



Cranial Osteopathy

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In the mid 1970s I was attending a seminar in Las Vegas on dental kinesiology. I was quite excited about the change that had taken place in the direction of my dental practice. With the addition of kinesiology I was able, for the first time, to relate dental problems to a person's overall health. During a break in the program my dental partner and I left the room to get some water and a little fresh air. When we returned there was a group of people gathered around one of the conference tables and there was a dentist sitting next to the table. A woman was laying on it and I noticed the dentist's arm disappearing under her long 70's style skirt. It was impossible to tell where his hand was.

I was shocked and stuck my arm out to stop Larry from going in. I said, "Larry, what are they doing?" He mumbled, "I don't know, but I'm going to go see." I said, "Not me." I didn't want to get that close to whatever weird thing was going on. With Larry leading the way, I followed, never getting too close.

The dentist was explaining that the temporal bone was locked in some sort of abnormal position and was beginning to move back to where it belonged. I knew from my anatomy training that his hand was nowhere near the temporal bone and, by the way, the temporal bone does not move anyway. If it did move, so what?

This was my introduction to cranial osteopathy. Fortunately, later in the conference, we heard from a cranial practitioner who explained in a logical way that the bones of the skull do move and they are in sync with the sacrum. The sacrum was what the "weird" dentist was using to monitor the temporal bone. I still was not convinced that there was any importance to

this mechanism. I was so caught up with the amazing things that muscle testing was teaching me that I could scarcely get interested in this new field. Everyone I asked about cranial osteopathy was somewhat vague about what it could do, how it worked or why a dentist would want to use it in his practice.

A few days later, I woke up and inside my head I was hearing myself saying, "This is it. This answers a whole lot of questions about things that I was seeing every-day in my practice that I never understood. It was the possible answer to what I had come to refer to as the dental mysteries." I immediately called the American Academy of Osteopathy and asked to register for their next class. It was not that easy I was told. I sent in my \$50 and waited to hear when I could get into a tutorial. With the confirmation letter of my deposit I was told that Dr. Frymann expected us to thoroughly review our anatomy training and come prepared to answer detailed questions on anatomy – particularly cranial anatomy. It had been thirteen years or so since I had taken anatomy and to my surprise my memory of the subject, at which I had excelled, was surprisingly lacking. I hit the books.

After three months I received a call from the Academy in which I was told that I had been picked for the April tutorial in La Jolla, California. I said, "That's great."

The secretary said, "You have no idea how great it is."

I replied, "What do you mean by that comment?" She said, "There was an academy meeting in Colorado Springs this week. When I showed Dr. Frymann the list of 75 hopefuls, she ran her finger down the page and stopped at your name. She then did the same thing for



another and then again for an alternate."

This was it. I really was supposed to learn this treatment.

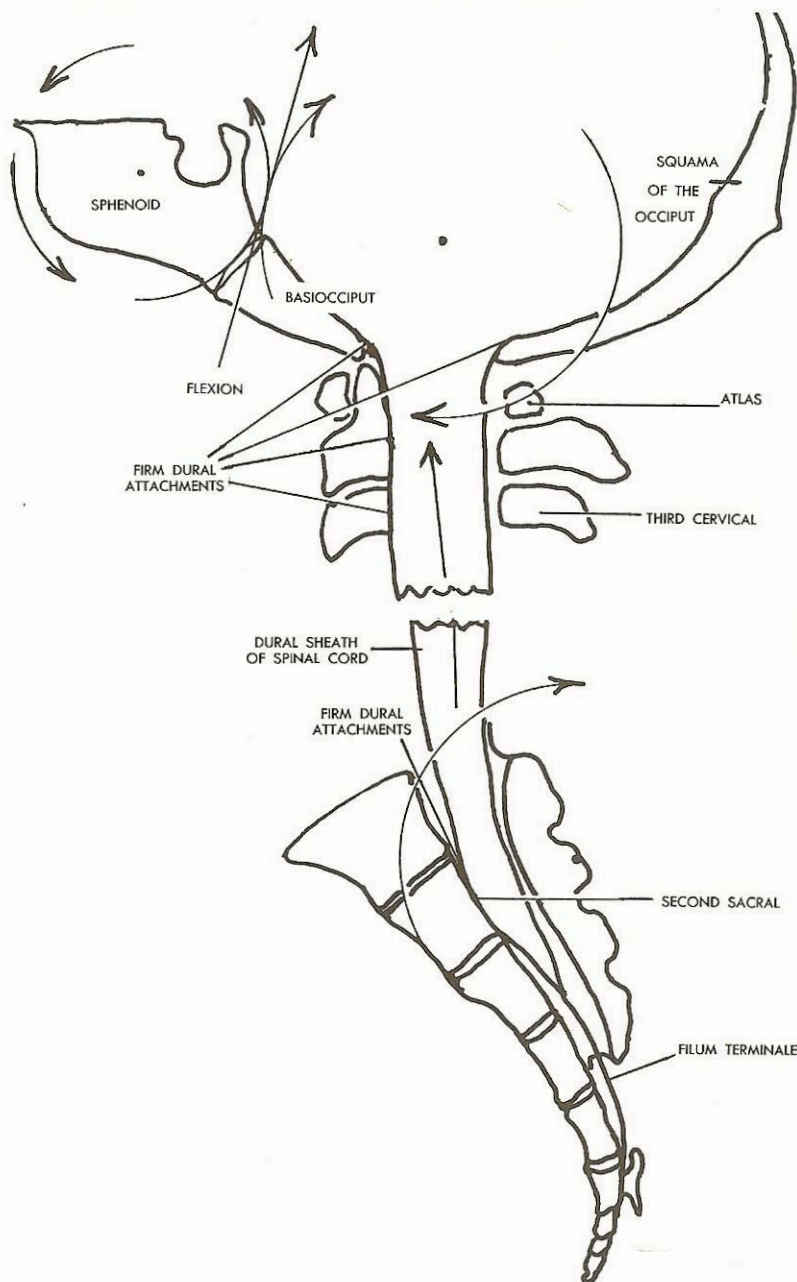
The class ran from Monday through Friday. We began at 8 a.m. and ended at 10 p.m. with an hour for lunch and two hours for dinner. There was one table trainer for each six students. By mid-morning Friday, while Dr. Frymann was teaching the facial bone treatments, I could not assimilate another thing. I felt brain dead. I decided I would have to take the beginning class again. Dr. Frymann had told us we should repeat the class two or three times and practice for a year or two between classes. Two years later I retook the class.

