History of Cranial Therapy

The evolution of cranial manipulative techniques into a therapeutic modality as we know them, may have originated in the United States during the early twentieth century. Ligeros, a Greek medical doctor, used the museums and libraries of Europe in the 1930's to do research for his book, *How Ancient Healing Governs Modern Therapeutics* (Ligeros, 1937). Authors Cottam and Smith (1981), note that although Ligeros researched back to 1250 BC, he found no examples of cranial manipulation in the ancient world of Europe. In fact, he found no prior examples of cranial manipulation with the exception of "a form of cranial manipulation used as 'a sort of secret healing' by the Bedouins of the Greek tribes".

An Emerging Modality

The first use of cranial manipulation as a therapeutic modality, according to Cottam and Smith (1981), was by Willard Carver, D.C., who reportedly used a technique on the head in 1906 for treating hydrocephalus. Cottam and Smith stated that Carver (1909), in his book *Chiropractic Analysis*, made two statements that seemed to refer to cranial manipulation for the treatment of hydrocephalus and 'Brain Fever'. However, he did not describe the technique in writing.

During the teens and early twenties the discovery and use of cranial manipulative techniques was limited to a few isolated osteopaths and chiropractors using a variety of procedures, such as pressure, vibration, and manual thrusting. Many osteopaths and chiropractors shared knowledge in those early days, leaving the origin of different techniques open to debate. However, records are available to show that two doctors - first Nephi Cottam, D.C. and later William Sutherland, D.O. - emerged as the principal developers of cranial techniques (Cottam and Smith, 1981). Both men developed comprehensive systems of cranial techniques, but systems with notably different characteristics. Cottam's very direct osseous manipulation of cranial bones became associated with the chiropractic profession. Sutherland's approach, which conceptually and functionally involves the primary respiratory mechanism (now known as the craniosacral mechanism), became associated with the osteopathic profession.

Nephi Cottam, D.C.

In the mid-twenties, Dr. Nephi Cottam discovered the power and effectiveness of cranial manipulation when he performed a cephalad lift on the cranial vault of a seated patient. This procedure provided immediate relief to the woman, who had been hysterically running around screaming, pulling her hair, tearing her clothes, and destroying furnishings for three days (Calvin Cottam, 1990). Eight days later he performed a similar procedure on a young woman who had not been able to sleep for three months without opiates. She had lost her eyesight and hearing and was near death. After Cottam performed a cranial release the patient lapsed into normal sleep and soon recovered (Cottam did not elaborate on how long 'soon' was). These successes impressed Cottam enough that he began to research cranial manipulative techniques on his patients and later taught his techniques to others.
History of Cranial Therapy

Cottam's techniques were spread across the United States and Canada, and into Europe, by visiting doctors who had witnessed his demonstrations. In 1929, George A. Cole, D.C., began teaching Cottam's cranial adjusting techniques throughout the United States. Cottam named his techniques 'Craniopathy' in 1932. Four years later he moved to Los Angeles. There, in 1936, he published The Story of Craniopathy and founded the Cottam School of Craniopathy. The cranial teachings of Cottam (and his two sons) profoundly influenced the chiropractic profession. Many of the legendary chiropractic practitioners were associated with cranial manipulative techniques (which could explain how they achieved the results for which they are remembered!).

William Garner Sutherland, D.O.

Dr. Sutherland's developmental contributions to cranial technique were not inspired by chance spectacular results; his cranial research was the result of what he later described as a 'guiding thought' which occurred to him in 1899 as he stood before an osteopathic school display case viewing a disarticulated skull. The bones had been positioned in their normal anatomical relationships, but were slightly separated to allow observation of the individual bones. Dr. Sutherland later wrote, "…my attention was called to the beveled articular surfaces of the sphenoid bone. Suddenly there came a thought - I call it a guiding thought - 'beveled, like the gills of a fish, indicating articular mobility for a respiratory mechanism.' " (A. S. Sutherland, 1962, p. 12). The thought that cranial bones had articular motion nagged him until the mid-1920's, at which time he resolved to settle the issue once and for all. This turned into a long and complex task.

Sutherland spent years methodically studying the anatomical and physiological characteristics of the cranial bones. By experimenting on himself, and later applying his findings to the treatment of others, he proved not only that the cranial bones were capable of articular mobility, but that they were in both constant motion and acting under the control of a guiding reciprocal tension membrane. The osteopathic profession was slow to accept Sutherland's cranial concepts. A. S. Sutherland (1962, p. 64) describes the professional response to his first introduction of his work at a convention in 1929 as 'no response' and 'a dud.' His presentation at a 1932 American Osteopathic Association (AOA) convention was attended by only seven people. His articles, which appeared in two professional periodicals, The Northwest Bulletin and The Osteopathic Profession between 1931 and 1939, generated scant interest.

