

# OSTEOPATHY

## *In pregnancy and childbirth*

Osteopathy is a non-invasive and holistically based profession, with much in common in terms of philosophy, with midwifery. Ordinarily, midwives are not exposed to osteopathy as osteopaths predominately do not form part of the multi-disciplinary team within the hospital maternity care services. These two interviews aim to explore the role of osteopathy in the care of pregnant women and newborn babies. The interviewees are leading experts in the field of osteopathy Stuart Korn<sup>1</sup> and Stephen Sandler<sup>2</sup>. The format of the questions are similar, in the writer's opinion, the two institutions associated appear to differ philosophically in that the Osteopathic Centre for Children (OCC) appears somewhat esoteric when compared to the more traditional British School of Osteopathy (BSO).

The interviewer is an undergraduate student midwife. Unlike midwifery<sup>3</sup>, there are no international or national agreed definitions of osteopathy, and the Osteopath Act 1993<sup>4</sup> is intriguingly devoid of any standard definition. It confers control of the osteopathy profession via the statutory formation of a General Osteopathic Council (GOsC), a body with power to register and regulate osteopaths and any person purporting to be an osteopath from the 1<sup>st</sup> May 2000. Unless osteopaths are registered (and approved) from this date, they will be acting illegally by virtue of the act. Thus the profession has recently undergone a certain amount of turbulence whilst acquiring a legal status.

### INTERVIEW 1:

Stephen Sandler is director and founder of the expectant Mother' Clinic (EMC) at the British School of Osteopathy (BSO) where he is also senior faculty member, clinic tutor, examiner and senior lecturer in obstetrics, gynaecology and the gastrointestinal system. He works in private practice in Chingford and is also the consultant Osteopath at the Portland Hospital for Women and Children. He guest lectures and speak nationally at osteopathic schools and on postgraduate courses in physiotherapy.

### What is Osteopathy?

It is one of the 'so called' complementary medicines... we do not follow the same principles of practice as mainstream allopathic medicine, not that we reject them; we just use them in a slightly different way. Contemporary osteopaths are trained to a very high standard, competing a four year full time BSc (Hons.) consisting of anatomy, physiology and pathology with an addition of sense of palpation, a sense of touch, to aid us to diagnoses. We consider as a whole why people become sick. Allopathic medicine is concerned with the disease base, whereas osteopathic medicine is more concern with the fault in the tissue.

One of the fundamental precepts of osteopathy is that structure governs function, in other words if a thing is built properly, it will work. The sense of touch with palpation links to an orthodox medical training but we use it to evaluate what is happening within the patient and then we use our hands to physically treat the patient. That doesn't mean to say that I do not recognise the value of orthodox drugs. I work in conjunction with allopathic medicine, not in competition with it.

### Why are osteopaths interested in pregnancy?

Pregnancy is a changing situation, there is a dynamic. This is why I have found it so exciting to work with pregnant ladies over the last twenty years. Women acquire excess weight (two stone plus) and posture has to change to accommodate it. Concurrently (in nature this is the only time that it may go wrong), the ovaries are secreting relaxin so that the pelvis can widen and women can deliver their baby. But, when it comes to loosening the joints, where muscles are already try (too) hard to accommodate, women get all sorts of problems. My research suggests that 85% of pregnant ladies get back pain. The big problem is, what do you do with that back pain? Medication, corset, bed rest are contraindicated, thus physiotherapy is the only viable treatment, but few physiotherapy departments have people trained both in manipulative back pain care and obstetrics. I founded the EMC in 1980 because of that huge gap in patient care.

My personal research on the change in collagen that occurs in women's bodies has discovered that every woman's joints get progressively looser through the month as she approaches menstruation. It's probably caused by relaxin, progesterones and oestrogens because loosening occurs on

days 14 and 25 of a 28 day cycle, when women are more likely to injure themselves. But in pregnancy, relaxin is an important hormone. There is differing opinion about when it is produced and my own experience is that women are looser at different times so I think relaxin is actually produced according to demand. A woman who is stiff will need relaxin early, but a 'looser' woman will probably produce it much later.

### How can osteopaths help women ante/intra/post partum?

Antenatally, examining women and predicting the changes that need to take place are important. The majority of women that have severe back pain have had a previous back injury such as trauma injury, disc injury, something related to a previous birth... These tend to be elderly patients... the women we tend to see in the EMC are primiparous aged 28+. Society of course will tell you that this is not surprising, women are leaving pregnancy later and later...

### But physiologically it's harder?

There's a question mark about that, you don't menstruate at the age of twelve for no reason. When a woman presents initially, she often has pain, so my first ambition is to treat it. Sacro-iliac joint problems very commonly occur because the pelvis is open and one side will get 'hitcher' while the other side will not. So I give treatment and then like to see her throughout her antepartum period at ever increasing intervals so that I can predict changes that occur. I treat prophylactically to facilitate them and reduce the incidence of pain.

I have been called to a few births... commonly, in the midst of labour a woman gets a sciatica – usually because there is compression of the piriformis muscle, or the nerve is pinched. If she asks for me I can very quickly do something, it takes less than a minute to manipulate a joint and release a spasm. I then leave because personally I don't think there's a major place for osteopathy in the delivery room – it's for the mother, her midwife and her child.

Post partum I see women at six weeks after they have been discharged by their doctor and I usually check the baby's skull. Those 26 bones are nothing more than croutons floating in soup!

