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Cranial-Sacral Therapy
A Safe and Effective Healing Approach
for the Hyperkinetic Child

an Interview with Dr. John Upledger
by Diane M. Cooper

Dr. John Upledger is the medical director and president of the Upledger Institute in Palm Beach Gardens, Florida. Among his many accomplishments, he is credited for developing the innovative healing modality of CranialSacral Therapy and working with children in areas such as ADD/ADHD (or hyperkinesis), autism, and infantile disorders such as birth trauma, cerebral palsy, and spina bifida. See *his biography at [Biography](#)*

DIANE: Dr. Upledger, have you noticed a trend in children coming to you who are exhibiting symptoms of ADD or ADHD?

DR. UPLEDGER: To start at the beginning . . . we used to call ADD hyperactivity or hyperkinesis. Then it became attention deficit disorder, and now it has become ADHD. I started working with hyperactivity before I ever went to Michigan State University, when I was running a Florida drug treatment program for free clinics in Clearwater/St. Petersburg. Through this work, I got the strong feeling that any kind of drug that modifies your brain activity can be used as a substitute for confronting reality.

At that particular time, Ritalin use was just getting started. There were rumors that claimed that the use of Ritalin led to heroin addiction. I didn't believe that, but what I came to believe from watching a lot of addicts and getting their deep histories, is that if they started out with mind-altering drugs early on, they would probably continue to use them if they were seeking escape from unpleasant realities. I went to Michigan State with this information in my knowledge bank. There, we began researching the possibility that cranial bones could move.

The first research project I got into was to see if cranial-sacral therapy would help hyperkinetic children. We found out that we could help them, and they didn't have to be on Ritalin. This was at the same time that the Feingold Diet was extremely popular. The diet eliminated flour, sugar, and food dyes.[1]

We noticed that after we corrected hyperkinetic kids cranially, they could tolerate those foods. They didn't have to be on the diet anymore, and they would still behave well. When we got the releases we were looking for, more often than not a child we'd previously had to restrain would fall asleep on the therapy table. Sometimes we would have to make the correction three or four times before it held, but I don't think we ever had to correct more than five times.

My belief, then and now, is that although there are other causes for hyperactive behavior or attention deficit disorder, the cranial-sacral system dysfunction is one cause. When we review the child, find the problem in the cranial system that is typical of that type of behavior, and correct it, we find a 90 percent improvement in behavior. Other causes we came across were problems in the family, psychological, and emotional situations, and a few food allergies that could be corrected with cranial work.

This was actually my first research project at Michigan State. Children were brought in from the school systems in the Lansing area, we worked with these kids in the clinic, and we watched them get better. It was very dramatic and still is. Our treatment approach for these kids is still the same.

What we find with these children is that the occipital bone, the occiput, is jammed forward on the neck. The joint surfaces, or condylar surfaces, on the first cervical vertebrae form a V. What happens is, the skull becomes jammed forward and the muscle tightens down to maintain it so it won't continue to move further forward. However, as a result of this tightening, the skull also can't move backward. As we release this musculature and these tightened ligaments, the skull is able to move backward and the child's behavior changes.

Here's what I think is the theoretical explanation. When you jam the occiput forward on the top of the first cervical vertebra, the muscles tighten down to keep the vertebra from being seriously damaged. There are two openings, or foramen, in the base of the skull, called the jugular foramina. These provide an exit for the jugular veins and three important cranial nerves. Now when the occiput is jammed forward just a little, a millimeter or a millimeter and a half, the muscles tighten down and compromise the size of the foramen. When the foramen are compromised or narrowed even a little bit, this creates a low-grade back-pressure of blood into the head. So the blood inside the skull has a hard time getting out through the jugular foramen. It doesn't have free flow, there is a little bit of damming there. So when we release that, the child recovers.

What I was willing to say, at that point in my research, was that ADD, or hyperkinetic behavior or hyperkinesis, can sometimes be caused by a slight increase in venous back-pressure, with the blood coming out of the head creating a constant compression inside the head, inside the skull. That back-pressure also broadcasts into the cerebral spinal fluid because the fluid is reabsorbed into the blood inside the skull. The back-pressure slows down that reabsorption a little bit, and you get an accumulation of fluid that's not exactly stagnant but is not moving as well as it should. Cerebral spinal fluid provides nutrients to the brain and concurrently takes away waste products, so you get a small accumulation of waste metabolic byproduct and not quite enough nutrition and oxygen to the brain. And this can cause a hyperactive brain. The brain has a hard time paying attention to one thing and starts looking all over the place. It's almost like a mild anxiety state.

