

Craniosacral Therapy

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Many early practitioners recognized the linkage between cervical dysfunction and visual disturbance. Andrew Taylor Still, the father of osteopathy, claimed he could cure strabismus by manipulation of the upper cervical spine (Still, 1910). J.M. Littlejohn, one of Dr. Still's earliest students, promoted manipulation of the spine to correct visual disturbances. He stated, "The most common specific lesion present occurs at the O-A joint disturbing circulation to the eye through direct pressure on the vertebral artery and thus diminishing blood supply to the temporal-sphenoidal lobe which contains the center of vision" (Littlejohn, n.d.). Dr. T.J. Ruddy (1962), an osteopathic ophthalmologist, developed a series of muscle energy techniques designed to balance extra-ocular muscle tone.

A British neuroscientist, Lawrence Weiskrantz, made an anatomical discovery that helps to highlight the importance of the relationship of the postural reflexes and vision (Harris, 1997). He discovered a large branch of the optic nerve that runs to the superior colliculus. This branch is ten times the size of the auditory nerve. Knowing the superior colliculus to be connected to visual reflexes, Weiskrantz postulates that the purpose of this large nerve pathway is to connect visual information with information coming from the semicircular canals and afferent input from the dorsal root ganglia of C1, C2, and C3. He proposed that this pathway is where information from the balance centers and proprioceptive input from muscles, tendons, and ligaments, combine with visual stimuli to construct a representation of space for the individual.

Frymann (1976) gathered significant amount of data to support the relationship of birth trauma to learning disabilities (1976). In her study, she looked at 210 elementary school children who suffered considerable trauma before or during birth. Of those children 78% had developed learning disabilities discovered once they started school compared 28.3% who had no learning disabilities.

Osteopaths and cranial sacral therapists through their palpating skills are able to detect problems with glasses that interfere with their treatments and clinically working with optometry find a new way of helping their patients with lenses prescribed by integrating the concepts of cranial sacral therapy and As discussed earlier strain patterns or imbalances of the Cranial Sacral Rhythm (also called the Primary Respiratory Mechanism) can influence the eyes, its health as well as its function and can cause problems such as strabismus as well as changes in refractive status and these can be treated with cranial treatments.

The influence of light on the cranial sacral rhythm seems to be very consistent, refractive deviations not compensated would create consistent strain patterns so that you could determine the type of ametropia present. Also with lenses, if there was not a strain present in the cranial sacral rhythm (PRM) and lenses were added there would be a different strain for minus, plus and cylinders so that you could determine in what direction to change a compensating lens to eliminate the strain in the cranial sacral rhythm (PRM). The strain pattern was based on a comparison to what we called neutral, which was the motion of the rhythm with glasses off and eyes closed and eyes covered if necessary. Therefore we were able to prescribe lenses that would eliminate strain patterns in the cranial rhythms. The field of cranial therapy can give the optometrist a better understanding of how vision is integrated and influences the whole body along with an added appreciation and awareness of the power of the lens on the total person. It gives a way of finding a balance in the visual system with lenses, especially with anisometropia, in order that appropriately or not compensated at all it creates a severe strain in the body as sensed through the cranial rhythm and is usually accompanied by some type of somatic symptoms. Many cranial therapists have found this when treating patients with these symptoms who were wearing monovision lenses.

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