

## *Other Uses for CranioSacral Therapy*

So now I knew that CranioSacral Therapy was capable of producing excellent results in slow, hyperactive, dyslexic, and spastic cerebral-palsied children. Next came autistic children and newborns. I received a research grant to work with autistic children over a three-year period. At the time when the grant ended, we were making some very significant progress at a center for autism. The children were inflicting much less pain on themselves, displaying affection toward other human beings, and showing greatly improved social behavior.

Unfortunately, the research money for this study dried up. I don't know how far we might have gone. There was a regression in the autistic children when they were not treated with CranioSacral Therapy for three or four months. It was clear that we needed to go further with our work. We did have a few private-patient autistic children come to our clinic at the University. One of them was 6 years old and had only begun to display autistic behavior about 1 $\frac{1}{2}$  years earlier. I'm sure the diagnosis was valid because it was made at the Bethesda Naval Hospital and confirmed at the University of Virginia Medical School. The father was discharged from the Navy on hardship because of the child. We treated the boy about six times immediately upon his arrival in Michigan. His improvement was so marked that the state evaluation team

in Michigan did not label him autistic. He was called developmentally slow. They put him in a regular classroom and he did fine. I know that we have a lot more work in the field of autism that could be done by well-trained CranioSacral Therapists. We did learn something about the differentiation of autism from childhood schizophrenia by the evaluation of the craniosacral system.

We did a blind study with children who had been rated on the Rimland Developmental Landmark Scale. This scale diagnoses both autism and schizophrenia. I made my own diagnosis, based on the craniosacral system characteristics, on 63 children who had been rated by Dr. Rimland. I did not know his results before I gave my own impression. The agreement between Dr. Rimland's diagnosis, based on developmental landmarks, and my own diagnosis, based on craniosacral system evaluation, was very high. It was extremely improbable that this agreement could have been reached by chance.

Lest you get the impression that I was spending all of my life treating brain-dysfunctioning children, I would like to tell you about some of the uses for CranioSacral Therapy we found that did not involve dysfunctional children.

We found that CranioSacral Therapy may shorten and ease the discomfort of obstetrical labor for both mother and child. I was teaching in England at the European School of Osteopathy in Maidstone, Kent, during the fall of 1977. One of the student's wives had been in labor for three days. The doctors had scheduled her for Caesarean section delivery that afternoon. The student, Simon, was quite upset about the possibility of Caesarean rather than vaginal delivery of their first child. But the labor was long, it was not progressing, and his wife Deborah's blood pressure was getting dangerously high. The surgery was to be done in about four hours. Simon

and I had never met before. He was trying to effectively divide his time between the hospital and my seminar. He came up after my first morning lecture and asked if there was anything I could recommend within the realm of CranioSacral Therapy that might be helpful. My conventional medical background was not far behind me, and I was concerned about the non-productive labor and the high blood pressure. I advised Simon to allow the scheduled Caesarean section to be performed. However he had four hours during which he could try a CranioSacral Therapy technique that might, we hoped, affect the pituitary gland positively and cause the stalled labor to effectively recommence. I also showed him CranioSacral techniques that could lower blood pressure. Simon left all excited and ready to try. He was back within three hours.

Deborah had gone into strong, effective labor while Simon was applying the CranioSacral Therapy technique. She delivered a healthy girl named Hannah within 30 minutes of the time Simon began to work on her craniosacral system. He did not even get to the blood pressure techniques because Deborah delivered the baby and her blood pressure came down naturally. The doctors were baffled—but happy. Simon never told them what he did. We visit with Simon, Deborah, Hannah and their youngest daughter, Charlotte, almost annually when we are in Europe or when they come to the States. We are good friends. Hannah has often heard all about what CranioSacral Therapy did for her. Incidentally, I treated Hannah on the fourth day of her life as a demonstration before the class in Maidstone. She was born into instant fame.

Since that time, CranioSacral Therapy has proven to be very helpful and efficacious for mothers during pregnancy, delivery and postpartum (after delivery). The treated mother's incidence of back problems and postpartum blues seems much less than for those who do not receive CranioSacral Therapy.