International Cranial Association

Healing Trauma

Study day and Workshop held on 12th September 2009

Report by Jan Leach

Keynote speaker **Sandra Hillawi** gave a fascinating introduction to **Emotional Freedom Technique (EFT), focussed on healing trauma**. We also had a real-time demonstration of EFT in action, thanks to a participant who bravely volunteered, to see if EFT could help his persistent back pain following a road traffic accident.

EFT allows for release of stored emotional and physical energy, using the mind to focus on different aspects of the problem, the breath to aid release, affirmations to bring in positive mental associations, and tapping on the acupuncture meridians to release the energy associated with the problem under focus. The promise of EFT is the possibility not only of healing, but of personal transformation from a state of stress to positive growth and achieving your own potential.

For more information about EFT and healing trauma, see Gary Craig's web site www emofree.com for the "Tearless Movie" trauma technique. It is relatively simple for an experienced practitioner to learn how to apply the technique, and many participants were keen to follow up the day with further one-day training with Sandra, who is an experienced trainer via her company Passion for health (www.passionforhealth.com)

The next MET/EFT Practitioner Training will be Sat-Sun 30-31 January 2010: if you are interested contact Sandra via sandra@passionforhealth.com for the course details

The 6 healing sounds of Tao

Healing and transformation to a positive state was the emphasis of the second session, led by ICRA member **Ken Smith**. He feels that much treatment in stress, anxiety, depression and chronic fatigue is fire-fighting rather than achieving a positive state. He uses the Tao sounds in addition to Yoga breathing, focussed meditation and "LAGOT" (let go of tension) and "SNUP" (serves no useful purpose). For post-traumatic stress his cranial treatment is focused on creating a sense of safety and connection, because PTS sufferers have heightened sensitivity to external threats, including noise, people and movement. They therefore need a calm environment with NO background sounds or sights, and no windows or openings into the room.

The healing sounds are associated with the acupuncture meridians and involve specific standing postures based on Tai Chi, and sounds made on a long out-breath. There is more information on http://www.healing-tao.co.uk/ht_healingsounds.htm

Each Meridian and its healing sound

Liver	Shhhh	Lungs	Ssssss	Kidneys	Chooo
Heart	Hawww	Triple warmer	Heeee	Spleen	Whoo

Special Feature

This month we have a learned contribution from Graham Gard, included at the back of the Newsletter - reviving another tradition of the original association!

Regular news items

Cranial Forum- update

(http://www.cranio.org.uk/)

Congratulations to our **Committee member Janet Sinclair, who has been appointed to the new cranial Profession Specific Board** to advise the Complementary and Natural Healthcare Council (CNHC). A cranial section of their (voluntary) register will soon be opening. The Cranial Forum has now ceased to exist and a forum for the professional associations and schools has formed in its place, called the Cranial Professional Forum, to bring together all the organisations promoting cranial therapy practice. ICRA will be represented there and will keep you informed.

News snippets

A little bit of history

David Dyer reminded us that **Dennis Brooks** was the first osteopath to practice cranial osteopathy in the UK, and it was he who taught Joe Goodman and Bill Wright, as well as some other early ICRA members. David Dyer has the original manuscript o Dennis's second book!

" MICrA" Members of the ICrA can use the letters MICrA in advertising if they wish

Future ICrA Events

Saturday April 17th, 2010 in London **date changed to avoid clash with osteopathic conference ICAOR**

Theme: **Diagnosis in the cranial field**

Key note speaker: Richard Cook, D.C. on "The use of kinesiology in diagnosing cranial faults"

Sunday September 26th, 2010 in London

We are delighted to announce our **Keynote speaker will be eminent osteopath and international lecturer Renzo Molinari** talking about his approach to cranial osteopathy

Bookings: see www.icra-uk.org or email leach_janine003@yahoo.com

Cost: £20 for ICRA members and students, £50 for non-members

Meanwhile…

wishing you all a happy Christmas

and a healthy and prosperous new year

ICrA Committee 2009

Chair	William Wright, Enfield
Vice Chair	Ken Smith, Malvern
Secretary	Janine Leach, East Grinstead
Committee:	Carole Smith, West Hoathly
	Rosemary Allen, Chorleywood
	Janet Sinclair, Chelmsford

