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This is an author-formatted, electronic version of an article published in *The Fulcrum* 37, Journal of the Craniosacral Therapy Association, pp 6-7, 2006. The definitive version is available in the 'Articles Online' section at:

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Craniosacral Therapy Research

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A recent survey of a wide range of electronic databases located fewer than fifty relevant references. It is evident from the literature that further research is needed to provide evidence of the effectiveness and mechanisms of CST.

What research methods are there?

Randomised, controlled trials are considered to be the gold standard for evaluating single interventions for the treatment of specific diseases. However, this methodology is better suited to drug trials than to most complementary therapies, especially the comprehensive, individualised interventions characteristic of holistic approaches (Pizzorno 2002). The treatment of specific diseases is rarely the focus of holistic practitioners; instead the goal is more likely to be the promotion of health. Research into complementary therapies is therefore more complicated and many of the methods adopted in biomedicine research are inappropriate. Qualitative methodologies such as case studies and action research studies are likely to be more appropriate than quantitative methodologies. The recent publication of texts specifically on research methods for complementary therapies (Kane 2004, Lewith *et al* 2001) indicates the growing interest in researching the mechanisms and effectiveness of these therapies.

What CST research has there been?

Journal publications are the traditional means by which researchers communicate their findings. Peer review of papers prior to their publication helps to ensure a level of scrutiny of content to provide an assurance of their validity.

Several electronic bibliographic databases were searched in March 2005 to assess what articles on CST and related topics could be found. The databases used were Medline-PubMed, Elsevier-Science Direct and Alt Health Watch. Terms that were used to search the literature included 'craniosacral therapy', 'cranial osteopathy', 'craniosacral', 'cerebrospinal fluid' and

‘cerebrospinal pulse’. Some external literature research was also conducted on relevant websites and from professional organisations, to help obtain other relevant citations.

In a number of the articles craniosacral therapists reported improvements made in the general well-being of patients (Shea 1995, Rogers 1995, Elsdale 1996, Shorthouse 2001, Schlossberg 2003, Gerome 2003), but there is a lack of research in the outcome of craniosacral treatment to justify these reports (Green *et al* 1999). In fact, most of the articles found were based on anecdotal work rather than empirical research (Elsdale 1996, Wilson 1999, Upledger 2000, Schlossberg 2003, Moon 2004).

Conditions reported by different practitioners, through case studies, as benefiting from CST treatment include: children with learning difficulties (case report: Academic Success with Craniosacral Therapy 1994), cases of migraine, tinnitus, hemi-facial paralysis and stress release (Wilson 1999), and seizure disorders in children (Schlossberg 2003). Other authors (Elsdale 1996, Shorthouse 2001, Gerome 2003) provided personal comments about the outcome and benefits of CST treatments, especially helping to balance health and lives with regard to stress and disease.

A study conducted in a large psychiatric hospital determined what effect CST had on the brain activity of a patient and therapist during a session (Swingle 2003). The author reported a specific change in alpha and theta brainwave amplitude found in the back of the brain, associated with the induction of a stillpoint within the CST treatment. It was suggested that when these slow waves are deficient in the occipital region the body is prone to sleep disturbance, racing thoughts, general anxiety, vulnerability to substance addiction, and is less tolerant of stress. The author considered that inducing stillpoints has a profound effect on quieting the brain and body as these brainwaves are being amplified. This implies that bodily deficits can be restored by stillpoints in CST treatments.

Most of the CST research attempted to show the relationship between the pathophysiology of the craniosacral system and the mechanisms of CST (Greenman 1970, Upledger 1977, Kostopoulos and Keramidas 1992, Wirth-Pattullo and Hayes 1994, McPartland and Mein

1997, Rogers *et al* 1998, Hanten *et al* 1998, Moran and Gibbons 2001). Greenman (1970) and Kostopoulos and Keramidas (1992) examined the craniosacral mechanisms. Upledger (1977) examined statistical analysis from 50 craniosacral examinations on 25 schoolchildren to help determine cranial rhythmical impulse, showing how its motion may display dysfunction/damage and whether cranial osteopathic treatment can bring any change to the dysfunction. He also examined a collection of photographic evidence supporting the craniosacral examination. McPartland and Mein (1997) approached the origin of craniosacral motion. Wirth-Pattullo and Hayes (1994), Rogers *et al* (1998), Hanten *et al* (1998), and Moran and Gibbons (2001) concentrated on the examination of craniosacral motion and its reliability.

A systematic review of 33 studies by Green *et al* (1999) showed that only seven were based on the effectiveness of the treatment. No other systematic review was found, and relevant, reliable primary data research based on the effectiveness of the craniosacral treatment was not found either. Research into clinically measurable patient outcomes after craniosacral treatment is still lacking (Green *et al* 1999 and Moran and Gibbons 2001).

Recent research into CST

The limited number of articles available on the effectiveness and mechanisms of CST indicates that further research is needed. In higher education courses in complementary therapies and CST, students and staff carry out research as part of the clinical and educational programme. With the growing interest in CST amongst healthcare professionals the limitations on wider acceptance is frequently simply ‘Where is the evidence that it works?’ Out of research at the University of Westminster over the past year, two very different studies have provided evidence of the effectiveness of CST. We hope to provide details of the methodologies and findings of these studies in future editions of *The Fulcrum*.

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