*Some CST Questions & Answers*

*From the Back of*

*Your Inner Physician and You*

*Book*

**Pregnancy & Obstetrics**

***Q Is it safe for me to have CranioSacral Therapy now that I’m***

***pregnant?***

A: Yes, it is safe, and even desirable, because CranioSacral

Therapy mobilizes and enhances many of the normal adaptational

processes of your body. It is necessary for these

processes to be highly operative during pregnancy. Cranio-

Sacral Therapy can very definitely assist them.

***Q: I heard that CranioSacral Therapy can induce labor. Will it***

***induce labor prematurely?***

A: CranioSacral Therapy assists normal physiological

processes. When properly applied it will never go against what

your body wants to do. Therefore, it will never induce premature

labor unless there is something wrong with the

pregnancy and your body naturally wants to abort the fetus.

***Q: If my labor seems to be going nowhere, can CranioSacral***

***Therapy help me?***

A: Yes, CranioSacral Therapy often seems to be the vehicle

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that puts energy into a stalled labor. This may happen by

many different mechanisms, but it doesn’t really matter which

is theoretically correct. CranioSacral Therapy is often followed

by a quick natural delivery.

**Newborns & Infants**

***Q: How soon can a newborn child be treated with CranioSacral***

***Therapy?***

A: Depending upon the skill of the CranioSacral Therapist,

the first treatment could be done within minutes of the

obstetrical delivery. The younger the newborn, the more

skilled the therapist must be. The craniosacral system’s activity

is extremely subtle at the time of delivery, but becomes

more apparent as the hours of life outside the womb go by.

In order to be sure of what he/she is doing, the CranioSacral

Therapist should be able to perceive the craniosacral rhythm

of the newborn. So for one therapist, one hour after delivery

may be the right time to treat the child. Another therapist

with less experience and perceptual development may need

to wait a day, a week, a month or a year.

***Q: Why would I want my newborn child treated?***

A: CranioSacral Therapy can correct problems in the craniosacral

system immediately and permanently. These problems,

when corrected, may avoid the development of colic, respiratory

problems, hyperactivity, dyslexia, seizure disorders, floppy

baby syndrome and allergies. Although not proven as yet, I

believe it can also thwart many cases of cerebral palsy, scoliosis,

and dental problems that require orthodontia later in life.

Furthermore, it has been shown that the child’s general health

is improved.

**Postpartum Mothers**

***Q: How can CranioSacral Therapy help the new mother?***

A: In several ways: (1) It helps restore hormone balance; (2)

It helps alleviate postpartum depression; and (3) It restores

normal pelvic function, thus eliminating many post-delivery

back problems and the like.

***Q: I had problems with high blood pressure after my second***

***delivery. Could CranioSacral Therapy help this?***

A: Very often high blood pressure for any reason returns to

normal after just a few CranioSacral Therapy sessions.

***Q: How about helping me lose the weight gained during***

***pregnancy?***

A: If normalizing your endocrine system and mobilizing your

bodily fluids would help you lose weight, the answer is yes.

**Children**

***Q: What kinds of problems with children does CranioSacral***

***Therapy help?***

A: This is a tremendously broad question. I’ll try to answer it

based only on my own personal experience.

1. ***Allergies***

*Respiratory*—CranioSacral Therapy is very definitely helpful

when combined with SomatoEmotional Release.

*Food*—CranioSacral Therapy is also helpful when structural

problems of the skull are found and released. There are

other reasons for food allergies that are not necessarily

affected by CranioSacral Therapy.

2. ***Colic, digestive and elimination problems*** are corrected by

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CranioSacral Therapy about 75 percent of the time unless

they are due to tumors or other significant pathological

problems.

3. ***Psychological problems***—CranioSacral Therapy helps the

therapist develop trust and rapport with the child very

quickly. In this way the emotional problems can be discovered.

On the other hand, I have seen several “psychological”

problems disappear when a craniosacral problem was corrected.

These problems had no emotional basis. Although

they appeared to be psychological, they were due to physiological

craniosacral system dysfunction.

4. ***Hyperactive children*** are very effectively treated by Cranio-

Sacral Therapy when the problem is not emotional in

origin. In my experience, about 50 to 60 percent of hyperactive

child problems have a basis in the craniosacral

system.

