

Craniosacral Therapy

Craniosacral therapy is a gentle, hands-on treatment method that focuses on alleviating restrictions to physiological motion of all the bones of the skull, including the face and mouth, as well as the vertebral column, sacrum, coccyx, and pelvis. Concurrently, the craniosacral therapist focuses as well on normalizing abnormal tensions and stresses in the meningeal membrane, with special attention to the outermost membrane, the dura mater, and its fascial connections. Attention is also paid to alleviating any obstacles to free movement by the cerebrospinal fluid within its membrane compartment and to normalizing and balancing perceived related energy fields. This approach is derived from experiments of John Upledger, an osteopathic physician and researcher (for example, see Upledger, 1977a and 1977b, which are discussed below).

As usually practiced, this therapy is a noninvasive treatment process that requires an uninterrupted treatment session of at least 30 minutes; often the session is extended beyond an hour. Practitioners indicate that successful treatment relies largely on the therapist's ability to facilitate the patient's own self-corrective processes within the craniosacral system. Postgraduate training in craniosacral therapy has been undertaken by a wide variety of physicians, dentists, and therapists. In the United States during 1993, 2,738 health care professionals completed the Upledger Institute's introductory-level workshop and seminar; 1,827 received training at the intermediate level, and 80 completed the advanced level. Training outside this country is available through the Upledger Institute Europe in the Netherlands and on a smaller scale in Japan, New Zealand, France, and Norway by American Upledger Institute teachers.

The most powerful effects of craniosacral therapy are considered to be on the function of the central nervous

system, the immune system, the endocrine system, and the visceral organs via the autonomic nervous system. This therapy has been used with reported success in many cases of brain and spinal cord dysfunction. Although these successes have not been documented in formal studies, they have been observed subjectively or anecdotally by both patients and therapists. Most prominent among these success reports are cases of brain injury resulting in symptoms of spastic paralysis and seizure. Other areas of claimed success include cerebral palsy, learning disabilities, seizure disorders, depressive reactions, menstrual dysfunction, motor dysfunction, strabismus (a vision disorder), temporomandibular joint problems, various headaches, chronic pain problems, and chronic fatigue syndrome.

Research on tissues has documented the potential for movement between skull bones in adult humans, and pilot work with live primates has shown rhythmical movement of their skull bones. Interrater reliability studies, which look for correlations in the observations of two or more independent raters (see the "Osteopathic Medicine" section), have shown agreement between "blinded" therapists evaluating preschool-aged children ("blinding" means that the therapists making the observations did not know which children had received craniosacral therapy, nor did they know the history or problems of the children) (Upledger, 1977a). Controlled studies have shown high correlation between schoolchildren with various brain dysfunctions and specific dysfunctions of the craniosacral system; that is, the craniosacral exam scores correlated with recorded school teacher and psychologist opinions of "not normal," behavioral problems, motor coordination problems, learning disabilities, and obstetrical complications (Upledger, 1977b). Moreover, Upledger reports that a few pilot studies by dentists have demonstrated significant changes in the transverse dimension of the hard palate as well as in occlusion in response to craniosacral therapy.

At present, work is under way that appears to demonstrate fluctuations in what are called energy measurements in circuits between craniosacral therapists and patients. The circuits are established by attaching electrodes to the patient and the therapist with an ohmmeter and a voltmeter interposed in the circuits. In observations with 22 patients, measurements have ranged from more than 30 million ohms at the start of a treatment session to 448 ohms with a brain-injured child; voltages have fluctuated between 10 and 254 millivolts. Upledger's interpretation is that the elevation in resistances read with the ohmmeter correlate with the palpable resistances that craniosacral therapists feel with their hands and that the energy put into overcoming these resistances is reflected by elevations in the millivolt readings. On the basis of these preliminary studies, plans are under way to explore further whether the energetic changes measured in the circuits accompany specific landmarks in treatment processes.

E Lederman 2000 Facilitated segment: a critical review.
British Osteopathic Journal 22:7-10

The concept of spinal facilitated segments has dominated osteopathic neurophysiology for over half the last century. This concept has been at the heart of osteopathic teachings and is often used both in clinical diagnosis and as part of the rationale of treating different musculo-skeletal and visceral conditions. Surprisingly, such an important subject has never been criticised: the existence of facilitated segments and their relevance to manual therapy or osteopathic medicine has never been questioned. This article re-examines the original studies of Korr, Denslow and their co-workers, aiming to identify what has been demonstrated in these studies and to reinterpret their findings in the light of current knowledge of neurophysiology.