

CranioSacral Therapy and the AIDS Patient

By John Upledger, DO, OMM

CranioSacral Therapy relies on extremely tender, supportive hands-on contact, accompanied by a sincere intention to assist the patient in any way possible. The therapist serves as a facilitator to the patient's own healing processes.

In my experience, this delicate, caring approach is highly welcomed by the majority of AIDS patients.

Consider the messages you send a patient through the use of intentioned touch. Combine that with the fact that this corrective work is done on a core physiological level, applied directly and indirectly to the craniosacral system, and it seems clear that CranioSacral Therapy can potentially effect change on many different levels in a patient's body.

The craniosacral system is essentially a semi-closed hydraulic system. Its boundaries are formed by the *dura mater* within the cranial vault and vertebral canal. The system includes the dural sleeves, as they invest the spinal nerve roots outside the vertebral canal as far as the intervertebral foramina, and the caudal end of the dural tube, which ultimately becomes the *cauda equina*, and blends with the *coccygeal periosteum*.

Cerebrospinal fluid (CSF) flows within this semi-closed hydraulic system. Fluid inflow and outflow are regulated by the choroid plexuses within the brain's ventricular system, and by the arachnoid granulation bodies. The latter structures are located largely within the venous sinuses that service the brain's circulatory system.

To qualify as a semi-closed hydraulic system, fluid inflow and outflow must be regulated. The model that essentially explains the control mechanisms for inflow involves a feedback system from intrasutural stretch and compression receptors. These receptors communicate via the nervous system to the choroid plexuses, and provide a rhythmical on-and-off activity for CSF production into the system.

While CSF outflow is not rhythmically interrupted, its rate may be adjusted. This is done through intracranial membrane tension patterns that are broadcast primarily via the *falx cerebri* and *tentorium cerebelli* to the anterior end of the straight venous sinus, where an aggregation of arachnoid granulation bodies is located. This concentration of arachnoid granulation bodies is known to affect venous back pressure, which in turn affects the reabsorption of CSF into the blood-vascular system. The craniosacral system also includes all of the bones of the cranium; the second and third cervical vertebrae; the sacrum; and the coccyx.

Clinical research and observations have demonstrated that dysfunctions of the craniosacral system can manifest as a wide variety of syndromes, symptoms and degenerative processes. The craniosacral system influences the physiological milieu in which the central nervous system lives. It also has powerful influence over the pituitary and pineal glands, due to their anatomical intimacies. Therefore, it has powerful effect on brain and spinal cord function, and the endocrine system.

Indeed, CranioSacral Therapy has been shown to have positive effect on a diversity of brain dysfunctions, ranging from seizure problems to dyslexia and attention deficit disorder. It also has positive effects on the autonomic nervous system, both through the central control nuclei in the brain stem, and the spinal cord's segmental effects on the sympathetic nervous chains and ganglia.

The latter effect comes from CranioSacral Therapy's ability to desensitize spinal cord segments that have become hypersensitized or "facilitated" secondary to chronic excessive input. These hypersensitive segments often result from such conditions as chronic localized infections or painful musculoskeletal or myofascial dysfunctions.

Hypersensitive or facilitated segments send unwarranted and excessive outflow to their related end organs. These organs, in turn, send excessive sensory input back to these already hypersensitive segments. In this sense, the situation becomes self-propagating. In addition, the sympathetic system input from the related hyperactive segments is increased, raising total sympathetic tonus with all of its attendant problems.

Using thermography, I have seen that hand warming occurs during CranioSacral Therapy. This indicates a reduction of sympathetic tonus. Concurrently, blood pressure and cardiac rate, when elevated, as is often the case in sympathetic hypertonus, move toward normal. Subjective pain improves almost invariably as the CranioSacral Therapy treatment progresses.

In my experience, it is clear that AIDS patients, with their multitude of painful visceral, neuromusculoskeletal and myofascial dysfunctions, can be made more comfortable and functional by the regular application of CranioSacral Therapy. In addition to the positive effects already mentioned, it appears from clinical observations that CranioSacral Therapy can enhance fluid motion on an interstitial level, and across cell membranes. It also seems to enhance arteriovenous and lymphatic activity, as evidenced by the reduction of clinical edema during the treatment process. This result is probably largely the result of its effect on the autonomic nervous system.

This enhancement of the microcirculation of all fluids undoubtedly has a positive effect upon the toxic effects of accumulated waste products within static fluids. All patients, including those with AIDS, benefit when fluid stasis is transformed into fluid motion.

Another benefit of CranioSacral Therapy is its apparent positive effect upon the immune response - for example, the reduction of virus-induced fever characteristic of many childhood diseases. Following CranioSacral Therapy, it is not uncommon for the child to suffer no further febrile episodes subsequent to the fever reduction. Instead, he or she simply begins the recovery phase.

It seems that AIDS patients might best be served by methods that allow them to rechannel energies from dealing with pain and secondary dysfunction, into directions more constructive in terms of body-resistance enhancement. CranioSacral Therapy would seem to be one of these methods. There is still much to learn in this area, but we certainly seem to be on the right track.

Click [here](#) for more information about John Upledger, DO, OMM.

[IMAGE]

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