### What do you do?

I apply osteopathy in the cranial field. It is not a different type of osteopathy, just a different technique. In this country we have 'created' structural osteopathy, visceral osteopathy, cranial osteopathy, whereas everywhere else in the world you treat a patient with a multitude of techniques. I believe that as a practitioner, you're pretty poor if you only practice one technique. With babies it's the technique of choice because they are so small and young and responsive to it. What an osteopath and the doctor are looking for when they examine babies are completely different. I am interested in the functioning child and when

the child takes its first breath they is positive pressure from within that the cranial plates need to come back following delivery. They are designed to be mobile to facilitate delivery, with moulding. In circumstances, for example where there has been a ventouse delivery, I would advocate examining the baby. At the hospital where I work, The Portland, most of the obstetricians refer women and their babies to me automatically following a ventouse delivery.

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'After a ventouse delivery, I would advocate examining the baby'

### Is there anything that osteopaths can recommend generally to women to help them in their pregnancy, intrapartum and postpartum?

Janet Balaskas' book, *Active Birth*, I like it. I like the yoga in there and I think she has got some very sensible things to say about lifestyle.

### Are there any specific problems or conditions pregnant women might encounter that an osteopath can help with?

Yes, things like pelvic torsion. My research has shown that 85% of women have problems with back pain and the majority of these have causes which are sacro-iliac or pelvic related.

### Is this because the gravid uterus doesn't sit in the pelvis in a perfectly symmetrical way?

No, I did a posture survey years ago. Only 20/1000 people have straight backs, so it's not normal to have a straight back. Stick a gravid uterus in there with its gravitational forces and you're going to get problems Pelvis torsion is the major problem that osteopaths can help with. If there is any history of previous back pain, whether pregnancy related or otherwise, it's a good idea to get checked out by an osteopath, pre-pregnancy. One of the best things for some women is pregnancy because we can use the effect of relaxin to effectively treat chronic problems.

### Is osteopathy safe?

In 1980 I spent the year before opening the EMC researching articles to find any evidence that miscarriage is produced by manipulation. I couldn't find any and offered a prize of £1000 to the first person that could provide me

with any proof. I have said this in all countries over the world where I have taught and the money is still sitting on the table. What I do is restore normal physiology and function. However, if a woman miscarriage shortly after a visit to an osteopath she and the osteopath will feel very guilty, despite that I say, that it just happened. We know that week 12 and week 16 are key periods for miscarriage, so I advise students not to treat women during these times, but only by precaution. However, my own view is that I treat all the time.

The force used on a baby is less than a gram — absolutely minuscule. If they didn't like what I do I would soon know about it! How they respond to treatment validates it. I am insured personally for £2,000,000 and the premium is very small. Insurance is a prerequisite to my registration with the General Osteopathic Council. I recommend all newborn babies be checked. If there is a problem it can be treated with one or two visits. The same problem in a five-year-old takes a lot longer to treat.

### Why is there so little osteopathy research?

I think osteopathic research must do its own thing. There are huge problems and I think they are going to be addressed in the next five years. There is no osteopathic research database.

#### INTERVIEW 2:

Stuart Korth is co-founder and director of the Osteopathic Centre for Children (OCC), where he works as a consultant Paediatric Osteopath. He qualified from the British School of Osteopathy in 1964 and is currently an international lecturer in paediatric osteopathy. The OCC is a registered charity: its motto is 'Every child has a success story to live'. Children up to the age of 19 and pregnant and post partum women are treated at the Centre for a suggested minimum donation of £15. However, treatment is offered irrespective of ability to pay a donation.

### Please explain osteopathy, for the benefit of midwives, in your own words.

Osteopathy is concerned with the arrangements of parts of the body. By definition, osteopathy employs manual means to make improvements in the body physiology, by working on its surface. To most people in the UK, osteopathy suggests somebody using manipulation in the broadest sense to aid those with painful disorders of the musculoskeletal system to be in better shape and less pain. This, in my view, is only a speciality within much broader view. An American physician, Andrew Taylor Still, first formulated osteopathy in 1874. It is very interesting to note that in his writings he is one of the first practitioners to advocate gentleness and non-intervention in childbearing if possible.

### Why are osteopaths interested in pregnancy?

Consider the postural adaptation of a pregnant woman. This adaptation is not just a matter of the body framework; it can affect more specific parts, for example by causing an oesophageal reflux. I believe that I need to do everything I can to encourage health so that the baby is delivered with the least intervention, 'in the most natural way'. As

Misunderstanding about what an osteopath does has contributed to a lack of inclusion of osteopathic research in conventional databases. Initially when I asked to work for the Portland it was to treat back pain, now I am invited to deal with many more obstetric related cases. Over a thousand pieces of research a year are currently being produced at osteopathic schools throughout Europe yet where are they? It is a weirdness associated with osteopathy, not a question of funding.

We are addressing this at the BSO, developing a database and a website that links osteopathic research published in the UK. Once that is done, automatic links will come up with say, a search for obstetrics and complementary therapies.

### Has the work been evaluated at the BSO?

We did a pilot project at the EMC of 400 women treated specifically looking at each 100, comparing them to the next 100 to determine how effective their osteopathic treatment was. To date, we have researched over a thousand women. The results suggest that the majority of women show some improvement. We aim to publish in the next three months.

pregnancy proceeds with the secretion of relaxin, osteopaths are better placed to make changes within the body framework to expedite the process of delivery. This is not simply a matter of ensuring the pelvic girdle is free, that there is proper sacroiliac motion and correct relationship of parts of the pelvis. All the bodily changes have an interaction with the changing hormonal state and the readiness for parturition itself... in the relative tensity of the tissues of the pelvic floor muscle and the ability of the uterus to contract for long enough. They all interact through the nervous and the endocrine systems. The body framework is not simply there to stop the guts falling out; it is the primary machinery of life. It is through this neuromuscular system that we experience everything, that we give vent to emotions and express ourselves. Such experiences are dependent upon the health of that system. Their effects upon it feed back into other organs systems and especially the endocrine system.