It has been 34 years since that original class. I will try to convey what it has meant to me and to my patients.

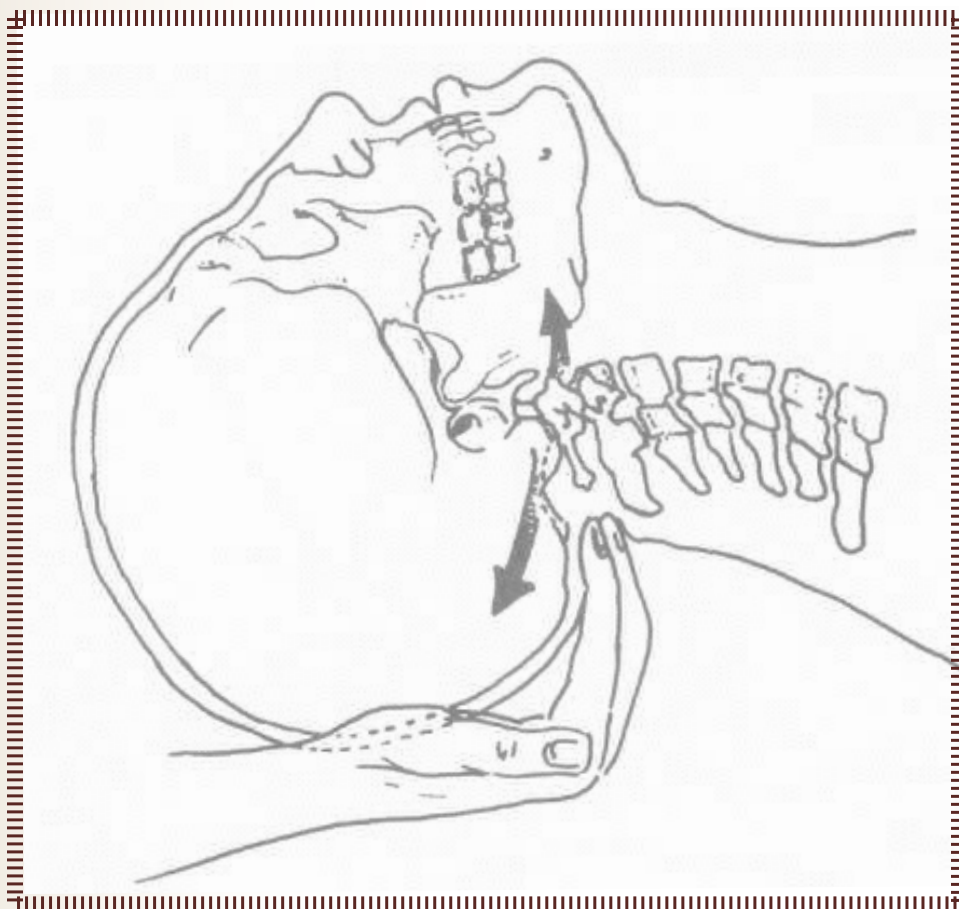
First, what is cranial osteopathy?

