

COVER STORY

by Lisa Upledger, D.C., CST-D

CranioSacral Therapy



Working with the Body's Self-Correcting Mechanisms

CranioSacral Therapy (CST) is a light-touch technique practiced by thousands of massage therapists worldwide to relieve numerous health issues. In this three-part series, the author, a CST practitioner, educator, and wife of CST developer John Upledger, D.O., will describe the origins and development of CST, and how this technique can be incorporated into a massage practice.

Between her work at the office and Web surfing at home, Samantha spends the better part of her waking hours hunched in front of a computer screen. Concentrating on the tasks at hand, she squints her eyes. She tenses her shoulders. She thrusts her head forward. And she keeps her hands and arms poised in typing mode. By the end of the day, her muscles are sore and her eyes are tired. Her head hurts nearly all the time. Samantha is stressed.

Tension-related problems such as these are a common and growing complaint in our modern world. They are also among the myriad conditions that respond quickly and efficiently to the gentle touch of CST.

While the body's response to CST depends greatly on the source and complexity of the problem, I have seen numerous tension-related conditions abate in just one session using CST's basic 10-step protocol. I have even watched as more extensive conditions improved in the course of a session.

The positive effects of CST rely to a large extent on the performance of the body's inherent self-corrective mechanisms. CST works through the craniosacral system to facilitate this function and thereby normalize the environment in which the central nervous system functions. As this is accomplished, a wide range of sensory, motor and neurological problems are improved.

The core of CranioSacral Therapy

The body's craniosacral system comprises the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord. It extends from the cranium (skull, face and mouth) down to the sacrum (tailbone area). Any restrictions in the membranes of this vital system can directly affect all aspects of central nervous system performance. As CST practitioners, we palpate the craniosacral rhythm, which leads us to restrictions in the body. We then work with the body's innate healing mechanisms, using the craniosacral rhythm and system as our guide, to correct the restrictions.

While CST as it is practiced today has existed since the early 1980s, its roots actually date back to the early 1900s and the theories of osteopathic physician William Sutherland. For more than 20 years he explored the concept that the bones of the skull were designed to allow for movement. He eventually developed his theories into a structural therapeutic method known as cranial osteopathy.

In 1975 osteopathic physician John E. Upledger picked up the gauntlet and embarked on a scientific journey to confirm Sutherland's theories as well as refine our understanding of the processes behind them; i.e., the

craniosacral system. For the next seven years he led a team of anatomists, physiologists, biophysicists and bioengineers at Michigan State University in research and testing of the craniosacral system that included ways to address it therapeutically—what John Upledger later termed CST.

Through this process, Upledger's team took a different approach than the osteopaths who came before them. Instead of focusing on the bones of the cranium, they were tapping into the fluids and membranes of the system, as well as the mechanism that moves the cerebrospinal fluid within the skull and spinal canal. This is one of the major factors that distinguishes CST from cranial osteopathy.

Research showed that cerebrospinal fluid circulates through the brain and spinal cord via the expanding and contracting motions of the semi-closed hydraulic craniosacral system. This movement occurs at a normal rate of six to 12 cycles per minute—what we call the craniosacral rhythm.

When there is contracture in the soft tissues, or meninges, in the skull and spinal cord, the cyclical fluid dynamics of the craniosacral system cannot flow unrestricted. The cranial bones are also held in their lesion patterns because of the anatomical connection of the dura to the skull bones.

THE TECHNIQUE IN ACTION

CRANIOSACRAL THERAPY BRINGS QUICK RELIEF TO BELL'S PALSY PATIENT

Imagine waking up one day to find your face paralyzed. Your cheek droops to one side. Your right eye won't close. Your tongue and jaw feel numb.

That's precisely what happened to Tom Kelly, but it wasn't just any morning. For him it began on the first day of a nationwide convention in Las Vegas.

"I woke up in my hotel room feeling like I had slept too hard on my face," Tom recalled. His muscles felt twisted and his neck felt out of alignment. But while his customers that week believed he'd had a stroke, a doctor diagnosed it as Bell's Palsy, a sudden and unexplained paralysis that results in

distortions of the face.

"He [the doctor] told me they didn't really know what Bell's Palsy was, but he prescribed steroids anyway," Tom said. "They were terrible. They gave me an upset stomach, nervousness, a terrible sense that my whole body was being attacked."

When Tom returned home to Palm Beach Gardens, Florida, he immediately made an appointment at The Upledger Clinic.

"As soon as Dr. [Lisa] Upledger touched my face and started putting opposing forces against the muscles, I realized there couldn't be a more perfect treatment for Bell's Palsy," Tom said. "I probably felt

50 percent better after the first visit, not just physically but also psychologically. It was dramatic."

After two weeks' worth of sessions, Tom's condition was almost completely relieved. He felt like one of the lucky ones.

"Bell's Palsy can last months and months," Tom said, "and some people never lose it. I'll bet 95 percent of the people with this condition are never told about CranioSacral Therapy, but it's the first treatment they should look for. Why spend six or seven months with a problem when you can feel better in six or seven hours?"

—Lisa Upledger, D.C., CST-D

CST practitioners are taught how to palpate the subtle craniosacral rhythm to detect areas of restriction in the membranes—particularly focusing on the dural membrane or outer meningeal membrane layer. Once we are drawn to a particular obstruction, we hold the position and wait for the tissues to release. This involves the use of very gentle hand pressure—generally in the area of 5 grams, or the weight of a nickel. (This light touch is another distinguishing factor of CST versus other cranial techniques.) Oftentimes just the process of gauging the system for imbalances allows the system to self-correct.