DIANE: Because you could say the brain is trying to survive and is looking for nutrients?

DR. UPLEDGER: I did obstetrics for a fair amount of time, and I think this often originates during the delivery process, the obstetrical delivery. In the normal delivery pattern, the head comes out with the eyes looking down and passes underneath the pubic bone of the

mother. Now picture this: Mother is lying on the delivery table and at the point when the head is about half-delivered (before that if we're using forceps), the doctor or the delivery person very often will take the face and the head and bring them out. When they do this, there is a natural tendency to pull up maybe thirty degrees slanting toward the ceiling. So as the back of the head passes underneath the pubic bone, it's pulled so that it backbends a great deal. If you sit and bend your head way back on the top of your neck, you get an exaggeration of this. That causes the occiput to slip forward a little bit on the top of the neck. The skull goes as far as the muscles will allow it, and then the survival instinct begins, and it cramps, and clamps down all the musculature.

Sometimes when this happens during birth, the musculature knows enough to let go when the delivery is over. But sometimes it just stays that way. I have had horrible arguments with obstetricians about this. If the nurse in the delivery room or in the nursery knew about this and had the skill to correct it in the nursery room, I don't think ADD would exist in the proportions that are showing up. I mean that.

I think you can see what I'm talking about; I hope you can. Having delivered enough babies myself, I know how excited a doctor can get. Maybe you have a little problem, or maybe the top of the skull looks a little blue to you and you want to really hurry, so what do you do? You pull that head out, and it can either be by hand or with forceps, but you pull kind of hard. And when you do that, you create strain on the back of the skull where it fits on top of the neck, and that moves forward. If you consider that Mother is lying on her back and the baby's eyes are looking down, when you pull, you angle the head upward. That's it. It jams and stays there. It's like when you break your leg and the muscles splint to protect the fracture site. Well, when you've gotten your neck in a situation where it could kill you if it goes another quarter inch, the muscles will splint to save your life. But splinted muscles don't always know how to relax. They don't know that the critical situation is over. So they may stay that way for a long time.

We've had adults who complain of being unable to focus for any period of time. They have to work like the devil to read a whole page without having their mind shoot off somewhere. You find the place on them, correct it, and the next day they can read just fine.

DIANE: Wow, that makes perfect sense.

DR. UPLEDGER: Thank you, I've been trying to sell this since 1976.

DIANE: Really! Well, you're selling it to somebody who doesn't have academia behind them, so I don't have an argument.

DR. UPLEDGER: I don't get an argument back from them either. It's just, "Oh, come on. That's ridiculous." But never real reasons. I really and truly believe that we can significantly reduce the incidents of ADD if every baby who was born just had that area of their skull checked. If it is tight, it can be released in three minutes flat.

DIANE: So there is such a thing as hyperactive children, or ADD, as it is now called?

DR. UPLEDGER: Yes. When I got to Michigan State, I was going to do a controlled study, and the term "hyperkinetic child" came forward. I went so far as to talk to the guy who coined the definition for the State of Michigan Board of Education. We use the word hyperkinetic in our work.

DIANE: Let's go back and talk about cranial-sacral therapy. I'd like to understand a little more about how it works, and how the release of that tension creates different behaviors.

DR. UPLEDGER: The cranial-sacral system is a physiological system that we defined rather clearly while I was doing research at Michigan State. At that time I put together a therapeutic approach that would fit the cranial-sacral system, which in essence is a hydraulic system. The cerebral spinal fluid is pumped into the system periodically. The system pumps in for about three seconds, then rests for three seconds. The exact timing varies from person to person, but three second intervals is average. So you're getting an increased volume of cerebral spinal fluid for three seconds, and then a decrease – the resorption back into the blood is continual. So every six seconds you get a cycle and a flushing activity, so that the cerebral spinal fluid is continually flushing between all the brain cells, all the spinal cord cells, and so on.

DIANE: So like the intestine, it both nourishes and cleanses the body?

DR. UPLEDGER: Yes, is a two-way system. It delivers nutrients and carries away waste products. But the cranial-sacral system also does something else, something they've just discovered in the last couple of years and it has to do with what's called "chelation therapy."

Chelation involves molecules that circulate in the cerebral spinal fluid and "chelate out" toxic mineral deposits. So increasing the cerebral spinal fluid movement improves chelation. So cranial-sacral therapy will undoubtedly prove very effective as a preventive in various brain-degenerative diseases that we see as we get older.[2]

DIANE: So could you then say that since the spinal fluid is pooling in the brain, this is what causes the toxicity?