Learned contribution

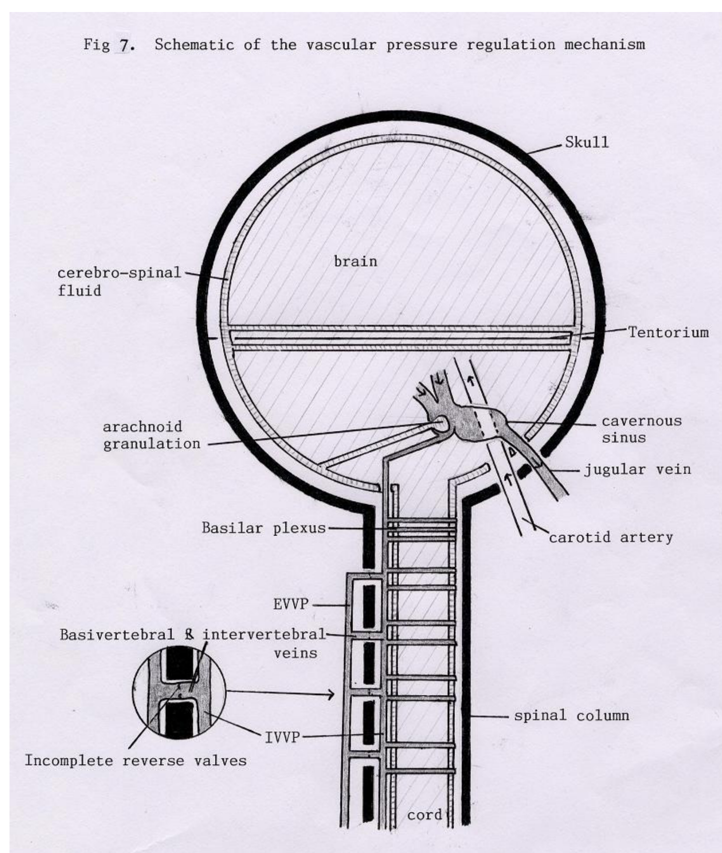
The regulation of intra-cranial pressure and its influence upon the surrounding cranial bones.

Graham Gard, DO

Graham is a practicing osteopath based in Ware and a regular participant at ICRA meetings. He contributed this short paper for ICRA news about his scientific publication in 2008 in the Journal of Bodywork and Movement Therapies.

Over the 25 years I have been involved in osteopathy I have tended to work to a structural model but have been fascinated by the involuntary cranial movement as observed by Sutherland. Sadly, I found the explanations and working models to describe what I was feeling less than satisfactory as they had no logical or anatomical base.

This frustration led me to research a new hypothesis as to the generation of the involuntary mechanism[1]. The starting point was my basic osteopathic principle of eliminating mechanical restrictions in the musculo-skeletal system to allow the maximum free flow of blood and other components of the fluid system around the body.

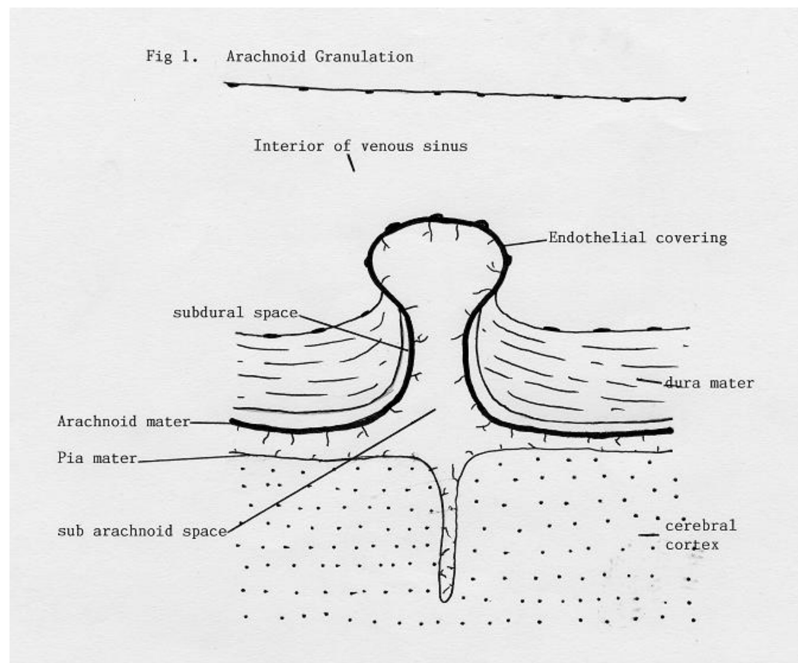


Examination of the venous system inside the cranium and spinal column (see Figure 1) presents a complete drainage network that maintains a constant intra-cranial pressure irrespective of external variables such as posture, the cyclical variation in blood pressure and alteration to the cranial mechanics, as will be explained.

