Part I
CranioSacral Therapy

by John E. Upledger, D.O., O.M.M.

The gentle, non-invasive qualities of CranioSacral Therapy pose exciting therapeutic opportunities for both practitioners and their clients. The subtlety of this modality may mask, for some, its efficacy in alleviating a wide range of medical problems associated with pain and dysfunction.

It is called “CranioSacral” because it involves all of the bones of the skull, face and mouth—which make up the cranium—and extends by a system of hydraulics and membranes to the lower end of the spine, or the sacrum. Trauma or other things that affect the lower end of the spine, such as a fall on the tailbone, can have adverse effects on the cranial, or head end of the craniosacral system.

The whole system and the body parts that affect it must be evaluated and corrected in order to improve the conditions or the environment in which the brain and spinal cord function. The light touch used in CranioSacral Therapy—about five grams or the weight of a nickel—does not overwhelm the body or threaten it. Therefore, the body does not tense or otherwise defend itself against this approach. The CranioSacral Therapy practitioner then can palpate the system to identify restrictions. CranioSacral Therapy’s aim, simply, is to enhance the body’s natural healing processes. The practitioner does not impose any changes on the body; it will change on its own.

Another key to the effectiveness of CranioSacral Therapy is that the attitude and intention of the therapist have a great deal to do with the treatment outcome. It’s more than just the power of suggestion. Hands-on therapists who are happy, trusting, and confident get better results.

There is enough evidence to support the attitude-effect concept, so we suggest to therapists that if they have a poor attitude toward a client, someone else should treat that person. If they have problems in their personal life that they can’t leave outside the treatment room door, they should take the day off.

We have begun to measure the effect of attitude upon electrical resistance in a circuit created between the therapist and the patient. We are finding that higher electrical resistance correlates to negative attitude in the therapist as well as the patient.

Trust is another facet of CranioSacral Therapy. Those of us who use this modality in our practices have learned to trust our hands. Trust is particularly important in the palpation skills used in CranioSacral Therapy to test for restrictions in the craniosacral system. Since this system influences the development and function of the brain and spinal cord, an imbalance or dysfunction in the craniosacral system could cause sensory, motor, and/or other neurological dysfunctions and/or dis-
abilities. These problems may include chronic pain, visual system difficulties, scoliosis, motor-coordination impairments, learning disabilities, and other dysfunctions of the central nervous system. One of CranioSacral Therapy's principal benefits is its ability to reverse the debilitating effects of stress by providing the conditions in which the nervous system can rest and rejuvenate. Examples of stress-related problems are insomnia, fatigue, headaches, poor digestion, anxiety, and temporomandibular joint (TMJ) syndrome, among others.

Furthermore, CranioSacral Therapy often benefits patients suffering from chronic symptoms that have not been relieved by allopathic approaches. Often used in conjunction with other therapies, CranioSacral Therapy is especially beneficial to those who have head or neck injuries from car, sports, work accidents or falls. Children, infants, and newborns with early traumas—including birth trauma—benefit from the timely identification and release of restrictions in the craniosacral system. CranioSacral Therapy also may help various sensory disorders such as eye–motor coordination problems, autism, dyslexia, loss of taste or smell, ringing in the ears, and neuralgias such as sciatica and tic douloureux. Many patients have found CranioSacral Therapy to be an important part of their wellness/health promotion routine both for its stress-reducing and immune system-enhancing properties.

The only contraindications to CranioSacral Therapy are potential bleeding problems within the skull and markedly elevated intracranial pressure. If either of these conditions are known or suspected, the primary physician should be consulted to determine whether it is safe to alter intracranial fluid pressure in any way.