Cranial osteopathy is a system of treatment based on the discovery by William Garner Sutherland, D.O. that the bones of the skull move in a rhythmic manner. The discovery came to Dr. Sutherland from the analysis of a disarticulated skull (bones were separated at the joints). As he looked at the bones and held them in relation to each other, he could see many provisions in the anatomy for movement. He knew that anatomy is very practical. It does not have any wasted structures. Everything included has a reason. He began to develop a sense of the movement by placing his hands gently on a head and found that movement was indeed occurring. With countless hours of careful palpation he pieced together the elements of this amazing system.

THE PRIMARY RESPIRATORY MECHANISM



The brain and spinal chord have a movement that is like coiling and uncoiling. The bones, in synchrony with brain and spinal chord, expand and contract. The cerebrospinal fluid is circulated throughout the central nervous system with a small amount passing into the rest of the body. The cerebrospinal fluid is contained by the membranes that surround the central nervous system. The dura-mater (part of this membranous system) holds the system together in reciprocal tension and transmits the cranial movement to the sacrum.



medical and dental professions to do his version of treatment. He has published books, founded the Upledger Institute that offers classes and copyrighted the name Cranio-Sacral Therapy. Since the development of the Upledger Institute, there have been numerous training programs teaching versions of Cranio-Sacral Therapy and disciplines based on various elements of cranial treatment.

What is cranial osteopathic treatment and how does it work?

The best way I have found to describe treatments that have

The system has four rhythms -- the cardiac rhythm, the respiratory rhythm, the cranial respiratory impulse and a slow undulating rhythm. The most unique of these is the Cranial Respiratory Impulse or CRI. Unlike the cardiac and respiratory rhythms the CRI has a constant tempo, like the metronome of one's life, repeating ten to twelve times a minute. The purpose of the undulating rhythm, that repeats four to five times a minute, is as yet unknown.

As a result of Dr. Sutherland's work and persistence to educate his profession about it, many other systems have been developed to address problems in the cranio-sacral mechanism. In the early years, Major DeJarnette, DC learned from Dr. Sutherland and developed his own system that is the basis of cranial treatments used by chiropractors. He called his system Sacro-Occipital Technique or SOT. From SOT came a version of treatment for practitioners of Applied Kinesiology or AK. The osteopathic practitioners have closely guarded their system and restricted its training to Osteopaths (DOs), Medical Doctors (MDs) and dentists (DDS). In the early 1980's, in a break with the tradition of secrecy, John Upledger DO began teaching people outside the osteopathic,

resulted from the osteopathic branch of this work is to say that it is the crossover point between purely physical and purely energetic work. Since the late 1970s, people have become accustomed to energy work, Cranio-Sacral Therapy, Healing Touch and many other "new" therapies. People generally have some basis for understanding this statement.

Saying this alone does not really get us too far in understanding the process so I will describe it. The treatment involves the ability of the practitioner to use his/her hands to read the body with a very light touch. The first thing that is learned is the movement of the cranial mechanism. This involves the motility (ability to move spontaneously and independently) of the cranial bones and the sacrum, the quality and movement of the cerebro-spinal fluid, the movement of the brain and spinal chord and the rhythms of the various cycles resulting from this movement. The quality and balance of the mechanism tell the practitioner where the imbalances are and with experience where to treat.

The basis of most treatment is something that might seem counter-productive in light of other approaches



to health care but is actually the safest, gentlest treatment I know. In most systems a diagnosis is made and a direct confrontation is made to fix the offending situation. If a vertebra is subluxated (a slight misalignment of a vertebrae) a chiropractor or physical therapist will usually try to push it into place. A physician will generally prescribe a substance to rid a patient of his/her symptoms. In cranial treatment, a very light touch actually exaggerates the problem until the offending strain pattern is balanced. This activates an internal mechanism that utilizes the magnificent healing potency of the cerebro-spinal fluid and begins to release the strain pattern. This process puts the practitioner in touch with the homeostatic mechanism and activates it. This mechanism knows how to return the system to balance. It only needs what I refer to

treated. When a person is injured, say in a car accident, the initial injuries are treated until the threat of death is gone and the worst injuries have healed. The imbalances that remain, over time, will create further problems that will be less associated in a practitioner's mind with the original injury. The pain, the loss of optimal function, and the decrease in the quality of the injured person's life will be very real.

Cranial treatment may not be all that is needed, but it is a treatment that has a direct handle on the homeostatic mechanism. Full recovery is unlikely without it. The cranial mechanism must be able to work its magic. In my practice I have used it for headaches, chronic pain, reduction of fever, edema, digestive disorders, foot, ankle and knee problems, neurologic

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as - the creative nudge. As the process unfolds, there is lots of movement in the body, the fluids, the energy and in the rhythms. The correction occurs when the movements come to a balance and a still point is felt. A still point feels like gentle expansion and contraction as in breathing.