'I would like to see an osteopath as part of the obstetric team'

## How can an osteopath help women: antenatally, intra-partum and post-partum?

My own feeling is that in an ideal world an osteopath would assess all women early in pregnancy. Those who are well could perhaps be assessed six months and just prior to the expected date of parturition. There may be many women who would require more treatment for a variety of reasons. In particular, osteopaths can help to prepare the pelvis mechanically for parturition. Ideally I would like to see an osteopath as part of the obstetric team so that the woman also has the option to be treated by an osteopath during labour. There are many instances of uterine inertia, and delayed parturition being expedited by specific work particularly on the spine. It is also important to examine and where appropriate adjust parts of the body that have been strained through parturition. Particular attention to the relationship between the sacrum and the pelvis is essential in view of its relationship to competence of the pelvic floor. Stress incontinence would be reduced very markedly if this were done.

Osteopathy is often helpful with reflux oesophagitis and hiatus hernia, where posture affects these conditions. The autonomic nervous system can also feature in hyperemesis and morning sickness. In particular, where the vagus nerve is involved, osteopathic treatment in the neck may improve symptoms. It would be wrong for me to state that we have an answer for all women with sickness, but we can help a significant number.

## Is there anything that osteopaths can recommend generally to women to help in their pregnancy?

Nutritional status is always important. Perhaps the biggest difficulty facing most pregnant women is that they have other children and a job. People suffer as a result of too much stress. Osteopathic treatment frequently involves de-stressing at a mechanical level, which helps people to cope again. This enhances the functioning of the body by facilitating a release from its sympathetic tone – its hyped up state of action – and getting down to a state of response from which more stress may be adequately dealt with.

‘Osteopathic treatment frequently involves de-stress at a mechanical level’

## I understand that you have a particular interest in cranial osteopathy and newborn babies and children. What is cranial osteopathy?

Cranial osteopathy is a misnomer. The principles of osteopathy can be applied to the cranium as they can to any other part of the body. The way that cranial osteopathy has become termed, comes from usage that is political. It implies a speciality, that doesn't exist, so I prefer not to use the term. I will say that osteopathy in the cranial field is a phrase that describes application of osteopathy to a

particular part of the body, whereas the osteopath is always looking at the whole.

## It is my perception that people fear that osteopathic treatment applied to children/babies may be dangerous. What are our thoughts on this issue?

In actuarial terms we are safe because professional indemnity insurance for osteopaths is around £100 per annum. However manipulating the head of a newborn baby is a very skilled procedure and in the wrong hands it is dangerous. Provided the operator is a suitable qualified practitioner, and has the specific knowledge necessary to treat babies, it is a safe procedure. This is evidenced by the fact that we are invited to participate on the Starlight Unit (SCBU) at Barnet General Hospital.

## Is there anything you could recommend for newborn babies?

A paediatric osteopath should examine all newborn babies because we find that in most cases there is some degree of mechanical stress that remains unresolved... when there isn't, I rejoice. I once said (at considerable risk!) in a lecture to group midwives, that when labour proceeds normally there is no need for a midwife or an osteopath. Unfortunately, for most labours women need a midwife and some intervention. Osteopathically, this may be a very fine adjustment on a predominantly healthy baby, or extensive work on someone with prenatal hypoxic damage. I view paediatric osteopathy as the cheapest most effective form of prophylactic medicine as yet not being used in care of pregnant women and babies.

## Could you explain your work at Barnet Hospital?

The parent of children in special care and intensive care are offered the opportunity to be examined and treated by an osteopath from the OCC. The hospital makes it known to the parents that this service is available, but is not in a position to recommend it. In effect, we have a collaborative venture with the Consultant Paediatrician, Simon Roth, being very fair minded and satisfied that his patients are safely cared for. We are both keen to enter into collaborative research on the treatment given because the anecdotal evidence to date is favourable and we are actually in the process of examining mutually suitable protocols for the research.

## Can you describe what you do?

We visit once a week and have done so for the past six years. Basically, neonatal staffs help the patient survive and we contribute to the improvement of their quality of life. In practical terms, we save them money... it appears that we help to get the patients out of intensive care more quickly. Hospital staffs, now accept us and we have developed cooperation in certain other circumstances, for example, where we believe that older children have perhaps been overmedicated for asthma. We can often treat these children in communication with the hospital and significantly reduce or eradicate their medication.



## Do you have any advice for midwives, in terms of what does and does not facilitate the physiological mechanisms of birth?

Well, this could be controversial! I would ask those midwives with perhaps a feel for this, to use their hands on the mothers as much as possible, although I'm sure a lot of them already massage the right parts. In terms of what influence professionals can have upon a birth, much depends upon existing family factors yet the influence is still enough to make a difference, but only if the mother and the baby want you to.

## Can you see any parallels in terms of midwifery philosophy, with osteopathic approach to care?

Yes, both professions deal with people and their feelings – that is as important to us as the medical condition.

## Osteopaths never seem to be consulted for input in, for example, the Cochrane review/research. Does this bother you, or are you not interested in the allopathic models of medicine?

If you ask me whether my profession is interested in the allopathic model the answer would be a categorical yes. If you asked me personally, the answer would be qualified no. I think that if we try to make our practice and research acceptable to the medical profession... if that is our starting point... we are in danger of denying the very distinctness that we represent. I believe that the shift in acceptance will come because the government and public will move more and more towards qualitative assessment. Through concepts such as consumer satisfaction, sociological measures are already beginning to make their way into medical practice. That to me is valid because it is actually measuring people's experiences.

