, which is necessary for normal function of the brain and nervous system. The ideal head has bones in positions that cause no pressure to deter optimum function of the brain and can move throughout their full range of motion with each full breath.

The bones of the head are often thought to be fused together so that they cannot be individually moved. In reality, the cranial bones can be manipulated along their joints just like the spine and other bones.

The membranes within the skull push outward against the bones of the head, causing the bones to move or spring outward until they can move no further. When the head is traumatized the bones of the cranium are pushed inwards. This will often cause the bones to lock (crimp or pinch), preventing their normal springing outward movement, much like a parking brake with ratchets which held it in place. In this situation these bones will not spring outward to their normal position without assistance such as cranial manipulation. With cranial manipulations such as craniosacral therapy, the normal outward-springing motion of the cranial membranes can be restored, reversing the ill effects of the traumas that initially created the condition.

At our clinic we find this to be a valuable treatment for most people. We highly recommend this treatment.

### **References**

1. [Frequently asked questions](#). Caring Medical & Rehabilitation Services Web site, accessed April 24, 2003.
2. Howell D. [What is NCR?](#) Dr. Dean Howell Web site, accessed April 24, 2003. <http://www.chirobase.org/06DD/ncr.html>
3. Howell D. [Treatment with Dr. Howell](#). Dr. Dean Howell Web site, accessed April 24, 2003.
4. Howell D. [Physicians training class overview](#). NCR Med site, accessed April 24, 2003.
5. Lowell J. Bilateral nasal specific. NCAHF Newsletter 8(1):2, 1985.
6. Davis GE and others. [A complication from Neurocranial Restructuring: Nasal septum fracture](#). Archives of Otolaryngol Head and Neck Surgery 129:472-474, 2003.