The 10-step protocol

CST consists of a series of techniques that comprise its foundation. Each step is designed to be used as both an evaluative and corrective tool. They are:

- 1 Still-point induction
- 2 Diaphragm releases: pelvic, respiratory, thoracic inlet, hyoid and occipital cranial base
- 3 L5-S1 decompression, iliac gap, dural-tube traction
- 4 Dural tube rock/glide
- 5 Frontal lift
- 6 Parietal lift
- 7 Sphenobasilar compression-decompression
- 8 Temporal techniques: temporal wobble, finger in ear, ear pull

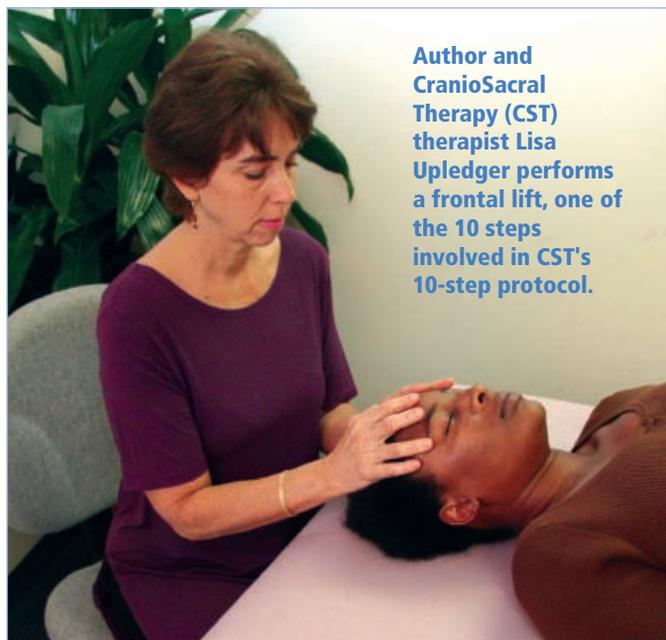
- 9 TMJ compression and decompression
- 10 CV-4/still-point technique

While it is not essential to follow the exact order of the 10-step protocol, it is essential to follow the exact procedure and application of each step. Advanced CST practitioners often alter the sequence depending on what the client's body is telling them. For those just starting out, though, it is recommended that the protocol be followed in its prescribed sequence. This will help you obtain the most benefit from the process as well as continue to hone your palpation skills.

Using the protocol to evaluate the functioning of the craniosacral system can produce unexpected insights into the true source of a client's complaint. For example, Sharon came to see me complaining of headaches. As I assessed the craniosacral rhythm, I was drawn to her left leg, where I found muscle contraction from a previous ankle sprain. Once I released the muscle and fascia, the headaches went away.

This happens quite often: The source of pain is not at the site of pain or is located layers below the site. Using CST provides a kind of road map to gently unravel and eliminate pain and dysfunction. Sometimes this is even accomplished after one step.

Take still-point induction, for example. A still point is an extended pause or interruption in the rhythmical activity of the craniosacral system that triggers a



Author and CranioSacral Therapy (CST) therapist Lisa Upledger performs a frontal lift, one of the 10 steps involved in CST's 10-step protocol.



A close view of the frontal lift.

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momentary buildup of cerebrospinal fluid. When the fluid is released, it causes the membranes to stretch a bit more and "flush" any inherent restrictions or adhesions from the system. A still point can occur spontaneously or be induced by the therapist using delicate tissue techniques to restrict the flow of cerebrospinal fluid through the craniosacral system until it stops completely.

This technique is especially helpful for relaxing the musculature in clients who present with muscle tightness or spasms. Imagine the advantages of adding this step to a massage-therapy session.

CranioSacral Therapy in your practice

John Upledger has always contended that the qualifications to evaluate the craniosacral system are relatively simple: "You have to have proprioceptive sensitivity, a willingness to work hands-on with a client for 30 to 90 minutes, and a strong sense of the artistic qualities of body function."

This philosophy is reflected throughout the CST curriculum. From the outset in CranioSacral Therapy I, the focus is on refining and deepening palpation skills in order to address soft tissues both intra- and extradurally.

The beauty of CST is that it works gently to facilitate the free flow and ease of movement of all the body's fluids, membranes, muscles and fascia. Because of this it can be incorporated at any stage of a massage session to benefit the



client. Before the session, CST can help prepare the body to relax and receive the techniques that follow. During the session it can help release areas of restriction that come to light. And afterward, it can balance the body and help it to retain the gains made.

No matter the methods used, the bottom line is, the more we are able as therapists and bodyworkers to perceive what the body is telling us and to facilitate its ability to correct itself, the better resource we become for those suffering tension, stress and dysfunction in all its many manifestations. CST is a tool that can help us achieve that goal.

Lisa Upledger, D.C., CST-D, is a staff clinician at The Upledger Clinic in Palm Beach Gardens, Florida and a fellow with the International Academy of Medical Acupuncture. Prior to joining the clinic in 1991, she maintained private practices in Florida and Colorado. She also teaches a series of four-day clinical application classes that help practitioners trained in CST to further develop and refine their skills in a small-group environment. She can be contacted at clinic@upledger.com. For information about The Upledger Institute's full CranioSacral Therapy curriculum, visit www.upledger.com. M