What are the benefits and effects?

I am frequently asked. “What will this do for me?” After 34 years, I still cannot say what it will do for any one patient. I can say, however, that every abnormal situation involves a disruption in the cranial mechanism. Even people with no apparent problems will be better after cranial treatment. It is a piece in the puzzle of one's health. Often it is a very big piece. It is the one part of the puzzle that is most frequently not

conditions, muscle imbalances, etc. In my opinion, a temporomandibular joint dysfunction cannot be properly treated without cranial treatment. The benefit to newborn infants and children is huge. Colic can often be eliminated in newborns. Orthodontic problems can frequently be prevented by early treatment. For children the benefits are so great that my teacher, Dr. Viola Frymann, has limited her practice to children believing that she can do the most good by focusing on their care.

How did I decide that cranial work is something I should learn?

The decision was made for me in my soul. I really was told – not asked - to do it. It was a compulsion I could not ignore. In the years since I started, it



has been with me continually. When I got mercury poisoning I could not practice dentistry. While I was recovering my abilities to think, remember and learn something new to support myself, cranial treatment was there. When I was freed from the burden of office overhead I was able to earn a living, hone my cranial skills and keep the joy of being able to be of service in a meaningful way.

What would be the benefits of learning this work?

Cranial therapy or treatment works very well with all treatments that I have encountered. For several years I practiced in a group that included chiropractors, a naturopath, another dentist, massage therapists, an acupuncturist and a nutritionist. Cranial treatments worked very well in conjunction with all of these modalities.

Another benefit is that in the process of learning to diagnose cranial problems one becomes better able to determine where the problems are and treat them even if one does not know exactly what the problem is. In my intermediate classes, I teach a method of determining what a patient's priorities are. Treating the body's highest priorities first, often fixes several things at once. It also helps the practitioner to find things about which the patient may not be aware or forgot to tell you that are critical to fixing the patient's main complaint.

Cranial work combines well with massage therapy even if all that is done is to end a session with one of the relaxing, vitality enhancing treatments.

What are the prospects for practicing this work? Is there a need? Is there a demand?

Acquiring the skills to do this work well takes time. During the learning phase one can expect good results. Sometimes the results will be astounding. As one's skills are honed, the results will get even better

and it will become easier to detect and treat problems. Tenacity is required. Sometimes this means that one must hold on and pay attention when one is not sure if the treatment is done. Mainly it means that one must feel a lot of heads to learn the subtleties of the mechanism.

If one looks at the number of practitioners in the cranial academy, there were 874 total members in the United States in 2009 - 69 were dentists, 46 were MDs and the rest were Osteopaths. That is a pitifully small number when weighed against the millions of people in the U.S. These statistics do not account for the numbers of practitioners in the academy who practice little or no cranial treatment on a regular basis. I do not know how many therapists have been trained through the Upledger Institute. The graduates of all the programs do not always follow through and practice the training to the point of proficiency. Obviously the need is enormous.

For a DO, MD or DDS, there are huge economic disincentives to spending the time performing cranial treatment. When I was practicing dentistry full time, my overhead was three times my income from cranial work per hour. I had to do a lot of dentistry to pay for my cranial habit until I found a cranial therapist who could help with the load.

To address the issue of demand, I will say that demand is created by word of mouth. One successful patient is worth more than large amounts of marketing. The difficulty for patients trying to refer their friends is how to describe what you do. It is important to have pamphlets and educational materials to educate your patients and to spend time during a treatment to explain what is happening.

In my view, the enormous need will not be met without significant changes in the systems of delivery we now have. The osteopathic profession must begin to train auxiliaries to assist them in their offices. Therapists working independently must have a receptive



Osteopath, Dentist or Medical Doctor that will accept referrals for difficult situations.

How does one decide to learn cranial treatment and where should one go?

Learn as much as possible about cranial work and talk to practitioners. Experience the work of a good practitioner and ask questions. Finally, listen to your instincts.

For the members of the medical, dental and osteopathic professions the answer is the Cranial Academy.

Osteopathic Cranial Academy
3535 East 96th St., Suite 101
Indianapolis, IN 46240
317-581-0411

For all others, there are dozens of training programs throughout the country. The best known is the Upledger Institute.

11211 Prosperity Farms Rd, Suite D-325
Palm Beach Gardens, FL 33410
561-233-5880

My own program offers classes for professionals and therapists

Norman L. Lewark, DDS
36732 Sunshine Mesa Rd.
Hotchkiss, CO 81419
970-527-7415

When looking for a training program the important considerations are:

1. Tuition
2. Is there training in anatomy – particularly, cranial anatomy – for those who do not have a background in anatomy?
3. What is the training and experience level of the instructors?
4. What is the ratio of students per table trainer in the classes?
5. Is there the possibility of retaking the training until one becomes proficient?
6. Are there advanced level classes? €