

The Still Point

By John Upledger, DO, OMM

In my October column (www.massagetoday.com/archives/2004/10/14.html), I spoke about how CranioSacral Therapists use the rhythm of cerebrospinal fluid to gauge the significance of different types of internal physiological events by relying on a key indicator called the Significance Detector.

If you'll recall, the Significance Detector involves an abrupt halt of the craniosacral rhythm, which indicates that the client's body is going through some type of significant underlying event.

Another important way in which CranioSacral Therapists use the craniosacral rhythm is in the case of the Still Point. Unlike the Significance Detector's sudden rhythm stop, the Still Point is indicated when the cerebrospinal fluid gently and naturally comes to a rest in what can best be described as an extended pause.

A Still Point can occur spontaneously or it can be induced by the CranioSacral Therapist to help facilitate the release of restrictions in the membranes around the brain and spinal cord. It works quite simply. The delicate interruption of fluid flow causes a momentary buildup of fluid in the system. When the tissues are subsequently released and the fluid begins to flow again, it gently "flushes" the system, causing the membranes to stretch a bit and release tissue restrictions or adhesions.

The results, which also include increased blood flow to the brain, can have a therapeutic effect on the central nervous system and the entire body. Some other highly beneficial effects include headache and muscle pain relief, a reduced state of stress and ready response, a deep state of relaxation, and a general sense of well-being.

A Still Point represents one of the few times a therapist actually intrudes upon and alters the functioning of the craniosacral system. To illustrate how this occurs, it is important to understand how the terms "flexion" and "extension" apply to CranioSacral Therapy.

In the flexion phase of the craniosacral rhythm, the whole body externally rotates. The head actually widens, and the base of the sacrum moves posteriorly. In contrast, the body rotates internally in the extension phase. We theorize that the flexion phase of the rhythmical cycle is created when the input of cerebrospinal fluid (CSF) into the semi-closed hydraulic system, formed by the dura mater membrane, exceeds the outflow. During the extension phase of the rhythm, the input of CSF is either shut off completely or is significantly less than the outflow. Thus, we might say that the flexion phase is one of filling, and the extension phase is one of emptying.

Therapists can induce a Still Point by using manual techniques to resist either the flexion or extension phase. Generally, it is easier and more efficient to resist the filling (flexion) than the emptying (extension). Still Points can also be self-induced using either a homemade tool (two tennis balls placed in an athletic sock and knotted at the end), or a simple device called the Still Point Inducer, made of soft latex material (available through The Upledger Institute at www.upledger.com).

Simply choose a comfortable surface (sofa, bed or floor) and lie on your back. Place the Still Point Inducer under your head, in line with your ears, and allow the weight of your head to rest on it. Then close your eyes and relax for 10 to 20 minutes. A Still Point Inducer can be used by most people up to four times a day. It is contraindicated only in cases of internal bleeding in the head, acute stroke, acute head trauma or a brain stem tumor.

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



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