## CONCLUSION

Research based evidence into the benefits of osteopathy for treatment of back pain is established<sup>5</sup> as is treatment of lumbar pain during labour. Effectiveness of osteopathic care of pregnant women in relation to alleviating mechanical stress and associated pain also exist<sup>6</sup>. The cost effectiveness of general osteopathic treatment when combined with services offered in the NHS is also demonstrated<sup>7</sup>. Sandler's contemporary research into pregnant women is promising although not yet complete. Some evidence suggest that osteopathy in the cranial field may be effective in treating infants with poor feeding/sucking, vomiting, irritability, crying, recurrent ear infections, asthma, neurological dysfunction (including cerebral palsy), learning difficulties and sleep disorders<sup>8</sup> – this is certainly endorsed by the experience of the OCC. It is hoped that the proposed research plans for the work at Barnet General Hospital and the OCC will yield more tangible results.

The lack of published research available on the effectiveness of osteopathy in the care of pregnant women and their babies is a major weakness when attempting to critically assess its value. The proposed research of the BSO and OCC is awaited with great interest. Despite occasional disparity of opinion between the two interviewees, their testimonial evidence is compelling and the expanding success of the respective clinics devoted solely to this care is strong evidence to support it. However, the writer was motivated to challenge the osteopathic views of prophylaxis as an essentially medical model perceptive and not in harmony with the philosophy of either midwifery or osteopathy. The replies centred upon the effect of modern lifestyle and relative safety of 'osteopathic type of intervention'. On balance, there is a value of osteopathic care in the maternity services and further research into the feasibility of osteopaths becoming part of the multidisciplinary obstetric team could be of benefit to midwives.

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JENNY GREEN IS A STUDENT MIDWIFE.

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# being manipluated

Cranial osteopathy is said to treat complaints as diverse as sleeplessness and tinnitus, yet it works so gently you barely know it's happening, Jane Alexander explains.



*William Garner Sutherland*

"All I have done is to pull aside a curtain for further vision

*Soft and gentle pressure on the head helps realign the bones to a position of ease and comfort relieving the body of stress and trauma*

As the name suggests, cranial osteopathy involves manipulating the infinitesimal joints of the cranium or skull, known as sutures. Although these sutures are very tiny, they can become as traumatized or restricted as any joints in the body. The osteopath seeks to ease any abnormalities, gently returning the bones of the cranium to a position of ease and comfort.

Cranial work was originally developed in the early part of the 20<sup>th</sup> century. Before this time osteopaths thought that the bones of the skull were fixed solidly together and could not be manipulated. However, osteopath William Garner Sutherland realised that the cranium was actually a moving structure, even though its movements were minute. He also discovered that there was a pulse in the cranium that echoed the fluctuation of the cerebrospinal fluid (the watery liquid that bathes the tissues of the brain and the spinal cord). In a healthy adult, this pulse will beat at ten to 14 beats a minute, but when there is a problem or illness, it will not reach this optimum level. By very gentle manipulation of the head and the lower spine (the sacrum), Sutherland found he could correct the pulse and cure the problem.

Although all osteopaths now learn cranial work as part of their training, not all choose to work in this way. Peter Bartlett, a cranial osteopath in London, explains that some osteopaths avoid cranial techniques because they simply cannot work at such a subtle level. "Put a hair under a page of a telephone book directory and most people would be able to feel where it was," he says. "While the best

cranial osteopaths could feel that hair through the whole telephone directory."

The treatment is so subtle, and the result so powerful, that many people find cranial osteopathy hard to comprehend. "People think it's magic or faith healing," says Corina Petter, another cranial expert, "but it's firmly based on anatomy and physiology. It relies on fundamental science. If you know your anatomy, you can feel the stress traumas within the body and release them."

Cranial Osteopathy can treat a wide variety of conditions, including back and neck pain, sport injuries, digestive difficulties and period pains. It can ease migraine and soothe painful sinuses, phobias can vanish and ear infections disappear. Even notoriously difficult conditions, such as osteoporosis and tinnitus can often be alleviated. (*IBS, depression*)

But perhaps the most remarkable results come with babies. In recent years, cranial osteopathy has become the in-treatment for newborns and young children. It has been hailed as a miracle cure for everything from colic to sleeplessness, learning difficulties to glue ear, persistent coughs and colds to hyperactivity. "Few births are 'easy' for either mother or child," explains Phil Parker, who specialises in cranial work for babies. "Although birth is a natural process, various problems can arise."

## Soothing and healing

The osteopath can gently align the bones of the skull into their optimum position, and when this essential framework is in place many problems simply disappear. "In an ideal world, all babies would have cranial osteopathy following birth - particularly if the birth is unusual or difficult in any way."

Fortunately, many doctors are now realising that cranial osteopathy can find solutions where drugs and orthodox medicine are unable to help. Tina Longworth, 35, was initially surprised when her GP suggested she visit Phil Parker with her young baby, Marcus - he was suffering with terrible nightmares following a meningitis scare, for which he had undergone the trauma of a lumbar puncture. He would wake five times a night, screaming and arching his back. But after the first session, Marcus only had one nightmare in the whole week and after the second session, his nightmares had disappeared completely. "We were amazed and delighted," says Tina. Cost for the treatment varies enormously around the country, but you can expect to pay around £25 to £40 on average (most osteopaths reduce their fees for children or babies). You should generally expect to visit once a week at first, then less frequently as the condition improves.

Best of all, cranial osteopathy not only works well but is one of the most relaxing treatments you can experience. In fact, many people have sessions for nothing more than a regular dose of pure bliss. W&H

## "I would definitely go again"...

Joe Lynn, in her 40s, is a PR consultant from London. She visited Phillip Parker at Crouch end Health Clinic.