Although the anatomy is quite complex, the principle is simple. The internal space created by the skull and spinal column is a semi sealed box filled with brain tissue, connective tissue, cerebrospinal fluid and blood contained within it. The CSF is replaced every 4-6 hours so at any moment is a constant volume. The only variable volume is the blood flowing in and out of the skull. The venous blood drains from the capillaries into the venous sinus network (all free flowing open tubes) and mostly, it exits via the Jugular veins. A slower drainage pathway is through the intervertebral venous plexus's. The volume of blood passing through this slow draining channel is controlled by the two Cavernous sinuses which sit on the sphenoid bone, medial to

the temporal lobes. This sinus is in fact a series of small tubes, all of which are punctuated by arachnoid granulations, small CSF-filled protrusions which swell with increased CSF pressure, as shown in Figure 2.

Figure 2. The working model



If, from equilibrium, the intra-cranial pressure increases, the CSF in its sealed system is pressurised and causes the arachnoid granulations to expand, blocking the blood vessels in which they protrude. A large granulation blocks the straight sinus at the junction of the great cerebral vein, limiting blood flow to the site of CSF production.
The granulations in the cavernous sinus reduce the blood flow down the slow draining channel, the net effect being faster drainage of blood out of the skull so reducing the intra-cranial pressure. When that pressure drops enough to equalise the CSF pressure, the granulations shrink, allowing blood through the cavernous sinus and down the spinal column, causing the inter-cranial pressure to rise.

This venous system ensures a constant gentle pressure upon the cranium, creating a desire for expansion to a state of maximum volume in relation to surface area- towards a sphere.

As the system is integrated within several tissues, it is difficult to explain the model using a simple equivalent diagrammatic model. This should not prevent the practitioner utilising the techniques as long as he/she keeps the physical process of expansion in mind.

Effect on cranial bone function

The involuntary movement palpated, as discussed is an involuntary expansion. The quality, fluency and evenness of this expansion depend upon the mechanical stresses present in the skull, neck and ultimately the body as a whole.

Before examining the skull, it would seem logical to assess and eliminate the stresses developing from C1. Treatment of the body in general will require structural realignment by whichever method the practitioner feels comfortable. Specifically, sacral dysfunction will normally respond to direct structural work such as HVT or deep tissue massage, as the pelvis is a strong mechanism distributing the weight of the trunk with minimal intra-spinal space in its proximity.

When examining the skull, the techniques proposed below will seem familiar to those practising some form of cranial work, although with a strong theory underpinning the treatments. The techniques encourage direct decompression and hence expansion of the

skull, and will be shown to be more effective than other forms of treatment which do not utilise the involuntary expansion.

Direct pressure directed anteriorly through C1 releases the occipital bone and allows it to extend with the fulcrum around the atlas. The movement will give the impression of the occiput and mastoid processes descending behind C1 and pushing the fingers away from O/C1. The practitioner should maintain the pressure upon C1 until the joint releases. Then the direction of force should be directed towards aiding the separation of the mastoid processes laterally.

Two competing expansive forces are generated around the pterion. The sphenoid will be encouraged to sink directly downwards by local pressure upon its greater wing, and aided by further descending pressure along the line of the posterior jaw. This technique decompresses the middle of the cranial base.

Once the sphenoid has released, the frontal bone can more easily shift anteriorly, encouraged by application of force along the line of the zygomatic arch and in a similar direction through the frontal bone. A simple traction directed superiorly to the parietal bones expands these upwards, again following the direction of cranial expansion. All these techniques are related to each other, as the practitioner is changing the relative position of bones in a three dimensional structure.

The fundamental principles of osteopathy dictate that correcting structural misalignment in the body allows for better health through improved blood and fluid flow and hence speedier healing.
This is as true when dealing with simple musculo-skeletal injuries as it is with correcting problems in the cranial field. The two disciplines, seen by many as distinct, are in fact completely inter-related with the same primary principles. A greater understanding of one can only improve the other.

As a profession, we are attempting to discover a common language so as to present a united body to the general public. We treat the body so the vocabulary should be based upon its accepted anatomy. The varied opinions from our members seem to stem from which system within the body the practitioner focuses on or can most easily influence. This may be the musculo-skeletal system, either in part or in its entirety, the visceral system or palpation of the circulation of fluids around the body. My personal view is that stabilising the musculo-skeletal foundation is the most direct way to improve soft tissue function and fluid mobility.

My hope is that the profession can unite, working around a greater understanding of osteopathic theory, based on proven anatomy and interpreted in relation to Still's primary principles. Hence, increasing its scope into the allopathic arena will be unnecessary.

Reference:

Gard, G (2008). An investigation into the regulation of intra-cranial pressure and its influence upon the surrounding cranial bones. Journal of bodywork and movement therapies. 13; 246-252.