Sutherland's contribution to the cranial field was an elaborate unified system, the 'Primary Respiratory Mechanism', which he described in his book, The Cranial Bowl, published in 1939. The book sold poorly, and an invitation to discuss The Cranial Bowl at an osteopathic convention in 1940 was even cancelled due to the protests of doctors who were opposed to the inclusion of cranial in their conference (A.S. Sutherland, 1962, pp. 72-73).
History of Cranial Therapy

The turning point for Sutherland's work came in 1942 when he was invited to present his cranial concept to a group of six outstanding osteopathic physicians immediately prior to the annual AOA convention in Chicago. Kimberly (1987) describes how their enthusiasm for this 'new concept' stimulated professional interest and a demand for cranial courses. Between 1943 and 1950 a number of writings by Sutherland and his close associates - including Howard and Rebecca Lippincott, D.O., Beryl Arbuckle, D.O., and Paul Kimberly, D.O. - added to the cranial literature. In 1951, *Osteopathy in the Cranial Field* was published. Edited by Harold I. Magoun, Sr., D.O. from a compilation by the Osteopathic Cranial Association, it rapidly became the 'bible' of cranial studies. Two subsequent editions have been published (Magoun, 1966, 1976), and it remains in print and in regular use. Within the osteopathic profession it is still considered the standard text on osteopathic cranial concepts and techniques.

**CONTEMPORARY CRANIAL ORGANIZATIONS**

**The Bio Cranial System™**

In the mid-1980's an Irish physician Robert Boyd, D.O., founder of the International Bio Cranial Academy introduced yet another powerfully unique 3 minute cranial procedure to the cranial world. Bio Cranial Therapy™ involves a recognition of a *predisposing* level of disturbance. It further predicates that this predisposing factor is the result of an anatomical disturbance origination at the cranial level and consequently throughout the craniosacral system. All else is secondary and adaptive to the cranial lesion/subluxation, which often includes such manifestations as asymmetry of the cranial osseous structures but, crucially, will always include an absence of *anatomical flexion* of the cranium. We may refer to this lack of anatomical flexion as being one of a state of anatomical extension; which is lesion/subluxation. For several years Dr. Boyd taught (BCT) Bio Cranial Therapy™ in seminars primarily in the United States, in hopes that the technique would be a stand alone system not related to any particular professional doctrine. His main audience was the chiropractic arena along with primary care providers from other disciplines. In 2005, Dr. Boyd commissioned The CDS Institute in Chicago, Illinois to continue teaching the Bio Cranial System™. The CDS Institute has been carrying on the work of Dr. Boyd since that time. It must be kept in mind that The Bio Cranial System™ did not evolve from other cranial procedures. It is a refreshing new idea in the world of cranial therapies.

**Osteopathic Cranial Organizations**

By the time of his death in 1954, Sutherland's cranial concepts were firmly established. Today, the **Sutherland Cranial Teaching Foundation** (formed in 1953 to carry on Sutherland's work and to maintain the 'purity of the concept') and **The Cranial**
History of Cranial Therapy

Academy are the major organizations teaching osteopathic cranial courses in the United States. Other cranial training programs are available through osteopathic colleges and are open to allopathic and osteopathic physicians, dentists and physical therapists. However, chiropractors and other health care professionals are excluded from these osteopathic-sponsored programs.

In addition to the two cranial organizations mentioned above, there are currently four other large organizations - and a number of smaller ones - teaching workshops based on Sutherland's cranial concepts, but not necessarily using his techniques.

The largest of these, the Upledger Institute, was founded by John Upledger, an osteopath who became aware of dural membrane movement (Sutherland's 'Primary Respiratory Mechanism') while assisting in surgery in 1971. Upledger (1983, pp. 2-3) describes this as his first awareness of the PRM. (Sutherland had described the PRM in 1939; see also Magoun, Sr., 1966). Upledger later attended a Cranial Academy seminar, and studied cranial with Herbert Miller, D.O. Although he appears to apply many of Sutherland's cranial concepts, he has made his own modifications to both concepts and techniques. In 1983 he co-authored the book Craniosacral Therapy (Upledger & Vredevoogd, 1983) which made cranial techniques more widely available. The Upledger Institute's cranial workshops are open to all health care professionals and to lay people, and are presented in many countries. This organization advocates a very light force of 5 grams (the weight of a sheet of computer copy paper).

Chiropractic Cranial Organizations

The other three large organizations are chiropractic. All conduct workshops internationally and have strong certification programs.

