

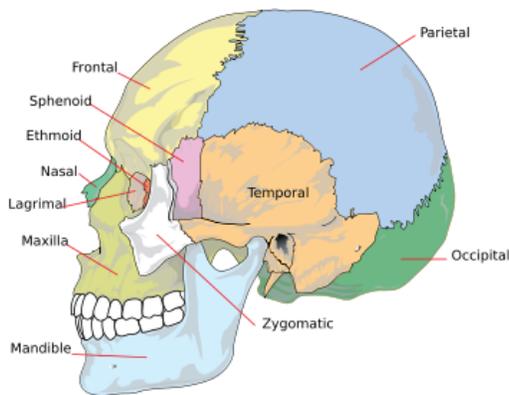
Cranial Meridian Therapy & Tui Na

In addition to acupuncture, the application of spinal and cranial treatment in the far and near East is estimated to be over 7,000 years old. The treatment using soft tissue mobilization is known in the Orient as "Tui Na." Cranial Therapy was also practiced in India for centuries and utilized by the ancient Egyptians and members of the Paracus culture in Peru (2000 BC to 200 AD).

Cranial motion was introduced to the osteopathic profession by William G. Sutherland, DO, in the 1920's. Sutherland was inspired by the 18th century philosopher and scientist Emmanuel Swedenborg, who described a rhythmic expansion and contraction of the brain. Using self-experimentation and later working on others, Sutherland discovered and described in great detail the rhythmic movement of the individual cranial bones of the skull as a whole. He is considered the father of cranial osteopathy.

The goal is to release adverse mechanical tension in the meninges and connective tissue to restore natural rhythm and flow of cerebrospinal fluid and energy throughout the body.

Why Are Some Doctors Taught Cranial Bones Don't Move?



Dr. John Upledger (leading researcher of cranial therapy) was lecturing and demonstrating Cranial Therapy to a medical audience in Israel when he noticed that his statements on cranial bone movement didn't get the dramatic (skeptical) response he'd received from American medical audiences. He mentioned this to his host, who brought him to the hospital library and showed him an Italian anatomy book. His host translated: "Italian anatomists, in the early 1900's, taught that cranial suture ossification was pathological in the mature human adult. These teachings, therefore, contradict the British anatomists, who taught the doctrine of suture ossification and cranial immobility as a normal condition."

"You Americans learned your anatomy from English and German texts which state the skull bones don't move. The Italian anatomists did not hold to that doctrine," stated his host.

Recently, original research of the human cranium demonstrated objectively that the cranium moves in a rhythmical manner. Additionally, the sutures, when viewed under high-powered microscopes, rather than being fused and filled with calcified tissue, are patent or open and contain connective tissue, nerve tissue and blood vessels.

Dr. Richard Van Rump, (research director of the Sacro-Occipital Research Society,) taught that unless the cranial bones are properly moving and aligned, the cervical spine will reposition to an imbalanced state, no matter how often it is adjusted.

What Can Cranial Imbalances Cause?

Imbalances of the cranial bones can contribute to a variety of problems throughout the body and emotions, affecting the proper functioning of the brain, specific brain centers, the brain stem, cranial nerves, cervical ganglia, venous and arterial blood flow, cerebrospinal fluid (CSF) flow and other aspects of our physiology.

A partial list of problems caused by cranial subluxations includes:

- Occipital imbalances: headache and functional disturbances of the brain, stenosis of vertebral artery, disturbance of salivary glands and eyes, disturbance of vagus, glossopharyngeal and hypoglossal nerves, instability of cervical spine.
- Sphenoid imbalances: migraines, headaches, depression, vision problems, "brain fog," grinding of teeth, dental malocclusion, eye pain, deviation of the eyeball, endocrine disturbances, instability of cervical spine.
- Temporal imbalances: dizziness, hearing problems, ringing in the ears, deafness.
- Parietal imbalances: evidence of head trauma.
- Nasal imbalances: disturbance of nasal secretion and nasal breathing; lacrimation.

Some natural health physicians and Oriental medical doctors are offering correction of vertebral and cranial imbalances, which impinge or impede vital nerve impulses. Thus soft tissue mobilization techniques or an "adjustment" as it is referred to in the west, may play a vital role in the recovery of a patient.

Cranial Meridian Therapy

There are a variety of therapies that also fall under the heading of Asian Medicine which in fact are not ancient: perhaps the most notable is cranial or cerebral therapy (originally known as cerebral acupuncture)

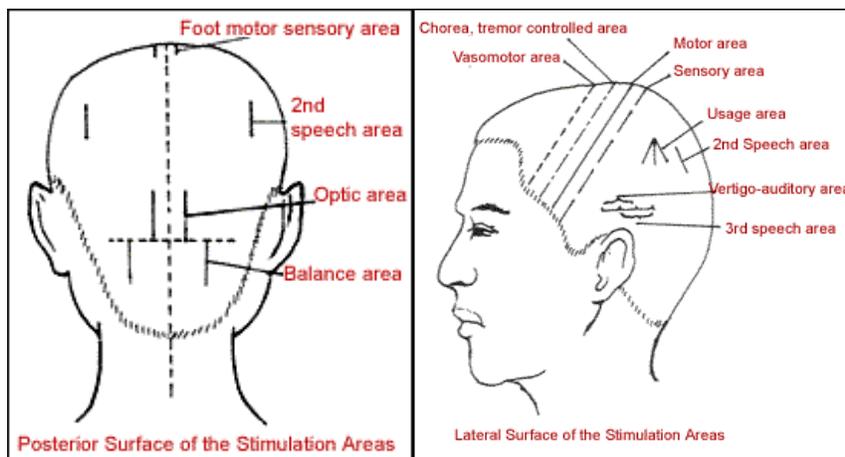
Cranial Meridian Therapy is a system, which does not utilize acupoints, but specific zones on the head, which have very detailed indications.

