

There is tremendous potential for craniosacral therapy within the practice of naturopathy. Craniosacral therapy (CST) embodies the naturopathic principles of “first do no harm,” “treat the whole person” and “healing with nature.” It works well as an adjunct therapy whether one is assisting a patient through one difficult step in the healing process or facilitating a better outcome overall. It can also resolve many problems when used alone.

### **Introduction to CST**

The insights that led to the development of craniosacral therapy were first made by an osteopath, William Sutherland, in the 1940s. He was puzzled as to why the skull had so many different types of sutures. Through his studies and observations, he discovered that cerebrospinal fluid has a unique rhythm that reverberates throughout the entire body, much like a drop of water creates a ripple across the surface of a pond. To test his theories, Sutherland conducted experiments on himself, strapping on a leather football helmet with wood blocks inside to restrict the movement of individual bones in his skull. His wife documented the changes in his behavior, and he then applied his insights when working with patients. To feel the subtle changes in the cerebrospinal fluid, he used a very light touch on his patients, one that he referred to as “thinking fingers.” Based on the two largest pools of cerebrospinal fluid – the cranium and the sacrum – he named the method “craniosacral therapy.” Other practitioners, such as James Jealous, DO, and John Upledger, DO, built on Dr. Sutherland's work.

While most craniosacral research has concentrated on the internal rhythms of cerebrospinal fluid, the trend in current research is to explore the connections between the fluid rhythms within us and the deep tides that connect us to the earth. (This may sound crazy, but so did the notion that menstrual cycles are tied to the moon.)

### **A CST Session**

CST is done with the patient fully clothed. In most cases, the patient lies supine on a massage table, though young children may lie in their mother's arms or sit and play on the floor. Applying “thinking fingers,” the practitioner may touch almost anywhere on the patient's body (except their privates) and may keep his or her hands there briefly or for most of the session. Though CST is usually deeply relaxing, people may feel a variety of sensations and emotions. In my experience, a wide range of patients and health issues can benefit from CST. The following are some examples from my practice of CST.

### **Four Cases**

- I. A woman in her 40s presented with frozen shoulder. In her first session, she remembered a time when she was a young child and her father had yanked her backward by her arm. Her father had been a gentle parent, and she felt angry and betrayed as she thought about the incident. During the session, she resolved to talk with him about it. At the end of the session, her shoulder was a little better and she felt “clearer and more energetic.” When she arrived for her next CST session, she was very excited. Her father had remembered the incident quite clearly. He explained that they had been holding hands and she had started to run into the street when a car was coming, so he pulled her back. As she shared her feelings with me, her body went through the motions of the incident several times. Then she became quiet, and I could feel her relax. Afterwards, her shoulder was much less painful and stiff. With two more sessions, she regained full, pain-free mobility.
- II. A mother arrived at my practice with her one-month-old son. He was extremely fussy and gassy, and was spitting up a lot. Her pediatrician had prescribed antacids, but the mother wanted to try CST. She talked about her son's birth. She had started having a home birth but ended up having an emergency C-section at the hospital. For her treatment, she lay down on the table with the baby on her chest. While lying on the table, the mother cried, while the baby lay remarkably still. I felt a deep sadness from them both. A few days later she called me. Her son was not gassy or spitting up anymore, and they were both doing much better.
- III. A woman in her 60s presented with a history of migraines that had begun with puberty and worsened throughout her adult life. Since menopause, they had occurred almost daily. During the session, I felt a lot of movement, especially in her head, yet

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she said she felt nothing. I did not expect to see her again. One week later, however, she called to report that she had not had a migraine the entire week. She still comes in if she starts getting tension headaches but has never had another migraine.

IV. A 15-year-old boy with hydrocephalus, Asperger's and many related concerns came in for help with his head shaking. While he had always rocked his head gently from side to side, he had recently begun to throw his head violently to one side. Although we made progress in many other areas, including helping him feel less angry and more playful, we weren't able to alleviate the head shaking. An acupuncturist came in to work simultaneously with me and, after four sessions, the violent heading shaking stopped.

### **CST Considerations**

While there are no standards for when to consider CST, I recommend trying it when the prognosis for a patient

is uncertain or poor, when the progress has stagnated or when you are not getting anticipated results. For working with children or people with complex neurologic conditions, it is generally recommended that the practitioner be specifically trained and experienced.

### **Conclusion**

CST is a gentle, effective technique with results that can belie its subtlety. Through direct practice or via referral, craniosacral therapy is a valuable service for your patients that may also prove to be very satisfying for you.

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*For more information, visit the websites of the [Northwest Craniosacral Therapy Association](#), [Bastyr University](#), [Upledger Institute](#), [Beth Cachat's Cranial Rhythms](#), [Michael Shea Teaching Institute](#) or the [Milne Institute](#).*

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