"By the time I arrived at the clinic, I was stressed. Fortunately, Phillip was so calm - he even "talked me down" on my mobile when I was in danger of being late.

Before we started, Phillip took my details and I explained some of my recurring health problems. I am prone to chest problems and "office back". He explained all about cranial osteopathy, then we started the treatment.

Unlike traditional osteopathy, which I have had in the past, I didn't have to strip down to my bra and pants before lying on the treatment bench, but some osteopaths may want to take off some clothes... *for precise observation of the spine at the area of discomfort...* Phillip began the treatment around my head and neck, explaining that as things began to shift I would notice symptoms such as a grumbling tummy. True enough, my stomach grumbled throughout the treatment. His manipulations were slight; a very subtle rhythmic pressure as his fingers moved in small, wavy movements over my head and then on to other areas of my body, finishing up on my feet.

At various times throughout the treatment, I felt quite an acute, almost painful, sensation in my right chest area. Phillip told me that we often "remember things, which remain in our body cells" and that he thought what I was feeling was something that had happened when I was about six. I also felt feelings of release in my pelvic area (another weak spot) and my left groin.

He also told me that I was in a "fight or flight" state of stress, and suggested that I needed to nurture myself more and learn to unwind.

I certainly did feel relaxed during the session. After the treatment, Phillip said that I might feel pleasantly drowsy and also experience some emotional release, such as weeping. Initially, I felt energetic and aggressive, but several hours later those feelings gave way to drowsiness.

Phillip was an experienced practitioner, and I would go again. I would say that this is a very effective treatment, especially for people who prefer to avoid the more physical type of osteopathy, or who dislike taking all their clothes off. It would, however, be worth getting a word of mouth recommendation, as the skill of the practitioner is important."

# Why I took my baby to see the osteopath

OSTEOPATHY is a well-known therapy for the relief of back pain and neck pain. But would anyone consider taking a newborn for treatment? SHERRON MAYES, 33 is a writer who lives in Bath. She took her daughter Isabel to see a cranial osteopath when she was just two days old. Here she explains why ...

**M**ost of us, at some point in our lives, have had neck or back problems and needed to seek treatment.

I would never have dreamt, though, that I'd be booking an appointment for my baby daughter just two days after she was born.

After a traumatic birth and a 13-hour labour, which ended with a forceps delivery, Isabel arrived into the world looking like she'd bumped into Mike Tyson, several times.

Her face was swollen, her neck and head were bruised and her skull looked pointed and alien-like due to the forceps delivery. She was very alert and hardly cried, but she winced every time I put my hand under her neck to pick her up.

I'd already heard about cranial osteopathy from my midwife in Bath, who recommends the treatment if a baby is born with forceps. It is milder than osteopathy, using gentle pressure to encourage the release of any stress throughout the body.

Forceps are often used to manoeuvre the baby out of the birth canal, but if they're gripped too hard it can lead to bruising and discomfort afterwards. New parents might then wonder why their new born is screaming, not realising that they might have a headache or neck pain.

Left untreated, it can lead to further problems in adulthood, as gradually the body finds it more difficult to cope with accumulated stresses.

A car accident for example could trigger the old problems from birth, so instead of just having a mild whiplash, enormous strain could be put on the spine and head, triggering migraines and back pain.

TREATMENT from a cranial osteopath could show that the skull was still compressed as a result of a forceps delivery or other childhood accidents.

Indeed, trauma as a child could lead to a complete personality change, when suddenly a child becomes listless and unable to concentrate. This could lead to depression or anti-social behaviour later in life.

Cranial osteopathy can also cure a wide range of other conditions, such as headaches and migraines, sinusitis, menstrual pain, depression, fatigue and asthma. Some children have been known to be relieved of epilepsy and cerebral palsy, when treated with cranial work.

The principles work in the same way for all problems. Any ailment is a sign of imbalance within the body. Once the therapist locates the imbalance and applies gentle pressure to remove the blockage, the body's own healing process can be accelerated.

When I first took Isabel to see Bevis Nathan, a paediatric osteopath, he took a lot of notes about the birth before he began gently manipulating her head and neck, and moving her in different directions. Far from being distressed, she gazed at him, cooing.

Immediately after her first treatment, she was flexing her neck and stretching herself out as you might do after a massage. Within a week the bruising went and she was no longer in pain when I picked her up and held her neck.

According to Bevis Nathan, you cannot always tell what a baby will be like immediately after birth. For the first couple of weeks, he says, a baby

will often sleep a lot in order to recover from the birth. Only after that can you see how their pattern of behaviour will be.

Cranial osteopathy is a gentler form of traditional osteopathy, which is the manipulation of bones to help give relief for back and neck problems.

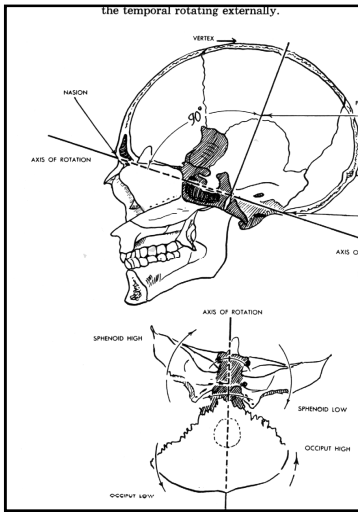
Dr William Sutherland, an American, developed the method in the 1890s. He was looking at a skull, which made up of 26 bones, and noticed that it wasn't fused as firmly as he first thought. He realised that the joints of the skull actually look like the gills of a fish, which meant the skull was designed to move and not be rigid.