Generally credited to doctors in central China, history is now telling us that originally cerebral acupuncture was first theorized and applied by Dr. Huang Xue-Long in 1934. Cerebral acupuncture was resurrected in the early 1970s, which coincidentally corresponded with North America's interest in acupuncture. It has evolved into what is now known as Cranial Meridian Therapy.

A visitor to any hospital, clinic, institute or research center in China will see numerous patients receiving this relatively new procedure. It is the primary treatment for most neurological syndromes. The clinical effects border on miraculous in many cases. In fact, the case histories I personally have witnessed are incredible.

During my visit throughout the hospitals in The People's Republic Of China is where I originally experienced variations of this healing modality. The cranial approach is a zone application technique. This means a specific zone is treated for a particular health problem, and another for a different situation. For example, there is an equilibrium zone specific for equilibrium, whereas the leg and foot zone are treated for those areas of the body and so forth. Here are some of the specific zones.

1. Vasovagal
2. Chorea
3. Motor
4. Sensory
5. Functional
6. Vertigo/Hearing
7. Speech
8. Thorax
9. Abdomen
10. Reproductive
11. Leg & Foot
12. Speech
13. Visual
14. Equilibrium



Many of these zones are divided into an upper, a middle, and a lower. The sensory upper zone is specific for leg, back, neck and occiput pain, numbness or paraesthesia. The middle is for upper limb involvement; the lower is for facial paralysis and paraesthesia, migraine and TMJ dysfunction. The motor zone upper is for the lower extremity; the middle is for the upper extremity, and the lower is for paralysis, loss of and slurring of speech with drooling.

The motor and sensory zones can be used for virtually any condition when motor and/or sensory symptomatology occurs. The other well-used zone is the chorea zone, which deals with movements such as tremors, Parkinson's, Huntington's chorea and similar neurological dysfunctions. The vertigo and hearing zone is specific for Meniere's syndrome; the functional zone is specific for the function of the limbs. There is also a zone for neurologically induced visual disturbances. The same is true of a speech issue (due to a cerebral vascular accident CVA).

The leg and foot zone is tremendous for sciatica, femoral nerve involvement, or any syndrome, which affects the leg and or foot, especially when combined with the motor or sensory zone.

The Analysis & Procedure

An analysis of the patient can now be completed with the treatments holding better and for longer periods of time.

First Step

The first step is the evaluation. In a relatively short period of time the structural system can be checked: skull, spine, hips, ribs, sternum, shoulders, arms, legs, hands, feet – literally anything that is out of balance can be analyzed.

Second Step

The second step is checking if the body part is exhibiting proper position and motion. The base of the cranium is included in the procedure. This allows for a binary or yes/no system telling us if an area needs or does not need to be corrected. This system is very similar to muscle testing (applied kinesiology or AK) wherein a muscle will become weak when confronted with a particular challenge.

Third Step

The third step is the correction. From infants to the elderly, if treatment is needed then the area is corrected using an ArthroStim instrument.

The ArthroStim is an FDA approved instrument developed by IMPAC technology here in the United States. Throughout its 22-year history it has been continuously updated and perfected. It introduces a tapping sensation to the body to help realign segments and release joint or nerve pressure at a speed of 12 gentle "taps" per second (12 hertz); it is a fast, accurate controlled adjustment. The ArthroStim is also very specific. This means that only the imbalanced area is treated; there is no twisting, turning or "popping" of joints. This technique permits adjusting in different postures. This is especially noticeable with people who suffer pain, neurological problems, TMJ and other conditions. Adjusting patients in the standing position has the added benefit of working with the effects of gravity on the body in a normal standing or seated position.

How Does It Feel?

Most people report a feeling of ease, relaxation and well-being as their structural nerve stress (subluxations) releases or diminishes. Some people feel very relaxed and they should listen to their body and go home and rest if at all possible. The next day some people feel as if they've had a good workout. This is usually felt only after the first adjustment, is temporary and usually disappears within a short time.

The Retracing Response

People have many layers. After the correction of what the body is showing at the time, older injuries, older distortions, older subluxations and older symptoms (both physical and emotional) may surface to release.

The release and healing of old injuries is known as "retracing" and is usually part of the healing process. On occasion patients have reported, "cleansing" symptoms such as diarrhea, pus, mucus, headache, fever, etc. as toxins leave the body. These symptoms are usually temporary. It is helpful to let us know if unusual symptoms arise. These symptoms may take the form of emotional releases: such old memories coming up or unusual dreams. Sometimes an area is so weak and the distortion so extensive that a segment put in place may not stay in position and may need correcting again.

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