The first is Sacro Occipital Resource Society International (SORSI). This organization was established in 1957 to promote the work of Major Bertrand De Jarnette, D.O., D.C., the founder of Sacro Occipital Technique (SOT). De Jarnette studied with Sutherland and accepted his cranial concepts, but approached diagnosis and treatment from a different perspective. His extensive research on the relationships between the occiput and the sacrum dates back to the 30's, and he began a cranial teaching program in 1968. SORSI cranial workshops are open only to physicians.

Sacro Occipital Technique Organization (SOTO-USA) is a newer organization, founded in 1999. It also promotes the concepts and treatment protocols of De Jarnette. SOTO-USA is very active in the presentation of cranial workshops. This organization stresses research and strives to upgrade the quality of education available to SOT practitioners. However, both organizations share many of the same presenters and instructors.

The International College of Applied Kinesiology (ICAK) is the other large chiropractic organization teaching cranial techniques. It was formed to contribute to and
expand on the research of George Goodheart, D.C. Acknowledging the cranial concepts of Sutherland and the craniosacral mechanism, Goodheart used the techniques of Applied Kinesiology (which he developed) in the diagnosis and treatment of cranial dysfunctions, but confines AK cranial techniques to cranial bone and sutural releases. Sphenobasilar synchondrosis (SBS) patterns are not directly addressed. Like SORSI and SOTO-USA, both Dr. Goodheart and the ICAK have worldwide followings, and their workshops are also open only to physicians.

**Bilateral Nasal Specific** was born and took shape out of Sacro-Occipital Technique, its exact time frame of development is not quite clear. In 1947, an individual by the name of Janse J. published the first known version describing the pressurized Nasal Specific Technique. In 1951 and again in 1954, Finnel FL published work that described the operation and function of the nasal balloon. It is at this point that the nasal balloon device was coined and given the name Nasal Specific as a means to associate and describe the technique. Nasal Specific/Bilateral Nasal Specific (BNS) uses finger cots, affixed/tied to a blood pressure bulb (a sphygmomanometer) to deliver an even and effective force of pressure. The finger cot portion of this device is inserted into the nasal passageways, and gently inflated for one to two seconds, and then the pressure built up in this finger cot is released. This pushes on the nasal walls clearing out accumulated mucus, and pushes its way through to the back of the upper throat, where it taps against the tissue that is directly in front of the sphenoid bone. Prior to the use of the balloon device finger cots in the 1920’s were inserted on the small finger of the hand and either inserted into the nose or through the mouth in attempts to adjust the cranium plates. This technique is still used today by traditionalists; however, the outcome is more intense and leaves the patient with longer periods of soreness. The practice and awareness of Bilateral Nasal Specific was further developed by Dr J. Richard Stober from the mid 1950’s until his passing in 1988. It is well to note here that this author was one of Dr. Stober’s patients during early childhood. Dr. Stober was based in Portland, Oregon USA, and he taught the affect and practice of Bilateral Nasal Specific at both the Western States Chiropractic College and the National College of Naturopathic Medicine. Stober also practiced this technique at Dunn Chiropractic in McMinnville Oregon. This author has had the honor and the privilege of late, to be a guest at Dunn Chiropractic, where Dr. Stober practiced. Dunn chiropractic is also where Dean Howell came to chat with Dr. Stober and asked him to come to his school and lecture. At this present time, Dr. George Siegfried practices at Dunn Chiropractic and is highly regarded by his fellow doctors, as well as being a traditionalist in the teachings of Dr. Stober.

**NCR Neuro Cranial Restructuring**  Dean Howell, N.D. One of Stober's students Dr. Dean Howell has taken the practice of Bilateral Nasal Specific to the next level and practices today using the same method as the base for his treatments. Howell has expanded upon this practice to make the patient more comfortable and relaxed during treatments. The results of which are easier on the patient and for the most part, seem to have a better all around balancing effect, mainly due to the tying together of various
theories and practices, utilizing them as one in his treatment process. Howell calls this Neuro Cranial Restructuring and he is based out of the state of Washington, USA.

**Eclectic Cranial Organizations**

Numerous professional schools and smaller organizations provide cranial workshops for healthcare practitioners; they are found throughout the United States and in a number of other countries. Many present international workshops and some have certification programs open to various healthcare providers. Almost all teach cranial concepts and treatment procedures based on their perception of Sutherland's or Cottam's cranial concepts. Dr. Boyd added a different concept to cranial therapy causing other workshops to follow. Some of the instructors are osteopaths, many are chiropractors and healthcare professionals from other disciplines who have studied osteopathic concepts, bio cranial concepts and chiropractic procedures.

Hancock CranioSomatic Institute:*
Cranial Release Technique*
Cranial/Structural Core Distortion Release*
Neuro Cranial Integration*
Bio Cranialpathy*
Bly Cranial Technique*

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History of Cranial Therapy


Eclectic Cranial Organizations various websites
