

SET TALK

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MOBILIZING CRANIAL ENERGIES

I have just gotten back from teaching the Quick Release Technique to a massage class. This wonderful protocol utilizes acupressure points, trigger points, and a modified atlas/occipital (A/O) release to quickly decompress the cranium, mobilize the occiput and occipital/mastoid sutures, release the reverse curvature of the neck, decompress C1, release trigger points with a reduction in sensation, inflammation, and waste products, mobilize energy flow through acupressure meridians, mobilize emotional energy trapped by character armor, and mobilize the entire craniosacral mechanism.

In this class numerous participants experienced some degree of emotional release from lightheadedness to hysterical laughter and sobbing. Everyone who received the Quick Release experienced a profound sense of relaxation and lengthening of the spine. A few classmates who were experiencing low back pain had a significant reduction of pain, and some had no pain at all. All this was achieved by students who applied these specific Quick Release techniques for the first time, ending with the basic cranial modified A/O release. The A/O release is referred to as a modified A/O release because pressure is applied using both hands in slight traction with curved fingers following the release of soft tissue (myofascial release) from the center of the occiput outward to the mastoid process.

Anyone who has experienced or has trained in cranial work knows that there is a considerable amount of energetic release when freeing the craniosacral mechanism from its restrictions. One of the complaints that I have heard from many beginning therapists when working with the cranium is that it is difficult to feel the cranial motion. When there are restrictions in either the mechanism itself (the cranium and associated soft tissues) or in the dura down to and including the sacrum, this motion can often be diminished to the point that it takes a highly developed sensitivity to perceive it. People with this diminished cranial motion are the ones who stand to gain the most from cranial mobilization. However, when the cranial therapist has such difficulty perceiving the basic cranial motion, they will most likely have difficulty in maximizing the improvement of this motion.

This brings us to examining what initiates the cranial motion. There are three theories: 1) mechanical motion like a watch where each gear moves through movement

with another gear; 2) hydraulic motion in that the cerebral spinal fluid and other fluids within the reciprocal tension membrane and the dura build and release pressure initiating movement; 3) energetic motion in that energy in motion creates movement within the cranial mechanism. I believe all three are involved. There are definite mechanical relationships of the different cranial bones as evidenced when a cranium is dissected and wear and tear is seen within the sutures, and mechanical relationships exist in that the motion of each cranial bone keys off the basic flexion/extension motion at the sphenobasilar synchondrosis – the joint where the sphenoid and occiput meet. Simultaneously, there is evidence of the hydraulic pressures creating a pulsation which synchronizes with the mechanical motion. There is also evidence that there is energetic flow that is synonymous with both the mechanical motion and hydraulic pressure with movement.

Since energy flow is an integral part of the cranial motion, even if not primary, a cranial therapist is intimately working with this energy. Energy flow can be influenced many ways. When the restrictions of the energy flow within the cranium are decreased, the energy moves more evenly and movement produced by the freely flowing energy is increased. Conversely, if energy is compressed and restricted in its flow, the result is a reduction of cranial motion. In addition, we know that when energy enters fluid it can be dispersed over a wider pathway than if there is no fluid present. In the cranium there is always some fluid, but sometimes there can be a congestion of fluid which would make the energy flow more dispersed and less effective in producing motion. If there is a significant amount of restricted energy flow, then there is a condensing of energy which works negatively holding a charge vs. positively allowing energy to flow freely creating homeostasis.

Knowing this, we can see that increasing cranial motion by mechanical means will increase energy flow. We can also see that decreasing hydraulic congestion in the cranium will increase energy flow, and release the congested energy. So, mobilization of the cranium by mechanically increasing the cranial motion will create a decompression of congestive fluid and release the trapped energy, and thus increase energy flow. This is often experienced in cranial work when the mobilization of the cranial bones produces a therapeutic pulsing which is the decompression of the congestive fluid within the sinuses of the cranium.

What has always fascinated me is the way other modalities increase energy flow and work in conjunction with the energy flow of the cranium. Acupressure and acupuncture work with balancing the energies within the

meridians. There are many meridians of the body that affect the cranium, and blockages in these meridians will reduce energy flow to the cranium. Other blockages of the meridians can adversely affect soft tissue that interferes with the cranial motion, not necessarily directly at the cranium but along the spine or even in the extremities. Any blockage of energy that restricts motion in the body will adversely affect the cranial mechanism, just as any blockage of energy in the cranial mechanism will affect motion in other parts of the body. Other influences on energy flow in the body are fluid retention and congestion of soft tissue, character armor blocking emotional energy flow, adhesions and scar tissue, myofascial holding patterns, and structural distortions. Because this includes the entire body, it is best to view the entire body as part of the cranial energy system, and any increase of energy in the body can and does produce an increase of energy within the cranium.

One of the goals of effective cranial therapy is to decrease the restrictions in order to increase energy flow. You can dramatically increase the effectiveness of the cranial therapy by increasing the flow of energy directly to the cranium, and decreasing the soft tissue restrictions inhibiting cranial motion, which will allow further mobilization of the cranium commensurate with energy flow.

I have found a Quick Release technique that will energetically directly affect the flow of energy to the cranium when applied in sequence. Correctly applied acupressure on specific points in sequence is extremely effective in clearing blocked meridians that inhibit the energy flow to and around the cranium. Some of the most important of these are the bladder, gall bladder, small intestine, and triple heater meridians. I usually address points in the neck and shoulder, but that does not exclude working distal points to clear the entire meridian. Some of these points also directly affect other soft tissue, and increasing or balancing the energy flow often allows the soft tissue to relax its restriction on the cranial motion.

What is also extremely noteworthy is that the points I am referring to in the neck and shoulder also correspond directly to trigger points in the area, and, by releasing these points we achieve the benefits normally associated with clearing trigger points. This also increases the flexibility and range of motion associated with the soft tissue in the neck and shoulders, as well as reducing the structural distortion in the neck that limits the cranial motion. Another benefit is the release of fluid and ischemia in the soft tissue of the neck and cranium which allows better flow of energy through the soft tissues by reducing the congestion. In addition, the

length added to the soft tissue from this release will allow greater mobility of the cranial motion.

Holding each acupressure/trigger point until the surrounding soft tissue releases (myofascial release) at the base of the occiput will allow a decompression of the atlas/axis/occiput which will directly increase the cranial motion. This is accomplished by applying a modified A/O release using curved fingers directly under the ridge of the occiput on the bladder, gallbladder, and triple heater acupressure points. This accomplishes three things – 1) the trigger points clear; 2) the energies in the meridians clear and balance; and 3) the rigid soft tissue softens and lengthens with the myofascial release allowing greater cranial motion by releasing this major restriction of the occiput. Adding slight traction will allow further mobilization of the dura and sacrum. The modified A/O release is applied at the end of the Quick Release Technique to complete the release of blocked energies that can be present throughout the body. This will result in increased energy flow throughout the entire body including the cranium, as well as increased mobility within the cranial motion.

The entire explanation and application of the Quick Release Technique, along with my soft tissue protocol to bring the head, neck and shoulder into structural balance, can be found in my book *RELIEF FROM HEAD, NECK AND SHOULDER PAIN*, available through the website. We will also be presenting the Quick Release Technique at the FSMTA Convention in Boca Raton in July, 2005. If you have not learned this valuable technique, we hope to see you there.

I hope the information in this article will increase your awareness of mobilizing energy within and to the cranium. Keep up the good massage therapy until we communicate again in the next installment of SET TALK.