

Connective Tissue Leads to the Core of Good Health

By John Upledger, DO, OMM

The use of connective tissue, most often in the form of fascia, is integral to both the evaluation and therapeutic processes of CranioSacral Therapy (CST). One can travel from the most peripheral aspects of the body to its core without ever leaving fascial tissue; hence, it is clear that restrictions in normal fascial mobility anywhere in the body can potentially compromise the functioning of the craniosacral system, the boundaries of which surround the brain and spinal cord with fascia in the form of dura mater.

Indeed, any restriction to the normal mobility of dural fascia taxes the function of the craniosacral system to some degree. Such a restriction may be broadcast to the dura from any body fascia, or it may originate in the dura itself. Extradural restrictions may arise from muscle or visceral fascia envelopes from superficial fascias just deep to the skin or from any of the other fascial layers.

Quite often, abnormal tension from peripheral fascias enters via the dural sleeves that accompany spinal nerve roots from/to the spinal cord and to/from the transverse foramina of the vertebral spine. When this occurs, the subsequent restrictions not only impair the function of the craniosacral system but may often contribute to the development of facilitated spinal cord segments that ultimately devitalize segmentally related viscera. This, in turn, can create neuromusculoskeletal problems that self-perpetuate.

In CST, the practitioner continually evaluates the craniosacral system and all body fascias, searching for areas of compromised mobility. This ongoing search allows the therapist to assess the degree of free mobility that may or may not be present. It also involves a whole-body evaluation of energies in search of abnormal energy patterns and cysts. Once such abnormal patterns are located, the therapist may eclectically employ any and all techniques that may be useful in re-establishing optimal freedom of motion to any restricted areas that are found.

Energy cysts are essentially regions of foreign energy that are disorganized, obstructing the normal conduction of microelectric currents through these regions. These disorganized energies may be thought of as entropic. They are usually from nonphysiological sources such as external trauma, pathogenic organisms or severe emotional shock. The body, unable to discharge these foreign energies, alternatively minimizes their effects by compressing them into the smallest possible volume. The CST practitioner's goal is to discharge all discovered energy cysts.

It is my belief that motion is health, and stasis results in disease. Such motion can range from the movement of interstitial fluids and transmembrane ionic and molecular transport, to gross joint motion and even energy flow. It is the CST practitioner's job to continually work toward restoring freedom of motion to all body tissues. In this way, the therapist makes wise use of body tissues to naturally restore health and inner balance.

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