

CranioSacral Therapy Alters Brain Functioning to Aid a Wide Range of Disorders

(Reprinted from the IAHE Connection)



Dr. Paul Swingle is a clinical psychoneurophysiologist with a practice in Vancouver, British Columbia. A highly respected biofeedback practitioner, he creatively integrates CranioSacral Therapy, Cerebral Electrical Stimulation, acupuncture, electromagnetic therapy and other new technologies into his protocols. He is also a registered psychologist in British Columbia, and is board certified in biofeedback and neurotherapy.

While head of the Clinical Psychophysiology Service at McLean Hospital - the largest psychiatric teaching hospital at Harvard Medical School - Dr. Paul Swingle was asked to consult on a research project conducted by an osteopath at the New England Medical School. The physician wanted to determine what effect CranioSacral Therapy had on the brain activity of a patient and therapist during a typical session.

"At the time I dismissed CranioSacral Therapy as pure bunk," says Paul Swingle, PhD, FCPA, R. Psych. Nonetheless, he agreed to help by measuring the brain activity during the treatment session. "What I found startled me," he says. "With all the necessary experimental controls in place, I saw a marked change in alpha brainwave amplitude that immediately coincided with the CranioSacral Therapy. I didn't know exactly what the technique was, but the results so impressed me that I promptly enrolled in a class."

That was many years ago and Dr. Swingle has used CranioSacral Therapy in his neurotherapy practice ever since to help modify brain functioning to treat a wide range of disorders. "During treatment sessions," he says, "I obtain EEG measurements. Some of the most important brain effects I've witnessed include a marked increase in theta and alpha brainwave amplitude in the back of the brain associated with the induction of a still point." This is consistent with earlier findings by Dr. Elmer Green, then of the Menninger Clinic and Hospital in Topeka, Kansas, and Dr. John E. Upledger, developer of CranioSacral Therapy.

"Slow wave [i.e., theta] deficiency in the occipital region is associated with poor stress tolerance, sleep disturbance, racing thoughts, generalized anxiety, and vulnerability to substance addiction," Dr. Swingle says. "Neurotherapy that focuses on restoring this deficit is strongly enhanced with still point induction."

CranioSacral Therapy Strengthens Sensory Motor Rhythm

Dr. Swingle treats many children with involuntary movement disorders and seizure disorders at his Vancouver clinic. A major component of his protocol is to "increase the sensory motor rhythm over the sensory motor cortex [roughly across the top of the head from the tips of the ears]. The sensory motor rhythm is represented by brainwave activity between 13 and 15 cycles per second. When made stronger with brainwave biofeedback, it results in increased seizure threshold and reduced involuntary body movements."

This increased brainwave amplitude Dr. Swingle has witnessed with CranioSacral Therapy is associated with "calm and passive attentiveness." He has also reported an increase in the important sensory motor rhythm when a thoracic release is performed. To illustrate, he performed still point induction on six patients with closed head injury and one with attention deficit disorder. "The effect of the still point was an increase in theta amplitude from a low of

6.2% to a high of over 80%," he reports. "Such changes in theta amplitude can have profound effects on brain quieting." Dr. Swingle has reported these findings at various North American professional conferences.

According to Dr. Swingle, children undergoing sensory motor rhythm training strongly benefit by a CranioSacral Therapy sequence of still point, sphenoid manipulations, and thoracic and occipital releases. In terms of brainwave activity, this CranioSacral Therapy regimen results in an increased amplitude of occipital theta frequencies (mental quieting) and of the sensory motor rhythm (body quieting). "The quieting often occurs immediately," he adds, "and parents usually report a marked, sustained improvement.

Once a skeptic, Dr. Swingle now strongly advocates the use of CranioSacral Therapy as part of neurotherapeutic treatment of many disorders. The synergistic effect of these modalities results in "efficient and permanent remediation of many disorders associated with anomalous brain functioning."

CRANIOSACRAL THERAPY (CST)

CranioSacral Therapy (CST) is a gentle hands-on therapy which uses a light touch and gentle movements to monitor the rhythm of cerebral-spinal fluid (CSF) throughout the body. CSF surrounds, safeguards and provides nourishment for the brain, spinal cord and membranes. The pumping motion of this fluid creates a subtle pulse (detected through the palpation of bones) similar to that of a heartbeat which can be felt throughout the body. This rhythm is monitored by applying light pressure at specific evaluation points through the length of the body (head, neck, spinal cord, lower back and ankles).



With CST, the natural rhythm of the Cranial-Sacral function is restored, blood and oxygen flow are improved, toxins are removed more efficiently and brain cells function more effectively as they are receiving the nutrients they require. With CST individuals generally feel a release from stress and anxiety and begin to enjoy a renewed sense of well-being which facilitates neurotherapeutic treatment.

SOMATOEMOTIONAL RELEASE (SER)

SomatoEmotional Release (SER), an advanced form of CranioSacral Therapy, is a therapeutic process which locates and releases the mind and body from previous trauma and past negative emotional experiences.

The body often retains physical and emotional imprint as the result of trauma. These imprints become isolated and dysfunctional and create "energy cysts" in body tissue. Initially, the body is able to adapt to these energy cysts, however, over time the body loses its ability to adapt effectively and additional energy is required to carry out the most basic of functions. Suppressed physical and emotional trauma lay the foundation for many ailments. By locating and releasing the energy cysts, internal energy is able to flow freely and can markedly accelerate the neurotherapy process.

Dr. Swingle's recent research on the use of SER, in cases of severe emotional trauma, as an adjunct to neurotherapy was presented at the international conference of the Association for Applied Psychophysiology and Biofeedback.

SER was found to improve brain activity in the occipital (back of the brain) region of the brain which is associated with emotional trauma. Some remarkable recoveries were found when the emotional trauma was treated neurologically with neurotherapy and the emotional content treated with SER.