5. ***Learning disabilities and dyslexia***—As in the case of

hyperactive children, when the problem originates in the

craniosacral system, the treatment is very effective. This is

about 50 to 60 percent of the time.

6. ***Down’s syndrome***—This is a very difficult question.

What I can say is that Down’s syndrome children who have

received CranioSacral Therapy have been happy and often

exceeded conventional expectations.

7. ***Mental retardation***—Whether or not the “retarded”

child will respond dramatically to CranioSacral Therapy

depends upon the cause for the “retardation.” I have had

some remarkably positive results in selected cases. In others,

they got healthier when treated, but didn’t necessarily get

smarter.

8. ***Cerebral palsy***—Most of my experience has been with

spastic cases. These children have all improved—some very

dramatically, some just a little. Once again, it depends on

the cause of the palsy. Sometimes the spasticity is relieved

but the child is left with flaccid paralysis. Flaccid is more

comfortable than spastic, so this is worth something.

9. ***Seizures***—The response of the seizure-disordered child

is strictly dependent upon the reason for the seizures. I have

seen many children completely stop having seizures with no

medication as the CranioSacral Therapy was carried out.

Some children whose seizures are due to deeper brain disorders

do not respond at all. The majority stop having

seizures and require a reduced dosage of medication.

10. ***Autism***—We did three years of intensive research with

autistic children in the late 1970s. We saw significant

improvement in self-destructive behavior, in the display of

affection, and in social interaction. These improvements

usually deteriorated within three to six months after

CranioSacral Therapy was discontinued. This is an ideal

situation for parents to learn to treat their child, and a matter

for further research.

***Q: Does CranioSacral Therapy provide any benefit for the***

***normal child?***

A: I feel very strongly that CranioSacral Therapy is one of

the more powerful and effective health-enhancement treatment

programs available today. So in view of my bias, the

answer is yes.

***Q: I heard that CranioSacral Therapy can be used in childhood***

***diseases like measles, mumps, chicken pox, etc.***

A: My experience has been that CranioSacral Therapy can

be used to effectively break the fever and ease the child

through the crisis in most of these conditions. I think it bolsters

the immune system and mobilizes the autonomic

nervous system so that the body’s defenses are better used.

***Q: What about scoliosis?***

A: In some cases of scoliosis, the cause is craniosacral. More

often than not, though, the tube of dura mater membrane that

goes down the spinal canal has a twist/torque in it that can

be detected very early in life. The spine resists the torque as

long as it can, but sometime in the prepubescent period or in

early adolescence, the spine begins to twist in response to the

twisted dura mater membrane. This is the beginning of a scoliosis.

Sometimes, if caught early, this can be corrected using

CranioSacral Therapy, and the scoliosis disappears.

***Q: How does CranioSacral Therapy work with orthodontia?***

A: Very well indeed. It often shortens the course of orthodontia

and occasionally eliminates the need entirely. I suggest

that all children have CranioSacral Therapy before embarking

on a course of orthodontic correction.

***Q: Can you help cross-eyed children?***

A: When the problem is due to dura mater membrane tension

affecting the nerves to the eyes, the results are excellent and

dramatic. I have helped several children avoid eye surgery

using CranioSacral Therapy techniques.

**Adults**

***Q: I don’t really have a complaint, but I am curious. Could I get***

***CranioSacral Therapy?***

A: By all means. We really believe that CranioSacral Therapy

on a regular basis, no matter how good you feel, is some of

the best health-enhancement activity that you can do. You

may discover that you feel even better than you thought you

could. I’m sure that you will have fewer sick days.

***Q: What does CranioSacral Therapy do for headaches?***

A: Headaches are one of the most common complaints that

we treat with CranioSacral Therapy and its offshoots. I would

say that we are 80 to 90 percent successful no matter what

type of headache is presented to us.

***Q: How about chronic back pain?***

A: Once again, the success is outstanding when CranioSacral

Therapy is used for back pain, including ruptured discs. We

work from the inside (“core”) out. When the “core” is corrected,

the outside (peripheral problem) either corrects itself

or becomes amenable to conventional treatment.

