## FSMTA 2013 Florida Massage Convention & Trade Show

## Session Highlights

## Cranio Sacral Therapy for Chronic Conditions:

The role of hyper-irritated nerves and how to eliminate them



By Tad Wanveer, LMT, CST-D

hen a client presents with a chronic condition, one of my first thoughts is always to check for nerve hyperirritation that may be contributing to their condition. Hyper-irritated nerve cells are cells within the central nervous system (CNS) or peripheral nervous system (PNS) that are hyper-irritated, hyper-responsive and disorganized. They fire off signals in a chaotic manner and cause harmful disturbance within structures that they communicate with or processes they control. This can lead to conditions such as: visceral stress, like gallbladder irritation, muscle imbalance causing chronic pain, biochemical imbalance leading to chronic headache, or harmful stress causing anxiety.

CranioSacral Therapy (CST) is a light-touch modality that can be used to pinpoint and alleviate the cause of nerve irritation, which helps the body to heal, to resolve chronic issues, and to regain normal function. CST is effectively combined with many manual therapies such as massage therapy, physical therapy and occupational therapy; or CST can be used solely during a session.

The nature of nerve irritation: The nervous system organizes and controls the body's trillions of cells and vital processes to flow in an integrated, purposeful, balanced and holistic manner. Nerves form communication networks through which they receive, organize, modify, respond to, store, and transmit information required for all activities—sleeping, walking, talking, eating, thinking, and so much more.

When nerve cells become hyper-

irritated they can no longer do their job in an organized way. This disorganization causes chaotic communication between nerves, or between nerves and body parts, which then leads to dysfunction.

Neurological hyper-irritation can be located anywhere in the body's vast neurological network. Disturbed nerve cells can be found in the brain; the spinal cord; in clumps of nerves called ganglia; or even in synapses-the spaces in between nerves where one nerve transmits signals to another nerve.

Nerve irritation can cascade in many directions. For instance, a few irritated nerves located in the spinal cord can affect neurons throughout the body as the irritation travels from side to side and/or up and down the spinal cord. The "sympathetic chain" of the autonomic nervous system (ANS) also can be adversely affected. The sympathetic chain is a portion of the ANS controlling the body's stress response. It is often referred to as the body's "fight, flight or freeze system." If this portion of the ANS becomes out of control due to nerve irritation, then chronic conditions can arise such as pain, fibromyalgia, headache, fatigue, constipation or depression.

Wide-ranging dysfunction can occur when nerves of the CNS are hyper-irritated. For example, leg weakness can arise when irritated lower spinal cord nerves cause nerve root inflammation. Difficulty remembering recent experiences can come about when areas of the brain, such as the amygdala, are overly stressed or chaotic. Hyper-irritated nerves in the upper neck can cause migraine headaches, as troublesome signals bombard trigemi-

nal nerve cells in the brain.

Nerve irritations may go undetected because they are hidden in the nervous system. If they are not found, they remain the cause of dysfunction. When the cause of dysfunction is not addressed, the effects of that cause will usually persist.

The Craniosacral System and Role of CST in Reducing Nerve Irritation: The Craniosacral System (CSS) surrounds, protects, nourishes and cleanses the brain and spinal cord. The surrounding portion of the CSS is comprised of three continuous layers of connective tissue called "fascia." These layers encase the CNS cells and fluids. Some ANS cells, called pre-ganglionic cells, are located within the CSS as well. The rest of the ANS and the PNS are encased in body fascia.

Adverse strain of the CSS fascia, or body fascia, can distort the structure of nerves or nerve pathways. This distortion can adversely stress nerves, causing them to become overly irritated. Over time this irritation can increase until nerves are hyper-irritated, chaotic and dysfunctional.

Locating areas of CSS or body fascial adverse strain with CST assessment techniques can identify regions of cell stress where nervous system disturbance exists. Addressing those areas with CST, massage, other manual therapy techniques, or a combination of modalities, can be a precise and highly effective way to facilitate correction of chronic conditions

Continued on page 30

## CranioSacral Therapy for Chronic Conditions...

Continued from page 29

CranioSacral Therapy founder, John E. Upledger, DO, OMM, developed a fullbody protocol that enables trained practitioners to detect and release stressful patterns within the whole body based on the feel, shape and motion of the CSS, and on the body's response to CSS movement. CSS motion is called the "craniosacral rhythm." Light touch, usually about the weight of a nickel, is used to palpate the craniosacral rhythm. Very gentle and light touch is used during both CST assessment and treatment. This has been found to be most effective in supporting a client's response to CST. Light touch also supports a practitioner's palpation, awareness and effectiveness while working with a client.

Feeling the craniosacral rhythm can add a great deal of insight and precision to a manual therapy process. Each person is unique, and CST practitioners are taught to embrace the distinctive makeup of each individual. Yet if each person is unique, then how does a CST practitioner know things such as where to treat, which CST technique to use, or how long to treat an area? The key to CST is the craniosacral rhythm combined with the feel of fascial patterns. When the body is in harmony it will move in an even, balanced and synchronous way in response to the craniosacral rhythm; in the presence of a restriction, an abnormal motion response to the craniosacral rhythm will be felt. These areas usually show fascial pattern disturbances as well. Areas of atypical craniosacral motion, or fascial distortion, often cause a client's symptoms and usually require treatment. With practice feeling the craniosacral rhythm, a therapist may require only a few minutes to map the body's unique restrictive patterns. CST practitioners also use the craniosacral rhythm during treatment as a tool to help the body release atypical patterns, and the rhythm is used to determine when an area has resolved overly strained patterns.

A trained practitioner can use CST techniques to reduce hyper-irritated nerves throughout the body that may be contributing to chronic issues. As harmful nerve stress is lessened, then normal

Transverse section of the spinal column, spinal cord, nerves, and craniosacral system. Craniosacral system Sympathetic fascial layers, ganglion surrounding the spinal cord: Dura mater communicantes 2. Arachnoid membrane 3. Pia mater Anterior ramus Posterior ramus Spinal cord Intervertebral foramina Spinal canal Spinal ganglion/ Posterior root Copyright 2013, Tad Wanveer. All Rights Reserved.

nerve-to-nerve, nerve-to-body, or bodyto-nerve communication arises. In response, greater ease of processing within the nervous system comes about, and this can normalize nerve communication. Normal nervous system function helps the body to heal in a multitude of ways, because organized and efficient nerve communication is central to all body form, purpose, health, healing and well-being.

Three craniosacral system (CSS) fascial layers surround the brain and

spinal cord; they are called: dura mater, arachnoid membrane and pia mater. The spinal cord layers also cover the anterior and posterior nerve roots and spinal ganglia. CSS layers merge with body fascia before exiting the intervertebral foramina. The three spinal nerve branches, called "rami," are: anterior ramus, posterior ramus, and rami communicantes. The rami and sympathetic ganglia are embedded in body fascia.

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