

The Biodynamic Craniosacral Therapy

History

Craniosacral therapy has its origins in osteopathy. It was founded at the beginning of the 20th century by W.G. Sutherland, a recent graduate of the Kirksville School of Osteopathy. While examining a disarticulated skull, he was struck by the idea that the cranial sutures of the temporal bones were “beveled, like the gills of a fish”, indicating articular mobility for a respiratory mechanism. So he undertook a detailed study of the skull to try to prove that such a notion was false and that, as he had learned from anatomy textbooks, cranial bones were in fact fused.

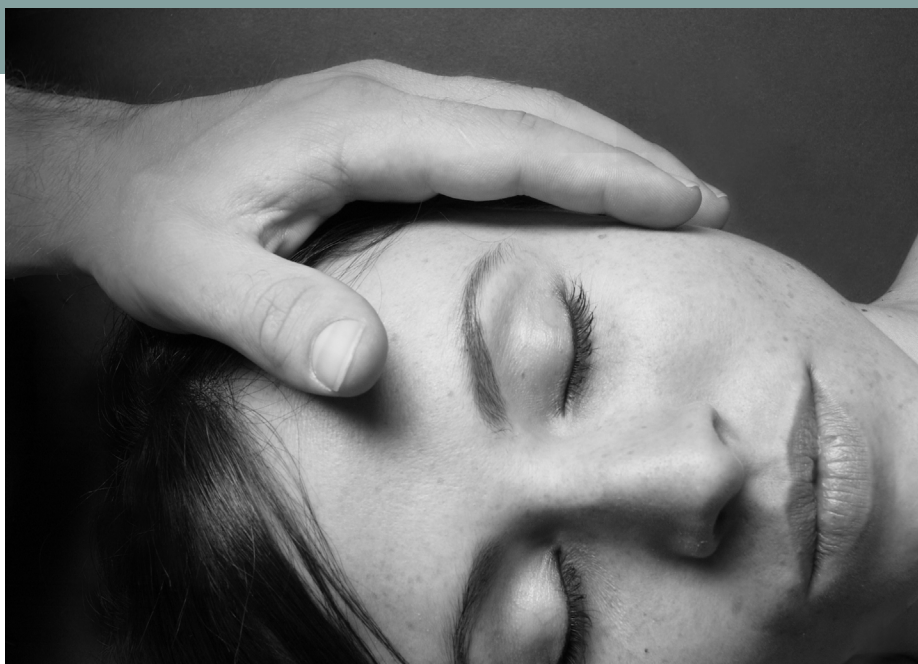
After several years of research, he gave up trying and concluded that all articular surfaces indicated a precise mechanism designed to allow subtle respiratory movement. With renewed interest, he carried out further research, for instance by closer study of his patients. Gradually, he came to understand the different movements of each cranial bone and the way in which the mechanism worked as a whole.

He conducted experiments to confirm his theory. By compressing certain parts of his skull with a specially designed helmet, he repressed cranial movement. As a result, he found that limiting the mobility of cranial bones had repercussions on the sacrum, demonstrating that movement was transmitted through the spinal cord to the pelvis and legs.

He discovered that restricted cranial mobility led not only to depression, anxiety, signs of psychosis, memory lapses and sleeping disorders, but also to dysfunctions elsewhere in the body, particularly in the digestive organs. Once he had taken the helmet off, the symptoms gradually disappeared as his cranial bones recovered their normal position and mobility.

Soon afterwards, he established the cranial concept in osteopathy. He defined the “normal” movements of the craniosacral system, certain types of injuries and their associated movements, and a series of corrective manipulation techniques. Subsequently, he set about convincing his fellow osteopaths to recognize his concept. Only in the 1940s was it finally accepted as a component of osteopathy teaching programs.

In 1970, Dr. John Upledger began to teach craniosacral therapy to non-osteopaths. Different approaches have been developed since then, including the biodynamic model, based on the work of R. Becker, J. Jealous and F. Sills. Thanks to numerous subsequent contributions, biodynamic craniosacral therapy has emerged into a separate, gentle and holistic form of therapy.



The craniosacral system

The craniosacral system is composed of cranial bones, the spinal cord, including the sacrum, cerebral and spinal membranes, cerebrospinal fluid (CSF), and various CSF producing and absorbing structures. It protects the central nervous system from shocks or injuries, as well as carrying information and nutrients around the body. The craniosacral system operates in conjunction with other systems, whose influence is reciprocal: the nervous system, muscular system, skeletal system, fascial system, endocrine system, lymphatic system, blood and respiratory systems.