What he discovered he called a primary physiological movement, and he later realised it was more like an energetic tidal movement of fluid. Cranial work is based on this tidal movement.

Bevis Nathan says: 'We are trained to feel a subtle rhythmical shape change in all body tissues. With cranial work, you put slight pressure on the skull. The many skull bones are joined in such a way that the skull can change shape very slightly to accommodate the involuntary motion of the brain and body tissues.'

'Trauma to the head can block or disrupt this movement of energy, causing a wide variety of problems, including headaches. Any traumatic birth, such as one using forceps, can cause problems.'





“The vault, which is on the top of the head, is often pulled out of place by delivery so the skull becomes cones shaped. This is pliable and quickly goes back to the original shape.

“However, if there is any strain to the cranial base, which is much thicker bony tissue positioned at the top of the neck and behind the face, this can cause problems to the nerves that help the function of the gut, the tongue and the ear, as well as many other parts of the body.

“Many people come for treatment as adults, when they’ve already suffered for ears. Often it’s a car accident in adulthood, which triggers an initial problem, which occurred as a baby or a child.

“But why wait that long, when children can be treated easily and respond quickly to therapy.”

■ *BEVIS NATHAN, an osteopath, is author of Touch and Emotion In Manual Therapy. His main interest is in paediatric osteopathy. He is based at bath Natural Health Clinic*

*Fig top left: diagram of the skull line of pressure and possible birth trauma to the base of the skull*

*Fig Under: diagram of axis of bone shifting during the fluid tidal movement.*

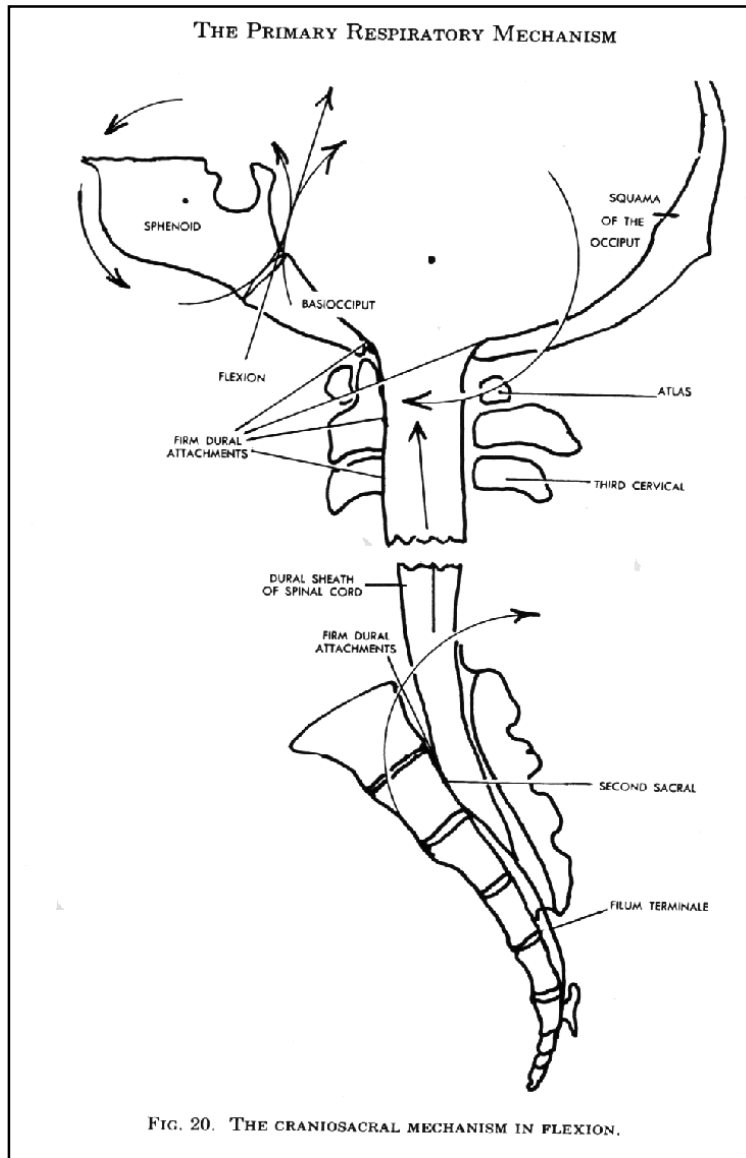


FIG. 20. THE CRANIOSACRAL MECHANISM IN FLEXION.

# CRANIO-SACRAL THERAPY

*by Gerry Martin*

Therapy of the cranio-sacral system is probably the least-known of all therapies, but it may be one of the most important.

## CRANIO-SACRAL SYSTEM

If you break down the term cranio-sacral, you get cranio, as in cranium, or skull, and sacral as in sacrum or tail bone.

The cranium and sacrum are connected to make one unit. On the inner surface of the cranium, and adhering to it, is a tough, durable, unstretchable fibre that wraps itself around and in between the folds of the brain, protecting it. This fibre then leaves the cranium and travels down the spine as a tube over the spinal cord, protecting the cord too. The tube finally ends up attaching itself to the sacrum, or tail bone.

This fibre, which is much like a membrane, thus forms a bag, shaped like the head and body of a snake, and contains the whole central nervous system and its surrounding fluid. The fluid, and its production and movement, is of most importance to the health of the brain, spinal cord and nerves, which in turn affect the health of every bone, muscle, organ, tissue and system in the body. The system described is the 'cranio-sacral system'.

In the same way that the digestive, circulatory and respiratory systems move in a set pathway, so too does the cranio-sacral system moves - independently of heartbeat and breathing. When a person dies, and the heart and breathing stop, it is the last, system to shut down because it is the one that controls all other systems. To understand it a bit more, let us examine the head and brain, as this is where most of the action is.

