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Surgical Intervention Averted with CranioSacral Therapy

By John Matthew Upledger

Imagine going from a diagnosis for which brain surgery is recommended to a diagnosis of perfect health, all within a three-week period. That's what happened to one young man named Matt after receiving just two sessions of CranioSacral Therapy.

At the time of treatment, Matt was 14-years-old and had been suffering from a category 9-10 headache for nine months. He had been to see several medical doctors, but none could determine the cause. Extensive testing provided only one conclusive finding: Matt's cerebrospinal fluid (CSF) pressure was far too high.

The doctors gave Matt a diagnosis of pseudotumor cerebri, which basically means that his body was acting as if he had a brain tumor, but he really did not have one. Drugs had no effect. The only treatment that provided some relief was a spinal tap to draw off excess fluid. The procedure was repeated every two to three weeks with progressively diminishing results. The doctors were at a loss for what else to do. That's when they proposed brain surgery to insert a shunt to drain off the excess fluid. There was no assurance that this would help, however, since they still did not know what was causing the problem.

Good fortune intervened in Matt's life at this especially pivotal time. One of the nurses in the ICU where Matt received his spinal taps just happened to be a client of Tim Hutton, PhD, LMP, CST-D, a certified CranioSacral Therapy practitioner. Pulling Matt's mother aside, she suggested that Matt try CST before they resorted to surgery.

Problem Six Years In The Making

By Matt's first visit to CranioSacral Therapist Tim Hutton, he had endured 23 spinal taps along with 23 sedations with a general anesthetic. Tim recalled, "Matt had a horrendous headache; his low back felt like a pin cushion; and his liver and kidneys were struggling to detox all the drugs he had been given. Needless to say, he was not a happy camper." The first order of business was to assess Matt's craniosacral rhythm. What Tim discovered shocked him. There was no discernible rhythm anywhere. "It felt as if the craniosacral system did not even exist," Tim said. "I have never felt that on a client before or since."

Placing his hands on top of Matt's head, Tim felt his hand pulled strongly into Matt's left parietal. That's when Tim asked the pivotal question, "Did you ever hit your head?" The reply was yes. When Matt was 9-years-old he was riding his bicycle when he hit a rock and took a dive over the handle bars. The impact

broke Matt's right arm and shattered the helmet he was wearing, directly over his left parietal. A possible connection had been made. This could be the source of Matt's headaches. Tim continued to follow the pull into Matt's jammed left parietal, assisting the bone to unlatch.

"This only took a couple of minutes," Tim said. "Once the parietal released, Matt immediately had good craniosacral rhythm throughout his body. I spent the rest of the session just encouraging things to move." When Matt returned a week later, Tim said, "Things were still moving, so I simply encouraged everything to move a bit further." Within three weeks of his first session of CranioSacral Therapy, Matt was headache free. As you can imagine, Matt's parents were more than a little curious to know what was going on in Matt's body. They scheduled an appointment at the University of Washington Medical Center in Seattle, where Matt received a full medical work-up. After a thorough examination and testing, the doctors declared Matt to be in perfect health. There was no evidence to indicate any problem.

Key To Healing

From a CranioSacral Therapy point of view, Matt's headache is easy to understand. It is founded in the pressurestat model, a theory developed in the mid-1970s by osteopathic physician John E. Upledger with neurophysicist Ernst Retzlaff.

By design, cerebrospinal fluid is a filtrate of the blood. It is filtered out of the high-pressure arterial blood and reabsorbed into the venous system. Through their research, Dr. Upledger and Dr. Retzlaff discovered that the body controls CSF pressure by a mechanism called a pressurestat — a semi-closed hydraulic system with a regulated inflow and outflow — located within the craniosacral system. They theorized that within this environment, fluid reabsorption is constant while fluid production is intermittent.

When fluid production is occurring, the pressure in the skull rises, causing the skull to expand to a very small degree. This stretches the sagittal suture ever so slightly. When the pressure has risen to a certain level, stretch sensors within the suture send a signal to the brain to stop fluid production. Once the production stops, the pressure drops and the sagittal suture closes slightly. Because the CSF is constantly draining away, the pressure receptors eventually trigger the brain to resume fluid production. This entire process is repeated every 5 to 10 seconds.

During each cycle, only about 0.01 ml of fluid is produced. This slowly pushes the CSF through the system, replacing the entire fluid volume three or four times a day. As the fluid moves through the brain and spinal cord, it carries away metabolic waste from the tissue. If the fluid is prevented from doing this, a buildup of waste occurs in the tissue, ultimately resulting in inflammation.

Headache Eliminated

When Matt hit his head, he jammed his sagittal suture, shutting down his pressurestat system. The signal to shut off fluid production was never sent, so the fluid production continued as long as it could. When the CSF pressure matched the arterial pressure, no more fluid could be produced, and the system

shut down. The CSF became stagnant and there was a buildup of metabolic waste in the central nervous system, causing inflammation and ultimately Matt's headache. Once Matt's system was freed up and the fluid could move again, it took a few weeks for the body to eliminate all the waste. Once the waste was removed, the inflammation died down and Matt's headache went away.

Tim said, "The most fascinating thing about this case is that Matt hit his head when he was 9 years old, but his headache did not start until he was 14. His sagittal suture was jammed the entire time, but he obviously was able to get enough signal to run his pressurestat. Something happened when Matt was 14 that rendered his pressurestat incapable of compensating any longer." Tim suspects it was puberty — a process that is difficult under the best of circumstances!

"I believe that all of Matt's hormones got stirred up and his body was no longer able to maintain the pressurestat," Tim said. "To me, this one case provides strong evidence for the validity of the pressurestat theory." Matt's case is also a prime example of how our bodies hold tension from every trauma we have ever experienced. So long as we can compensate around those tensions there will be no symptoms. Only when we can no longer compensate do symptoms appear.

John Matthew Upledger is the CEO of Upledger Institute International. For 25 years, he has been actively engaged in all aspects of the organization — from education to clinical services. For more information about CranioSacral Therapy and other modalities offered for study through Upledger Institute International go to www.iahe.com.