Anyone can learn to palpate the craniosacral rhythm. We often teach patients in our intensive treatment programs how to do this to help them gain a better understanding of how CranioSacral Therapy works. Beginners find it particularly easy to palpate their own heads. This is done by resting the elbows on a desk or other firm surface, and then gently placing the hands on either side of the head, with as much of the palm as possible making contact. The craniosacral rhythm that is felt is created by the rise and fall of the cerebrospinal fluid volume within the craniosacral system. This fluid is filtered out of the blood in a dynamic feedback loop. The system then acts like any semi-closed hydraulic system with pressures building within the system as the amount of fluid increases and diminishing as fluid volume decreases. When pressures change within the compartment created by the membranes, the fluid moves. The pressure fluctuates, normally at a rate of six to twelve cycles per minute. As these pressures rise and fall rhythmically, the skull expands and contracts very slightly as it complies with the changing fluid volume within

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the craniosacral system.

The parts of the craniosacral system in which the motion can most easily be palpated by the hands of the therapist are the bones of the skull, sacrum and coccyx, because they attach to the membranes that enclose the cerebrospinal fluid. Experienced clinicians are able to palpate the craniosacral motion anywhere on a client's body. Valuable examination information can be gained very quickly by palpating the craniosacral motion for rate, amplitude, symmetry, and quality. Often, palpation alone may be enough to remove the restricting obstacle. The system then is able to complete its self-correction.

Low amplitude of the craniosacral rhythm indicates a low level of vitality within the client. That is, the client's resistance is low and hence the susceptibility to disease is high. Occasionally the craniosacral rate, as palpated on the head, is as much as twice normal while the amplitude is low. Concurrently, the internal energy that is attempting to drive the craniosacral system seems quite high. Subjectively, this finding may be interpreted as an indication that the boundaries or meningeal membranes of the craniosacral system are quite restrictive, and lack accommodation to the rhythmical rise and fall of the fluid volume within the craniosacral system. Therefore, the rate has doubled while the amplitude is reduced by approximately 50 percent. We often find this situation in cases of inflammatory problems that presently involve or have involved the meninges and/or the central nervous system.

Lack of symmetry of the craniosacral rhythmic motion throughout the body is used to localize pathological problems. The problems may be of any type that cause loss of physiological motion. They may be problems of the musculoskeletal system, inflammatory responses, adhesions, trauma, vascular accidents and others. The asymmetry of motion will not tell the practitioner what the problem is, but it will indicate where the problem is located. Once located, practitioners must rely upon other evaluative methods to determine the exact pathological nature of the problem they have found.

CranioSacral Therapy may be used to effectively eliminate the asymmetry and restore physiological motion, thus resolving the problem.

CranioSacral Therapy also is concerned with the body fascia—a universally mobile, continuous-from-head-to-toe sheath of connective tissue that invests in its pockets all of the somatic and visceral structures of the human body. Any loss of mobility of this tissue in any specific area can be used as an aid in the location of the disease process that has caused the dysfunction. This fascia system is kept in constant motion—probably via the nervous system—in correspondence with the craniosacral rhythmical motion. The examiner is only limited by his or her palpatory skill and anatomical knowledge as to how much information can be obtained from the examination.

In addition, abnormalities of structure and/or function of the nervous system, the musculoskeletal system, the blood vascular system, the lymphatic system, the endocrine system and the respiratory system may influence the craniosacral system. By understanding how the craniosacral system functions, it is then easy to appreciate its influence on the health and well-being of the whole body. CranioSacral Therapy seeks to identify obstacles and restrictions to motion. The practitioner then attempts to mobilize the tissues, allowing the body's natural tendency for self-correction to occur.

In the second part of this article, Dr. Upledger describes a typical CranioSacral Therapy session from the patient/client prospective and how therapists are trained in CranioSacral Therapy.

Recommended readings:
Your Inner Physician and You, John E. Upledger, D.O. (North Atlantic Books, Berkeley, Calif. and The Upledger Institute, Palm Beach Gardens, FL, 1991); a series of stories illustrating the benefits of CranioSacral Therapy for the layperson;
CranioSacral Therapy, John E. Upledger, D.O. & Jon D. Vredevoogd (Eastland Press, Seattle, WA, 1983); a definitive technical text on CranioSacral Therapy written for the student and professional.

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