[IMAGE]

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The Role of CranioSacral Therapy in Addressing Post-Traumatic Stress Disorder

By John Upledger, DO, OMM

Author's note: When I wrote this column, the tragic events of September 11, 2001 had not yet transpired. Never could I have imagined the topic I had chosen would become so eerily apropos.
With trauma of the magnitude our nation has experienced, we can expect to see an exponential rise in the incidence of Post-Traumatic Stress Disorder (PTSD) in years to come.

Since starting our PTSD program for Vietnam veterans more than eight years ago, it has always been our desire to make the program available to all victims of trauma who may suffer from this disorder. Up to this point, the funding simply has not been available. In light of everything that has happened recently, it is apparent that the time has come to expedite the outreach of this program.

As we begin the healing process, individually and as a nation, our thoughts and prayers remain especially with those directly affected by this tragedy: the survivors of the attacks; the loved ones and colleagues of those taken; the witnesses to the carnage; and the firefighters, police and rescue workers who put themselves in harm's way.

Throughout human history, those who have undergone or witnessed traumatic events have oftentimes experienced ongoing and uncontrollable fear, anxiety, depression, and other life-altering emotions. It has only been in recent times, however, that these symptoms have gained recognition, validation, and a name.

In 1980, Post-Traumatic Stress Disorder (PTSD) was first officially recognized by the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Disorders, Volume III.* Before 1980, the condition existed only as titles such as "shell shock," "battle fatigue," "dissociative amnesia" and "physioneurosis." It was the rather high incidence of PTSD in Vietnam veterans that finally prompted inclusion of the condition as a mental disorder in the DSM III.

Although combat veterans comprise a significant percentage of PTSD sufferers, combat should not be considered the singular cause of the disorder. It can result from any experience a person feels is life-threatening, terrorizing or totally degrading. It can also result from viewing horrible or terror-inducing events that happen to others, especially loved ones.

The symptoms of PTSD may occur days to years after the related event. Once begun, the symptoms occasionally go into remission and then return. The disorder we now call PTSD may continue to affect the victim for years, decades, or the balance of a lifetime. Though classified as a mental disorder, PTSD has distinct physical origins. In our years of research and treatment of PTSD, we have encountered numerous symptoms that respond well to hands-on CranioSacral Therapy. The following are seven of the more prevalent symptoms that the PTSD patient may endure, and how we approach managing such symptoms:

1. Insomnia can result when the joints of the head and neck become jammed due to extreme backward or forward bending of the head during a traumatic occurrence. CST is used to release these pressures and improve the efficiency of fluid outflow at the occipital-cranial base (base of the skull). When successfully applied, insomnia significantly improves.

2. Hypervigilance is a state of heightened awareness in which any surprise or unexpected noise causes an excessive response that the PTSD person cannot control. (This also contributes to insomnia.) We use CST and its offshoot, SomatoEmotional Release, to locate and release energy cysts (contained areas of stress) throughout the body.

We concentrate particularly on the reticular activating system (RAS) of the brain and spinal cord, which is responsible for the secretion of adrenalin and other stress hormones and biochemicals. When we can reduce this system's level of ready alertness, both hypervigilance and hyperresponsiveness are significantly alleviated.

3. Intrusive thoughts continually interrupt a PTSD victim's ability to concentrate, and may even prove intellectually disabling. CST and its offshoots are used to balance fluids and release restrictions on the right and left sides of the cranium, thus enhancing the circulation of both blood and cerebrospinal fluid. As a result, nutritional supplies to brain cells are improved and toxic waste products are removed. The brain areas that help control conscious thoughts are also revitalized and become more effective.

4. Flashbacks involve the mental re-experiencing of the horrific events that caused the PTSD initially. Each time they occur, they are just as terrifying to the person as the original experience. Unlike normal memories, they do not mellow with each recall, nor can the person experiencing them describe them in words. While this kind of response can be considered appropriate at the time of the original traumatic event, it certainly is not appropriate 10 years later in a different and probably safe setting.

Studies have shown that, in PTSD, the left hemisphere of the brain is less functional than the right, and the hippocampus - thought to be an important factor in memory control - is smaller on the left side than on the right. CranioSacral therapists work to equalize the mobility and fluid flows of both sides of the brain. They also pass a lot of energy from right to left, focusing on the left-side speech area (plenum temporale).

Using this approach, we have seen clients become able for the first time to describe the flashback event(s). As this ability improves, the flashback comes under control and the experience can be recalled voluntarily. Eventually, the power of the event fades and the flashbacks discontinue.

5. Panic attacks mark the beginning of PTSD, but they fade and discontinue as hypervigilance, intrusive thoughts and flashbacks are successfully treated.

6. Long-term fear results in a PTSD patient faced with a short-lived, scary episode. On the other hand, the non-PTSD person might well react with momentary fear to the same episode. This long-term fear becomes chronic anxiety. As with panic attacks, this too wanes as the CST takes effect.

7. Depression and suicidal thoughts are common in PTSD-afflicted individuals. Our treatment focuses specifically on releasing abnormal compression at three junctions: where the sphenoid bone and base of the occipital bone meet (floor of the cranial vault); where the joints where the first cervical vertebra and occipital bone unite (base of the skull); and where the lumbar and sacrum come together (lower back into tailbone). Once alleviated, depression lifts and suicidal ideations discontinue.

Using this approach in a study with 22 Vietnam veterans, we found that, at the end of two intensive weeks of treatment, all of them tested much lower on the depression scale. Even the administering psychologist had trouble believing the results of his own tests. It may be difficult to understand how something as light-touch as CranioSacral Therapy could effect meaningful change in an individual suffering from Post-Traumatic Stress Disorder. You are not alone. Those of us who practice the technique still marvel at the responses we often witness. The body is a remarkable mechanism, full of mystery and capable of untold

feats of self-preservation and healing.

My hope is simply that this brief discussion helps you gain a better understanding of how CranioSacral Therapy works to aid the PTSD sufferer - and perhaps clears up some misperceptions about this disorder along the way.

PTSD is not an incurable mental disorder. Our research with Vietnam veterans has shown just the opposite, producing some of the most dramatic and encouraging results I have ever witnessed. This is just the tip of the iceberg. I hope you will join our efforts in the years to come, as we seek to eliminate PTSD from the trauma equation.

Click here for more information about John Upledger, DO, OMM.

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