## THE HEAD

The head is made up of twenty-nine bones. These bones are all separate and they move. This movement happens for a special purpose. Most of the bones of the skull are plate-like and have jigsaw-like edges that interlock with each other. A newborn's bones have not come together yet and the

most common place in the skull to witness this is at the vertex, or top, of the head. As the baby grows, these soft bones of the skull grow harder and come together and interlock in a very special manner so as to allow movement.

## CEREBRO-SPINAL FLUID

Cranial bones move in relationship to the cranio-sacral fluid, or cerebro-spinal fluid, which is rhythmically pumped through the spine from cranium to sacrum and back. Every cranial bone has a defined and unique movement, and as the chambers of the brain fill with fluid the joints between the bones flex and rotate in harmony with each other. You can see how this movement can be affected by the bones of the skull.

Why is this movement so important?

Remember, that stuck to the inside of the skull bones is a thick fibre that wraps itself around the brain and spinal cord. Between the fibre and the brain is the surrounding fluid. This fluid has to move. Let us now look at the brain and its relation to the fluid.

## THE BRAIN

Inside the brain are four chambers that manufacture this special fluid called cerebro-spinal fluid, or brain-spinal cord fluid. This fluid nourishes flushes and protects the whole nervous system. The four chambers of the brain that produce this fluid fill and empty as the fluid is produced and leaves the brain. When it leaves the brain it goes down the spinal cord and back up to the brain again where the used fluid is taken away by the blood stream for the brain to make a fresh lot. This manufacture and circulation of the fluid causes a rhythmical pumping motion throughout the whole central nervous system, skull and sacrum. This rhythmical movement is constant. The vibrancy of this movement is extremely important.

The velocity and amplitude of this system represents the health of the system, and hence the health of the whole nervous system, which controls your entire bodily structure and function.

## THE EFFECTS OF BIRTH

Retardation, limitation or distortion of this system can be caused by many factors. As an example of one of these factors let us look at the time in our lives from infancy to childhood. This is when the system is most vulnerable but may not yet show symptoms.

Childbirth can be fairly traumatic to the infant. The infant's skull is moulded or squeezed to fit the birth canal as it travels through. This is normal. However, when forceps are used to help the delivery, the delicate soft bones of the skull are often moved to an abnormal position from which they may not recover.

Sometimes the newborn appears blue from bruising, from being compressed by the mother's birth canal. The bones may not be able to reposition fully from this.

Sometimes the infant's head is pulled backwards. The first bone of the neck gets locked onto the base of the skull. All may look normal but the infant can be irritable and colic is diagnosed, or the sitting, crawling or walking movements of the growing child can be affected.

Colic, floppy child syndrome, inability to walk or crawl, diseased hips and pain in the knees can be caused by inefficiency of the system. As the baby grows he/she may bang its head or fall repeatedly on its tail bone. The problems then cause one or more bones to be stuck in an awkward position. Symptoms may not show in infancy, but in children concentration problems and the so-called growing pains - coordination problems, headaches and just being sick all the time

can be the result of the system not working.

Problems may not arise until later in adult life, for the body sometimes copes until one more trauma or stress becomes the last straw that brings out a problem. Commonly, you might get neck or back pain, headaches, hip and leg pain, and digestive or bowel syndrome disorders. (It is not uncommon to avert lower back surgery when the cranio-sacral system is treated.) Cranio-sacral therapy should be 'in my opinion' the treatment of choice when there has been obvious trauma to the head, *back or internal organs*. With all health problems it is always best to make sure this system is working properly. This therapy can be administered by chiropractors. Osteopaths or physiotherapists trained in this delicate scientific art.

#### TREATMENT PROCEDURE

During treatment the patient lies on his or her back while the therapist sits at the patient's head with his or her hands wrapped gently around the back of the patient's head. The movements of all the bones of the skull are monitored and coaxed with the same force necessary to move a ten cent coin. During this therapy the patient may feel that their head is being gently massaged and they may fall asleep, unaware that perhaps gradually their muscles are getting stronger or their organs are beginning to work more efficiently as the brain messages are now getting through.

One can only guess that the reason why this therapy has been neglected is because the movements of the skull are barely just perceptible by someone not trained in this field. Also it is very difficult to record on instruments the continuous movements of the bones, and when a joint in the head is jammed or stuck it will not show on X-ray as X-rays only show gross abnormalities.

#### CASE STUDIES

- Bob walked into my clinic one day. He was petrified to come and see me but was referred by a friend. The problem he complained about was lower back pain of disc origin. An operation of his lower back was scheduled in two months and he wanted to see if he could avoid it. He

was not prepared to cancel the operation until I was successful.

Several treatments were applied to his head. Those treatments were for half an hour, once a week. During these treatments he would fall asleep and on waking would feel no change in the situation. Four weeks of once-weekly treatments went by but Bob persisted. On the fifth week he walked into the treatment room and told me that he had cancelled the operation as all his pains had disappeared.

- Joan had irritable bowel syndrome for four years. She was losing weight and was very concerned. She did not come in for that problem, though; as she believed no one could help. She came in for a neck problem. The treatments she received to her head cleared up both her bowel and her neck. She then confessed that she had forgotten to tell me that she had a very high count of blood in her urine for over a year. She had refused a kidney biopsy. After the irritable bowel had cleared up she got her urine checked for blood and the level was back to normal.

