

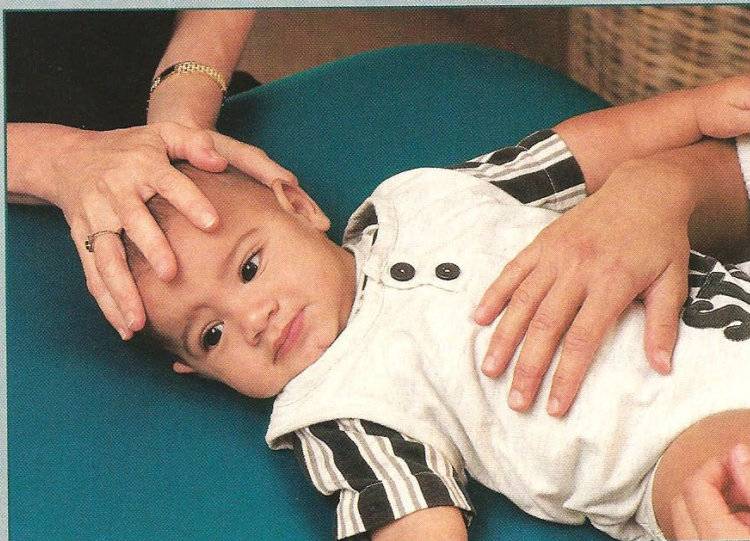
# Gentle Persuasion

## Releasing Developmental Restrictions with Light Touch Craniosacral Therapy

By Rebecca Flowers

The spectrum of disease, trauma, and dysfunction that can affect the physiological development and health of the youngest client populations is widespread, and seems to be increasing every day. So how do we as bodyworkers step in to affect meaningful change in the face of such prevalent challenges as learning disabilities, autism, seizure disorder, digestive problems, colic, allergies, birth trauma, and other severe pediatric disorders?

Through more than twenty years of practice working primarily with children, I have found craniosacral therapy (CST) to be consistently effective in restoring and maintaining health at every level. Whether I'm dealing with an essentially well baby or an adolescent suffering from seizures, CST proves time and again to be a reliable and relevant method for pinpointing and eliminating the



Because of its gentle nature, craniosacral therapy is especially suitable for children and restores health at every level. Photos courtesy of the Upledger Institute.

source of dysfunction. Perhaps most significantly, the technique generally requires no greater than five grams of pressure (the mere weight of a nickel) to deliver results, which makes CST especially suitable for children—and easy on the therapist's body.

### The Basis of Craniosacral Therapy

The extremely light touch required for CST is rooted in the nature of the system that

inspired the therapy's creation—the craniosacral system. This vital system comprises the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord. It extends from the bones of the cranium (skull, face, and mouth)—down to the sacrum (tailbone).

Like the cardiovascular and respiratory systems, the craniosacral system

has a rhythm that can be palpated throughout the body. It is a subtle rhythm requiring a subtle touch to perceive. CST developer John E. Upledger, an osteopathic doctor, has always asserted that bodyworkers are especially adept at learning the technique because, in his words, "The sense of touch is already so highly developed."

At its norm, the craniosacral rhythm pulsates at a rate of six to twelve cycles per minute. The rate is determined by the production

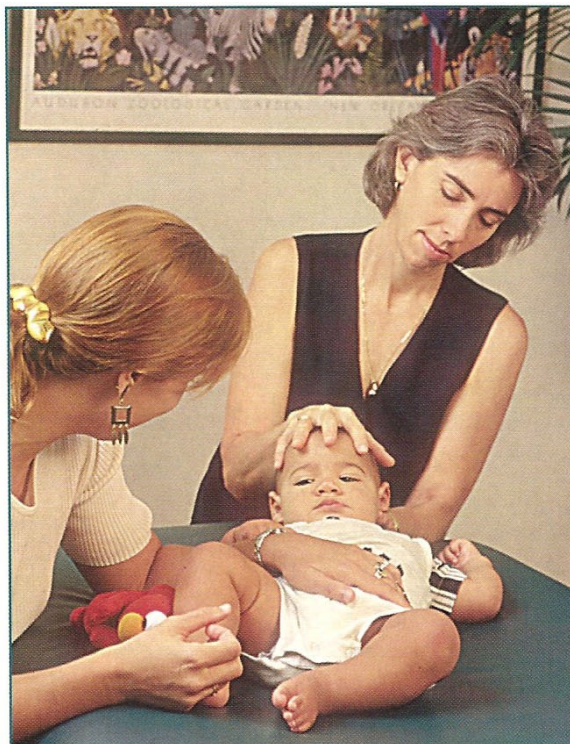
and reabsorption of cerebrospinal fluid within the ventricles of the brain, and is palpable within the movement of the attending membranes. Any imbalance in this process can cause sensory, motor, and other neurological dysfunctions.

In practice, CST generally uses very gentle pressure to access and monitor this rhythm to detect restrictions within the body that have resulted in dysfunction. While the areas most often associated with the craniosacral rhythm are the head, torso, and sacrum, the rhythm can be perceived anywhere in the body.

At the beginner's level, pathological problems are localized by feeling where there is a lack of symmetry in the rhythmic motion of the craniosacral system. The asymmetry of motion doesn't indicate what the problem is, but it does show where the problem is located. Once found, other techniques are often introduced to help determine the exact nature of the problem. As the asymmetry is eliminated and normal physiological motion is restored, the problem is resolved, or is on its way to being resolved.

### The Science Behind CST

It has only been in the last thirty years that a widespread knowledge of the craniosacral system has emerged—and it began in the oddest of ways: during a neck surgery where Upledger was assisting. While trying to hold a membrane still, he observed a slow, rhythmic movement that couldn't be explained by any medical texts at the time.



**CST can be utilized on a newborn within the first few days of life, working as an evaluative tool for the body's overall function.**

His curiosity piqued, Upledger began searching for the answer. He started with the research of William Sutherland, the father of cranial osteopathy. For some twenty years, beginning in the early 1900s, Sutherland had explored the concept that the bones of the skull were structured to allow for movement. For decades after, this theory remained at odds with the beliefs of the scientific and medical communities. Upledger believed that if cranial bone movement existed, as Sutherland proposed, this could explain the rhythm he had encountered in surgery.

Shortly thereafter, Upledger was asked to help scientifically confirm the existence of cranial bone motion. From 1975 to 1983, he served as clinical researcher and professor of biomechanics at Michigan State University, where

he supervised a team of anatomists, physiologists, biophysicists, and bioengineers in research and testing. The results not only confirmed Sutherland's cranial bone movement theory, but also led to clarification of the mechanisms behind this motion: the craniosacral system. Upledger's continued work in the field ultimately resulted in the development of what he coined *craniosacral therapy*.

### CST in Action

To be sure, Upledger's discoveries over the years have paved the way to an increased understanding of how the human body functions. Yet, he will be the first to concede that the true significance of his life's work lies in the lives changed simply by helping the body's natural healing mechanisms do their job.

Casey and Kate are two examples from my own practice. These two children came to me at different stages in their lives and presented with very different symptoms. What they shared, however, were system restrictions that were impeding their bodies' abilities to perform as they were designed. It turned out they also shared quick and dramatic responses to the effects of CST.

Casey is one of a set of twins born prematurely at thirty-two weeks and delivered by Caesarean section. Of the two boys, Casey bore the greater burden of health issues. Diagnosed with cerebral palsy (CP), he lived the first month of his life in the neonatal intensive care unit.

When I first saw Casey, he presented primarily as a spastic diplegic. This form of CP is characterized by spasticity of the lower extremities and difficulty walking,