***Q: I heard that you offer special intensive programs through***

***your clinic in Florida. What are they and how do they work?***

A: A number of one- and two-week intensive programs are

offered through our UI HealthPlex clinic in Palm Beach Gardens,

Florida. Among the conditions addressed are: brain and

spinal cord dysfunction, learning disabilities, post-traumatic

stress, autism, pain, cancer recovery and therapist rejuvenation.

Each program features a specially selected team of

clinicians comprised of UI HealthPlex staff and skilled visiting

therapists. Drawing on a variety of complementary

approaches, including CranioSacral Therapy and Somato-

Emotional Release, the clinicians work together in

multiple-hands sessions as needed to address the specific

health concerns of each individual. These programs offer an

exceptional opportunity to receive some of the most innovative

healthcare currently available anywhere. For information,

you can call the clinic at 561-622-4706.

***Q: If this treatment method is so good, why isn’t it incorporated into the conventional healthcare system?***

A: Change takes time. More and more recognition is coming

our way, but we are flying in the face of many dogmas, not

the least of which are:

1. Skull bones don’t move.

2. Minds can’t control bodies.

3. All memory is in the brain.

4. Transference of energy between patient and therapist is

ridiculous.

5. Nervous-tissue injury is permanent.

And so on...

In view of these antiquated but firmly held beliefs, I think

our level of acceptance is remarkably good.

***Q: What can you do for depression?***

A: In specific types of depression, CranioSacral Therapy is

probably the most effective treatment available. In others,

when combined with SomatoEmotional Release and Therapeutic

Imagery and Dialogue, the results are good.

***Q: What can you do for Pre-Menstrual Syndrom?***

A: In most cases we can move the patient toward total eradication

of this problem. CranioSacral Therapy can and does

help the pelvic organs to function more efficiently. We also

improve the function of the endocrine system—in this case

the pituitary, adrenal and ovarian glands.

***Q: What about chronic fluid retention? Can you help that?***

A: CranioSacral Therapy enhances fluid mobility throughout

the body; therefore it helps fluid retention, whether due to

heart problems, kidney problems, mineral imbalance, or any

other cause. It must be done regularly if the cause is ongoing.

Here we like to teach a family member or loved one to treat

the patient on a daily basis.

***Q: What is your track record with arthritis?***

A: There are several kinds of arthritis. The most common is

osteoarthritis. Probably the most notorious is rheumatoid,

which is inflammatory in nature. Both types of arthritis are

amenable and responsive to CranioSacral Therapy. In these

cases we also like to teach family members to treat the patient

daily. This approach gives the best response.

***Q: I hear you have had some interesting results with coma***

***patients.***

A: Yes, the number of patients is not high, but of the few I’ve

treated the results have ranged from good to spectacular.

Some of our more advanced students report similar results.

We would welcome the opportunity to do more work in this

field.

***Q: What’s the difference between CranioSacral Therapy,***

***Cranial Osteopathy, Chiropractic Craniopathy and***

***Sacro-Occipital Technique?***

A: In the other approaches mentioned above, the movement

of the bones is the major objective. In CranioSacral Therapy,

bones are used to manipulate much more deeply into the system

of membranes and fluids. Therefore the bone movement

is an enabling objective in CranioSacral Therapy. In all fair-

ness, the other forms of cranial work are beginning to use the

concepts of CranioSacral Therapy and are starting to look and

work more deeply now.

Another major difference is that CranioSacral Therapy uses

a much lighter touch. Most often, the patient’s internal forces

and energies provide what is required for therapeutic corrections

of the craniosacral system.

In cranial work, as practiced in both the traditional osteopathic

and chiropractic modes, the therapist more often than

not forces the “correction” upon the patient. This approach

allows for more mistakes by the therapist and for more trauma

to result from the treatment sessions.

***Q: Why do some people feel worse after a treatment?***

A: There are several reasons for this post-treatment discomfort.

One is that their body is re-experiencing a previous

trauma or injury as it is releasing from the tissues. This can

take a few days. Another is that areas of “numbness” have

come back to “life” and are more sensitive. Also, it often happens

that the body has adapted to a malfunction. When we

remove the adaptation as we get closer to the nucleus of the

problem, the suppressed pain comes back to the surface.

We must also consider that pain is a perception. When

hope of correction of a problem is held out before the patient,

the nonconscious makes the pain worse so that we won’t stop

before the whole problem is solved. There are many more

individual reasons for a worsening of symptoms after a good

treatment.

