

Key Points

1. Craniosacral therapy is a broad term for a category of alternative therapies which use light touch to stimulate the "natural" rhythm of the brain and spinal fluid
2. Practitioners "feel" the natural rhythm with their hands and gently massage along the cranial sutures to release restrictions
3. Very controversial treatment with very harsh critics
4. 1999 study reviewed all available medical literature on CST
5. Looked at several categories and found little to no evidence of its effectiveness or even a scientific basis for its theories
6. Even for an alternative therapy, there is little evidence that CST does anything and many people believe it is a sham

Definitions

craniosacral therapy (CST) - broad term for a number of techniques which use very gentle touches to aid in the supposed rhythm of the brain/spinal fluid system

cranium - the skull

cranial sutures - tissue that connects the bones of the skull in children; the skull is completely fused in adults

osteopath - type of doctor, with formal training, who believes that the body has innate healing power; originally focused on body manipulation, osteopaths now prescribe drugs and perform surgery

random controlled trial - considered the highest caliber of medical research; type of study in which subjects are randomly assigned to receive a treatment or not receive a treatment and the results are compared

sacrum - triangular bone at the base of the spine

Craniosacral Therapy

November 15, 2005 -- On the surface, craniosacral therapy (CST) seems like it would be a good fit for Chiari patients. Developed by an osteopath in the early 1900's, the foundation for CST is the rhythmic movement of the brain and spinal fluid. Therapists use extremely gentle touch to manipulate the bones in the skull (cranium) and along the spine to the sacrum (tail) to release restrictions and improve the natural flow and rhythm. As every Chiari patient knows, the malformation, and quite often scarring, restricts CSF flow, causing symptoms and even syringomyelia. But before everyone looks up their nearest craniosacral therapist, there are a few things you should know about CST.

First and foremost, CST is extremely controversial, with both strong advocates, and equally strong, and harsh, critics. CST is generally considered a sham by mainstream doctors and scientists, who believe its theories are groundless, there is no evidence of its effectiveness, and that practitioners are taking advantage of desperate people. Brid Hehir, a nurse/midwife, wrote in an opinion piece for the journal RCM Midwives, "[CST] is disingenuous. Patients are being taken for a ride by people who, while being scornful of scientific medicine, seduce patients into believing they need to have sessions of worthless therapy...Parents can be vulnerable when it comes to their newborn babies, and will try any number of therapies [to help] an existing problem."

One reason CST is so controversial is that its underlying theories go against conventional medical knowledge. CST works under the assumption that the bones in the skull, which when we are born are not completely fused together, but joined by sutures, can be manipulated and that this manipulation will restore the natural rhythm of the brain and spinal fluid. The problem is that the skull bones fuse in childhood and most physicians believe can not be moved in adults.

A second problem with CST's theory is the notion of a natural rhythm of movement from the brain, down the spine to the sacrum. This is the heart of CST, because it is believed that restrictions of this rhythm lead to health problems and trained therapists can sense the rhythm and adjust it with gentle touch. As any reader of this publication is aware, spinal fluid does move rhythmically; however direct MRI imaging has shown that it moves in response to a person's heartbeat and breathing. This goes against CST's claim that there is a rhythm not attached to other bodily processes.

Although CST grew out of osteopathy, it has evolved and broadened to encompass a range of poorly defined techniques. As it has evolved, its claims have become somewhat outrageous. From the Craniosacral Therapy Association of UK's website, "Craniosacral therapy is a subtle and profound healing form which assists the body's natural capacity for self-repair."

In a typical craniosacral session, you will usually lie (or sometimes sit) fully-clothed on a treatment couch. The therapist will make contact by placing their hands lightly on your body and tuning in to what is happening by 'listening' with their hands. Contact is made carefully so that you will feel at ease with what is happening...

Treatment can aid almost any condition, raising vitality and improving the body's capacity for self-repair."

Claims such as this, that CST can treat anything for everyone, attracted the attention of the Office of Technology Health Assessment at the University of British Columbia. In 1999, a team from this office, led by Dr. Green, undertook a review of the available published literature on CST in an effort to see if there was any merit to their claims. The researchers performed an exhaustive search of available databases using search terms such as craniosacral, cranial bones, cranial sutures, cerebrospinal pulse, and cerebrospinal fluid. They categorized their results to answer a number of questions:

1. Is there any evidence that CST interventions improve health outcomes?
2. Are CST therapists able to reliably assess patient's craniosacral rhythm?
3. Can the cranial plates move in adults?
4. Is there any evidence that health problems are due to restricted craniosacral rhythm?
5. Does CSF move rhythmically?

What they found was very little evidence in support of CST and a pretty strong indictment against its theoretical basis (see Table 1). The research team identified 7 studies dealing with CST therapies and outcomes. Overall the studies were extremely poorly designed and presented little evidence of its success in treating patients. One study did find, however, that people with traumatic brain injuries were worse off after CST.

Craniosacral Therapy Sites

www.upledger.com

www.craniosacral.co.uk

www.craniosacraltherapy.org

www.quackwatch.org

Source

Green C, Martin CW, Bassett K, Kazanjian A. A systematic review of craniosacral therapy: biological plausibility, assessment reliability and clinical effectiveness.

Complement Ther Med. 1999 Dec;7(4):201-7. Review.

Table 1
CST Review Summary

Category	# of Studies	CST Favorable Results
Treatment Outcomes	7	No evidence
Practitioner Assessment	5	No evidence
Cranial Movement	9	Possible, but not with light touch
Health Problems Due To CS	3	Poorly designed studies
CSF Rhythmic Movement	2	Yes, but in connection with heartbeat

Perhaps more troubling were the results for practitioner assessment. One early study reported good agreement between therapists in sensing the rhythm of the same patient. However, this finding has not been duplicated in 30 years and the original study has since been called into question. Rather, the results of studies where therapists are asked to sense the CS rhythm in controlled conditions shows a pretty much random response, meaning there is no evidence that CS therapists are able to do this.

The Canadian team also found little in support of the craniosacral rhythm theory. While it may be possible for the cranial bones to move slightly in adults, they found that it could not be accomplished with the gentle touch described by CST practitioners. In summary, the team found, "This systematic review and critical appraisal found insufficient evidence to support craniosacral therapy."

Proponents of alternative therapies, such as CST, often state that traditional scientific studies are not good ways to evaluate their techniques and practices. Sometimes this is a valid point; random controlled trials, the gold standard of medicine, are optimal for tightly controlled situations, such as delivering specific doses of medicine. Some psychologists and psychotherapists have argued that random controlled trials are not good measures for psychotherapy because the therapist does not stick strictly with one protocol in a session and must have the freedom to respond to the patient as necessary. While this seems like it might apply to CST as well, psychologists have devised ways around this limitation and have presented strong, scientifically sound evidence that certain types of therapy are as good as, if not better than, medications in treating illnesses like depression.

Acupuncture is another good basis of comparison for CST. Like CST, acupuncture's underlying theory of energy channels defies scientific scrutiny. However, while evidence of acupuncture's energy channels has not yet been found, well structured studies have shown that acupuncture can be effective in treating certain conditions even though how it does so is not clear.

For now, all evidence points to CST being of questionable value and a magnet for dubious practitioners. It is up to the CST community to present evidence to the contrary, and their continued failure to do so should factor into every patient's decision when thinking about trying CST.

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