- Shaun came for treatment at the age of three. He appeared in a newspaper and magazine article as a medical mystery. He was in constant pain from a mysterious bowel and eye disorder. He was unable to open his bowels without laxatives and enemas and needed spectacles for his eyes. After several treatments to the cranio-sacral system he suddenly got better opening of his bowels normally and not using spectacles. He became so excited he started swinging off bars and kept saying "It doesn't hurt" and punched himself in the stomach to prove it. In Shaun's case, as in Joan's, what was probably happening was that the vagus nerve, which is the nerve that comes out of the skull and feeds the heart, lungs and digestive system, was being compromised.

The vagus nerve is the major nerve that slows your whole body down. It is known as the parasympathetic system that gets you ready for digestion or sleep. It also has an opposing affect to that part of the nervous system that

gets you going, which is the sympathetic nervous system.

The vagus nerve may have been compromised as it was leaving Shaun's head. His eyes could have been affected by the tension of the tough fibre mentioned in paragraph two of this article. All the nerves supplying the muscles of the eyes travel with and through this fibre. If this fibre is pulled and tugged abnormally it then irritates any nerve, consequently weakening the eye muscles.

- Ken, aged 63, came to see me with burning pain down both legs which he had had for ten years. Cortisone injections were not his answer and he was not ready for the suggested surgery.

On his first visit the pain down his right leg disappeared and by the third or fourth treatment the pain down his left leg disappeared too.

In this case, as in Bob's case, I would suspect that the fibre that leaves the head and forms a tube over the spinal cord as it descends down the vertebral canal was again being pulled and twisted, constantly irritating the nerves to the legs and back, weakening the muscles of the lower trunk.

Correction of the bones of the head influenced the movement of this tube and consequently all the nerves that leave the tube.

- Michael, age three, had floppy child syndrome and crossed eyes. He used to be carried in with his mother tucking her forearm around his tummy as he flopped forward with his head. He could not sit up and did not respond to his name.

It took about six months of work with Michael to gain significant improvement although sitting up and getting his eyes to be straight came quickly. You would not perhaps describe him as a floppy child any more. His mental abilities seem much improved as he looks around, very aware of what is going on.

At this stage he still cannot stand up but I am working on him and we are all hopeful for more improvement.

In this case I would say there was an overall effect, not only on all the nerves but on brain function too. How? I do not know but can hazard a guess that improved circulation of blood and

cerebro-spinal fluid in and around the brain and spinal cord could only have had positive effects.

These cases are exceptional but exceptional cases happen frequently. Although treatments to the head are very successful for aches and pains they are less predictable for adult organic problems.

We know that the nervous system controls the muscles, organs and glands.

Therefore, if anything is wrong with an individual he or she should make sure that the cranio-sacral system is working effectively before any other more serious measures are taken. I believe it is always best to correct everything internally first before anything external is introduced. No amount of proper diet or exercise will get the cranio-sacral system to work correctly.

Obviously diet and exercise help your health but if there is a malfunction of this intricate bodily function then it can only be corrected by someone trained in this art.

Gerry Martin is a chiropractor specialising in cranio-sacral work. He practices in North Sydney and St Mary's.

*Gerry Martin*

### WHAT ARE SYMPTOMS THAT I MAY NEED TO SEE?

There is a natural difference between people and gender so comparing with other brothers and sisters or neighbours may be difficult, but you should look for signs of discomfort rather than pain as new-borns are not able to communicate. Excessive sleep, crying, activity, rest, as well as unbalanced moves, signs of unhappiness can show a general unease. Occasionally parents do not notice obvious signs as they may grow accustomed to them but friend or family generally ask or point out little differences. Some practitioners offer free-screening assessment to provide you with the peace of mind required.

### IS THERE SUCH A THING AS A CRANIAL CHECK UP?

After the problem has been treated successfully some patients may be recommended to attend regular check up as the level of dysfunction may have been deep or there for a long time. If not why don't you check yearly as again you may not have noticed a problem arise. In the meantime feel free to call in-between if there is known injury or noticeable difficulty with normal function and motion. Most practitioners would be happy to talk to you over the phone to see if a visit is necessary

### WHY SHOULD I GET MY CHILD ASSESSED?

As these articles may show, there is a time where problems do not show until later, occasionally it can also be quite distressing or the symptoms very mild. It is always worth checking that everything is in good order at an early age rather than to end up with difficulties later on. A child might sleep a lot, cry a lot or not smile because of some mal-alignment and tension.

### WHO SHALL I SEE?

Personally I offer free-screening assessments to allow you to know if there is a need or not. If you are in an area not conveniently close, you can call the Sutherland society for details or call me for recommendations in your area. But good word of mouth referral is usually the most effective way to meet the right person locally

### IS THERE AN AGE AT WHICH IT IS BETTER TO DO SO?

Cranial osteopathy can be done virtually only hours after birth. It is easier to mould a birth trauma soon after the problem and allow clearance of unnecessary discomfort for the newborn. A problem treated within the first 5 weeks can require generally one treatment, against three treatments later on.

### MY DOCTOR SAYS IT IS PURELY NOT POSSIBLE! WHO SHOULD I BELIEVE?

If you are still confused about cranial osteopathy, after talking to your osteopath, there is accessible reading about it, which should reassure you enough. Unfortunately, even if Osteopathy is one of the first complementary medical professions to be fully self-regulated following a bill in 1993, and recognised by the medical profession, not all doctors know about the ins and out of our treatments. But evidence of success based on the understanding of the principle of anatomy and physiology should be fairly self-evident. You can always mention it to your osteopath who may want to contact your GP and offer a detailed explanation of cranial-osteopathy and its claims.

I hope this has been useful.

*Christophe Becquereau*

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*Please keep this as it may help you to refer a friend or a family member for cranial osteopathy and find an answer to their misery*