We cannot neglect the possibility that the therapist screwed

up. This can cause a painful reaction. This screw-up is usually

by the application of excessive force and/or trying to make

the patient’s body do what the therapist decides is right. We

preach the sermon of “follow the body, don’t lead it.”

***Q: What is tissue or cell memory?***

A: I don’t know exactly, but if you watch what happens during

treatment and healing processes, it looks like individual

tissues and probably cells have recall of experiences they have

gone through.

***Q: How can you tell what is wrong with me by picking up***

***my legs?***

A: We use the perception of very subtle energy activities in the

body to focus on the source of abnormal energy patterns. We

also very gently traction the legs to see if resistance of tissues

is equal or lacks symmetry. We do these kinds of evaluations

all over your body; you just notice it more in your legs because

picking up the legs is more apparent to you than when we

touch your ribs, your shoulders or your head. But we are doing

essentially the same kind of evaluation on many body regions.

***Q: Why does it look like the therapist isn’t moving?***

A: Because we are just barely moving. What we look for in

CranioSacral Therapy is extremely subtle. It takes practice,

but once learned you have it forever.

***Q: How can you get any treatment done using such a light***

***touch?***

A: As I said earlier, in CranioSacral Therapy we try very hard

to get the patient’s body to make the correction. We, the therapists,

assist the natural corrective tendency of the patient’s

body. When you use more than a little force, you may recruit

the patient’s bodily defense against your intrusion. When the

patient’s body begins to defend itself against the therapist,

the tissues of the patient’s body tighten in an attempt to preserve

the status quo. When confronted with this situation, the

therapist can: (1) apply more force to overcome patient resis-

tance; or (2) lighten up the touch, as we do in CranioSacral

Therapy, thus allowing the patient’s tissues to relax and

obtaining a therapeutic release by adding just enough to the

patient’s own self-corrective mechanism to be effective.

Once again we are confronted with that difference in

approach which separates CranioSacral Therapy from other

cranial techniques. This difference is what makes Cranio-

Sacral Therapy so safe and so useable by non-physicians. It

can be applied cookbook style and still obtain an excellent

therapeutic result.

***Q: I’ve had CranioSacral Therapy, and I was astonished by the***

***approach. My pain was in my shoulder, and it was cured by the***

***therapist working with my sacrum and pelvis. How can this***

***happen?***

A: There are several possible ways this could happen. First, the

craniosacral system connects the sacrum and pelvis to the neck

and head via the tube of dura mater membrane that runs

through the spinal canal. An abnormal tension on this membrane

at the tail end can easily show up at the head end. In this

case the abnormal membrane tension probably was just right

to pull on the membrane sleeves that cover the nerve roots as

they go out to the shoulder. This pull would make a perception

of pain where the nerve root goes, in this case to your

shoulder.

Another possibility depends upon the head-to-tail continuity

of the connective tissue (fascia) that ensheathes all

muscles, bones, organs, etc. A twist in the pelvis could easily

ascend your body outside of the craniosacral system through

this fascia to the fascia and/or the nerves to your shoulder.

Yet another possibility is that the sacrum was twisted and

causing a twist to go up the total spine in a compensatory way.

If there is a little less tolerance in the openings where nerve

roots pass out of the spinal canal between the vertebrae in your

lower neck, the nerve to your shoulder could get pinched. In

any of these cases, when the abnormal situation in the sacrum

and pelvis is corrected, the effect up high in the neck is

removed and the pain goes away.

It takes a good therapist to find the cause at such distances.

In teaching CranioSacral Therapy we put a lot of time and

effort into teaching whole-body diagnosis. This approach

uncovers the underlying cause, even at such distances from the

pain.

***Q: Why do I have a TMJ problem when there is nothing wrong***

***with my teeth?***

A: The TMJ problem, in my experience, is more often an

effect or result of craniosacral system or muscle-bone-joint

system dysfunction. I described one case for you where the

TMJ problem came from the muscles of the buttocks. You are

a whole person, and every part of you is connected to every

other part. We can’t let pain and symptom location mislead us.

Find the cause. It may be well camouflaged. It may be located

almost anywhere, but its discovery is part of the joy of doing

this work.