The rhythmic movements that W.G. Sutherland felt from the skull to the sacrum are generated by the inherent motion of the central nervous system, as well as by fluctuation of the cerebrospinal fluid in both the brain's membrane system and the spinal cord. A rhythmic ebb and flow passes from the skull to the craniosacral system, and spreads through the skeleton, fasciae and fluids to the entire body. Collectively, these movements are called the primary respiratory mechanism (PRM). The ability of the body and its various structures to express this movement is a key determinant of a healthy body.

By palpating the patient's body, an experienced practitioner can feel any restrictions or blockages in the craniosacral system, the fasciae, and in surrounding structures, such as muscles, organs, or joints. Such blockages or restrictions to mobility may occur for various reasons, including shocks due to accidents, operations, illnesses, compression, or birth traumas. They may also be psychosomatic, emotional, or stress-related in origin. Causes may either be recent or long term.

SUISSE

Vevey

18.5.2005 | 20h
by Severin Berz

Lausanne

19.5.2005 | 20h
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Fribourg

24.5.2005 | 20h
by Friedrich Wolf

Genève

01.6.2005 | 20h
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FRANCE

Marseille

10.5.2005 | 19h
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Gap

12.5.2005 | 21h
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dossier



With an in-depth knowledge of anatomy, physiology, and cranio-sacral rhythms, practitioners can use mechanical techniques to release blockages and return a full range of movement to joints whose mobility has become restricted. Such an approach can be described as biomechanical. It begins by identifying the structural or mechanical causes of a particular symptom, and proceeds to correct them with the appropriate technique.

The biodynamic model

The biodynamic model is based on studies drawn from the last six years of W.G. Sutherland's practice.

After 50 years as a practitioner, he developed an increasingly subtle approach. He discovered that, sometimes, just as he began to feel the movements and rhythms of his patients, they began to regulate themselves, even before he had time to use corrective techniques. Intrigued by his discovery, he began to employ less external manipulation and, instead, tried to detect and draw upon an internal, physiological force he called the "breath of life", which he saw as essential to the healing process. He spoke of "relying upon the intelligence of the body's internal potency rather than applying a blind, external force".

"Relying upon the intelligence of the body's internal potency rather than applying an external force" is the fundamental principle of biodynamics. The practitioner avoids the temptation to concentrate on a symptom and try to correct it with external manipulation, but rather focuses on the patient's health. In fact, health is ever-present within all of us, and illness only peripheral.

By reconnecting with the patient's core health, it is possible to release that potency back into peripheral areas. The practitioner needs to adopt a particularly responsive attitude in order to facilitate the body's healing through redeployment of its internal life force, or breath of life.

The practitioner begins by establishing a presence in his own body, and maintaining an awareness of his own midline and the

space around him. With great care and respect, he establishes physical contact with the patient, seeking to preserve the space with which the patient feels comfortable. He takes care never to overstep the patient's physical and psychological limits.

Signs of activation of the autonomic nervous system will alert the practitioner to a failure to preserve the right physical or psychological distance. The nervous system ceases to be activated when the practitioner maintains the necessary distance, and a state of deep relaxation ensues. Thanks to this relaxed state, it becomes possible for him or her to detect and synchronize with the body's internal rhythms and movements, without being sidetracked by dysfunctional symptoms. The practitioner is thus able to tap into the breath of life. He becomes a passive witness to the inner healing process, which leads to a deep transformation of the patient's body, rather than superficial repair.

Applications

Biodynamic craniosacral therapy can be used in a wide range of applications. Given that it is so gentle, it is well suited to the treatment of infants as well as elderly persons, even for those in a critical condition or experiencing acute pain. It may also be used to treat diseases of the osteo-articular, circulatory, or respiratory systems.

It is especially well suited to treating nervous or hormonal dysfunctions and is also very effective in treating migraines, sleeping disorders, and exhaustion. It is equally beneficial in treating tinnitus, sinus infections, jaw disorders (TMD), and back pain. More generally, it provides effective relief from stress-related disorders, chronic pain, fibromyalgia, neurological diseases and autonomic nervous system disorders, and can help overcome concentration problems and hyperactivity in children.

It is such a gentle form of therapy that it is particularly well suited to helping newborn infants recover from the birth trauma or from a range of other problems to which they are susceptible. W.G. Sutherland compared infants to young saplings, stressing the importance of attending to a bent twig early to help the tree grow strong and straight.

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