DR. UPLEDGER: That's correct. There can be a chronic state of subclinical toxicity, yes.

DIANE: Would you go so far as to say that, because of this toxicity, we may be seeing behaviors in kids that may lead to extreme violence?

DR. UPLEDGER: Yes, this state could contribute to violent behavior, but I've got another whole process going on regarding violence that I think is much more powerful. It's a program that we call "Compassionate Touch." We're teaching little kids, kindergartners and first graders, how to help each other feel better by using their hands. We teach the little children how to pass energy through another child's skinned knee and take the pain out of it. I know that sounds weird, but it's very successful. We've had a couple of public schools

where we are trying this program, and we got into our first public school last year.

How does this work? Well, first of all, I think every human being is born with compassion and a certain ability to help another human or animal heal. Everybody has a little healing ability. You can see the compassion – this is well-documented and accepted psychologically – in very young children. For example, if a newborn baby or a baby who is a couple of months old is in the room with someone who is in extreme pain, the baby will start to cry. Babies feel the other person's pain. It's like our pets always know when we don't feel well. It's an instinctive ability. Now here's what we're after: Our society takes away this ability! Society can't take away the instinct, but it suppresses this ability that all of us are born with, so that we can't express our natural healing instinct, their natural compassionate instinct.

DIANE: They take it away by . . . ?

DR. UPLEDGER: By making it meaningless or even "bad." We are told that we must go to a doctor if we have something wrong with us. It is assumed that we cannot fix ourselves. Way back, I knew a psychic lady who would be in her 90s now if she is still alive. But way back in the early twentieth century, when she was a little girl, there was a flu-epidemic. And she got a nursing hat, went out and helped neighbors feel better. She got spanked very hard for that.

DIANE: You don't touch.

DR. UPLEDGER: You don't touch. But look at it this way: If we're born with an instinct and we're not allowed to express it, what does that create? That creates frustration. Frustration turns to anger, and anger turns to violence. I got a letter from a mother at a school up in Wisconsin – I won't use the name – that said, "My little girl came home from kindergarten after you taught her how to do compassionate touch. I was lying on the bed with a migraine headache, and she said, 'Mommy, your head hurts?' I said yes. She said, 'Can I put my hands on your head?' I said yes. Within three to five minutes my headache was totally gone."

We get a lot of reports like that. The teachers report to us that on the playground, the kids are helping each other when they get hurt. Not it's entered the classroom. If one kid is having a little trouble reading, another kid might come over to help him with a word or two. So, you see, it generalizes. What I'm trying to do is re-empower these kids. I figure if we re-empower them in grade school, I don't care how much stuff they read in the newspapers, they'll know what they can do, and they'll do it, and they'll feel good about themselves. If they feel good about themselves, they're probably not going to go get an Uzi and blow somebody's head off.

DIANE: In our day, when our fathers didn't want us to grow up to be a schoolteacher or an artist, I feel we were more inclined to do what our parents wanted and that it didn't cause too much psychological damage. Why do you think kids are turning to violence now?

DR. UPLEDGER: It's not just family situations. Partly, it's the television. You have a headache? Take some pills. TV and our whole culture tells us that things inside the body are fixed by external sources. If a baby is born with a desire to help other people – with compassion and with the ability also – and he is brainwashed into thinking he can't do it. . . . But you can't brainwash someone who has already learned from experienced. That's my whole point.

I've had a hard time getting in the public schools because we're teaching kids to touch each other

DIANE: which is taboo. They're actually trying to teach everybody not to touch each other.

DR. UPLEDGER: That is exactly right. But it's natural for us to touch each other. They're trying to make everything robotic and inhumane. As that continues, I'm sure violence will increase.

DIANE: So if people can't get themselves to a cranial-sacral therapist, what kind of direction would you give to a parent?

DR. UPLEDGER: Well first of all, there is hardly anyplace it isn't available around the world. It's even available in Russia now. We have teachers in Australia, New Zealand, almost every country in western Europe and a little bit in eastern Europe. We've educated nearly sixty thousand beginning students now, and over half of them have done intermediate work. So I don't know that there's a great shortage. That's number one.

Secondly, if you can't get to a cranial-sacral therapist, find a very gentle massage therapist who understands the body and is nice and soft, and ask her if she can release the head from the neck on your child. She will almost intuitively do the process.

DIANE: Dr. John, thank you so much for sharing your work with us.

*For information about programs offered at the Upledger Clinic,
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