***Q: Does CranioSacral Therapy help those of us who are getting***

***older, stiffer, more fragile and losing our memories?***

A: The answer is a resounding “Yes.” I have treated people

regularly who are well into their 80s. These people get more

agile and mobile. They get more energy and show improved

intellect and memory. It also helps fight fluid retention and

improves resistance to colds, flu, etc.

***Q: How can older folks best use CranioSacral Therapy?***

A: Ideally I would like to see the elderly patient treated once

a month by a competent CranioSacral Therapist. In addition,

I would like to see family members trained in some very

simple techniques so that they can apply limited CranioSacral

Therapy to those elderly folks at least three times per week. I

have successfully taught elderly people to treat each other on

occasion. This imparts a wonderful boost to the treater’s sense

of self-worth.

Incidentally, our success using specific and very easy-tolearn

CranioSacral Therapy techniques for small-stroke

patients has been excellent.

***Q: How can I get treated by a CranioSacral Therapist?***

A: We have several highly qualified people at our Upledger

Institute, Inc., HealthPlex Clinical Services in Palm Beach

Gardens, Florida, who would be happy to see you and introduce

you to our approach. You can reach them at

561-622-4706. We also offer an alumni directory composed

of licensed healthcare practitioners who have taken the postgraduate

courses in CranioSacral Therapy. You can purchase

this directory through The Upledger Institute at 1-800-

233-5880, or locally at 561-622-4334.

***Q: What are the credentials of those you refer outside the***

***Institute?***

A: While we’re cautious about referrals due to legal ramifications,

we’ll guide you to people who have satisfactorily

completed our own advanced program. Our only requirement

is that they have a license to practice in a healthcare profession

that legally allows them to do CranioSacral Therapy. We will

guide you to someone who has demonstrated good skills in

the use of CranioSacral Therapy. That person could be a medical

doctor, an osteopathic physician, a dentist, a chiropractor,

a registered nurse, a physical therapist, an occupational therapist,

a massage therapist, a Rolfer, a Soma practitioner,

another type of bodyworker, or an acupuncturist. We even

have a few psychotherapists who have taken up our work and

become very proficient with their hands. The main issue is

their hands-on skill. We will tell you about their other credentials,

and you have to decide whether or not you find that

person acceptable to see for CranioSacral Therapy.

***Q: Does insurance pay for CranioSacral Therapy?***

A: The best answer I can give you is that it depends on the

credentials of the therapist and upon the extent and scope of

your coverage. We are gaining more and more recognition

for CranioSacral Therapy from insurance companies, but

change does not occur overnight. This is very new stuff we’re

doing. The results will ultimately be the vehicle whereby

recognition is obtained.

***Q: How can I help support the work of The Upledger Institute?***

A: The Upledger Foundation is our non-profit division

responsible for the continued research and development of

new techniques along with providing financial assistance to

many patients who require intensive therapy. It is a charitable

organization under section 501(c)(3) of the internal revenue

code. Tax-deductible donations may be sent to:

The Upledger Foundation

11211 Prosperity Farms Road

Palm Beach Gardens, FL 33410-3487

***Q: How is SER Not Psychotherapy? by John Page, D.O.***

A: by John Page, D.O.**:**SER involves physical contact, physical process.

It is essentiallya physical therapy involving the thought processes, the

awareness. Psychology requires no physical contact or process.

Psychotherapy applies itself to a previously identified task

using pre-ordained tools. SER is a shared adventure, ideally

not pre-arranged, that thrives on the unexpected. SER

requires the flexible use of many tools, and continues to invent

new ones, presenting them as gifts to the aware and flexible

facilitator. Psychotherapy is directed by a knowledgeable

expert. SER is helped by a facilitator, part of whose skill is

not to need to know what’s there.

Psychotherapy has systems, traditions, approaches and specialties.

Thus we have Rebirthers, Past Life therapists, etc.

The patient is a person-in-need, disempowered, who is seeking

help from an outside expert. There can be temptation for

the patient to perform, to fit in with the psychotherapist by

supporting his or her belief system. SER has no system as

such. Psychotherapy can be used symptomatically, like a

Band-Aid®. SER aims at releasing causes.

Psychotherapy is done by one person to another, in much

the same way that physiotherapy is applied. SER is done by

the person, for themselves with the help of others.

SER can happen spontaneously.