

## Craniosacral Therapy for Chronic Headaches

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Craniosacral therapy developed from the work of osteopath, William Garner Sutherland, a pupil of Andrew Taylor Still the father of osteopathy.

Underpinning Still's philosophy of health was the idea that structure governs function. If the body's structure is not right it will not function properly. He also believed that the body has all the necessary elements within it to restore health.

Sutherland's insight came from observing a skull specimen which he noted that the sutures, or skull joints appeared to be arranged in such a way as to allow movement.

He discovered that not only do skull bones move but the underlying membranes, nerve tissue and fascia also exhibit this involuntary motion.

This motion is expressed by a two phase cycle which can be known as inspiration/expiration from Sutherland's concept of this motion being the *primary respiratory mechanism* central to which is the rhythmical flow of cerebrospinal fluid (CSF). This cycle is independent and slightly slower than the breathing rate at approximately 10 cycles per minute.

He further discovered that in line with Still's principles that any structure whose motion is disturbed leads to dysfunction. These dysfunctions can be associated with symptoms such as head neck and back pain to organ and hormonal disturbances.

Sutherland and his followers also developed techniques to correct these motion disturbances. These are mostly very gentle indirect techniques.

Motion disturbances can be caused by mechanical, chemical or psycho-emotional trauma. Examples of which may be whiplash, meningitis or grief.

Imbalances in the craniosacral system can begin in the womb or through a difficult birth. During the birth process the cranial bones are compressed and moulded and the rest of the body twisted tensed and at times compressed. Although evolution has designed this process to be beneficial and stimulating, a rapid, long or assisted birth using forceps and ventouse can create patterns of dysfunction.

Dental procedures such as root canals, extractions and braces can contribute to jaw dysfunction which can reflect through the rest of the system.

Craniosacral therapists are trained in anatomy and physiology so that they can determine through palpation what normal motion is and what is disturbed motion. They further need to know the nature of the structures affected and the physiological effects.

When examining the Craniosacral system usually a number of motion disturbances are identified. The therapist then needs to determine if these disturbances can be reconciled as a pattern and whether that pattern is consistent with what is known about the client and her history.

The reason a pattern of disturbance arises is the primary trauma creates secondary ones as a result of compensation and adaptation.

For example a blow on the back of the head as the result of the head striking the headrest in a car shunt may cause a tilting and rotation of the head on the neck. Counter rotation and tilting in the spine below may lead to a subsequent predisposition for strains in the low back.

Very often the therapist can identify a trauma that the client is unaware of or has forgotten.

Headaches may rarely be caused by serious illnesses such as tumours or temporal arteritis, aneurisms, meningitis and very high blood pressure. Once these have been ruled out neck tension, sinusitis, jaw dysfunction, migraine and eye strain are possible causes. These latter causes are very often linked to disturbances of the Craniosacral system.

Nadia is a 36 year old secretary who presented at the surgery suffering with headaches of varying intensity, which at worst could be debilitating. The pain occurs in a line along the frontal bone at the level and just above of the eyebrows.

The pain was bilateral and equal although her right eye felt weak. She has always been long sighted in the right eye and had been diagnosed with a 'lazy' right eye as a child.

Although she had suffered with headaches of varying symptoms and intensity all her life they developed the current chronic pattern after the birth of her second and last child 5 years ago.

She also suffers with neck pain, and low back pain. The neck pain appears to be associated with her secretarial duties and the back pain is instigated by heavy lifting.

She had seen complementary therapists in the past five years including osteopaths, chiropractors, homoeopaths and an acupuncturist as well as taking conventional painkillers and NSAIDs, with no more than a temporary improvement.

Aggravating factors include; stress, tiredness, a premenstrual state and low back and neck strain.

Her case history revealed a natural birth slightly quicker than the average, her mother having slight assistance with gas and air.

- At 18 months she fell out of her pushchair fracturing her nasal septum.
- She fell off her bicycle at 9 years old suffering a concussion, she was unable to tell which part of her head took the impact.
- She had 8 milk teeth removed both upper and lowers left and right to make way for the adult teeth.
- As a teenager she suffered from severe period pains which were controlled with the contraceptive pill.
- At 23 years old she had all her wisdom teeth removed under general anaesthetic due to impaction.

Her general health has been good in all other respects with no allergies, and all body systems functioning well.

On examination motion disturbance was apparent throughout her system. Her pelvis was slightly tilted with the right side higher and her neck muscles were tight and tender.

Palpation of the cranium and face revealed a restriction of motion in the sphenoid bone which comprises the anterior cranial base (which houses the pituitary gland -the master hormonal gland), compression of the frontal bone, distortion of motion of the nasal bones and compression of the maxillary bones which form the upper teeth.

The most interesting finding however was a complete lack of motion in the nasal cartilage at the tip of the nose. This minor structure seemed not to be integrated with the rest of the Craniosacral system.

Treatment was initially directed to balancing the adjacent structures, the nasal bones the maxillae and the frontal bone.

The nasal cartilage was then re palpated, with motion now being present.

These findings are consistent with Nadia's fracture of the nose at 18 months of age being the primary dysfunction. Headaches, neck tension and in my experience hormonal problems such as dysmenorrhea can be associated with disturbances in this area due to the proximity of the pituitary gland.

The longer a pattern has been present, the more treatment is required to resolve it. Having had 5 treatments over 3 months the headache symptoms are greater than 80% improved. Nadia now has more energy and better moods than before the treatment. The symptoms have subsided as the Craniosacral system has come into balance.

Craniosacral therapy provides a gentle safe and effective approach for treating many kinds of headaches. The skills that a craniosacral practitioner has allow him/her to identify causes that may lie in the past or in other parts of the body. With the therapy working with the self healing tendency inherent in all of us a natural and gentle resolution may be obtained.

#### References:

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#### About the Author

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