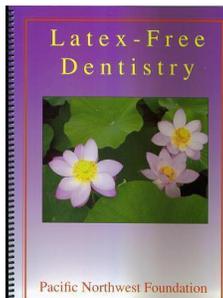
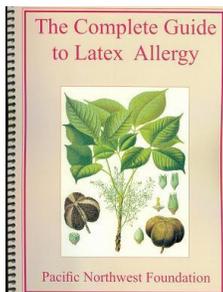




[Latex Allergy  
Resource Guide](#)



[Latex-Free Dentistry](#)



[Complete Guide to  
Latex Allergy](#)



[Latex-Free  
First Aid Kit](#)

## CRANIAL SACRAL THERAPY

For two case histories involving this, go to [Anna's Case](#) and/or [Frank's Case](#).

### SUBJECTS COVERED:

- Cranial Sacral System
- Cranial Sacral Fulcrum Correction
- Self Treatment
- Dentistry
- St. John Neuromuscular Therapy
- Scenar
- Resources

### CRANIAL SACRAL SYSTEM

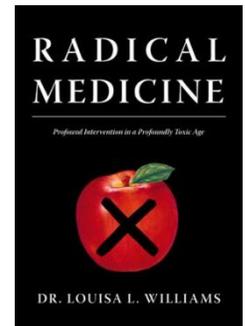
The Cranial Sacral System is one that receives little attention compared with others of the body. But it is vital to the body's health and well-being. Maintaining its balance is therefore most important.

There are numerous technical terms associated with the cranial sacral system many of which we have listed here with links describing what they mean.

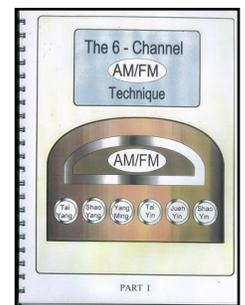
- [Choroid plexus](#)
- [Cerebral spinal fluid](#)
- [Arachnoid villae](#)
- [Venous sinus](#)
- [Dura matter membrane](#)
- [Cranial rhythmic impulse](#)

### CRANIAL SACRAL FULCRUM CORRECTION

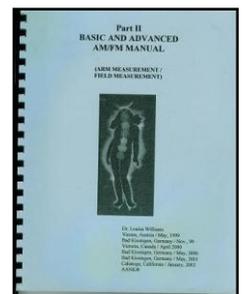
The CSFT was developed by Kathleen Cliff, M.T. Traditional methodology had often utilized



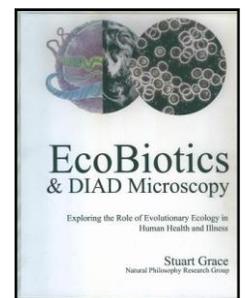
[Radical Medicine](#)



[The 6-Channel AM/FM  
Technique](#)



[Basic and  
Advanced AM/FM  
Manual](#)

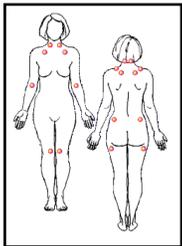


[EcoBiotics](#)

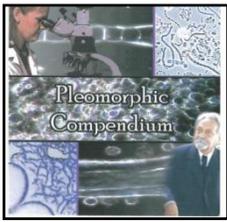
# PACIFIC NORTHWEST FOUNDATION



[Chelita: A Cancer Survivor' Story](#)



[Overcoming Fibromyalgia](#)



[Pleomorphic Compendium](#)



[T-shirt](#)

blocks/wedges under various points of the client's body, which was placed in numerous positions, manipulating bones trying to get them to move into place. CSFT entails fulcrums [usually towels and a large pillow-see the diagram below (LINKS)] placed at strategic points under the client's body while s/he is lying on her/his back. Then soft tissue is gently massaged and manipulated, moving bones into proper alignment.

The process usually takes two hours and the results can be profound.

Indicators:

- Forward head position relative to body;
- Pelvis tipped forward;
- Hyperlordosis (sway-back) and/or hypokyphosis (flat upper back);
- Posterior first rib heads sore (base of neck/top of shoulders);
- Pinching pain in [sacroiliac](#), or [sciatica](#).

Correction

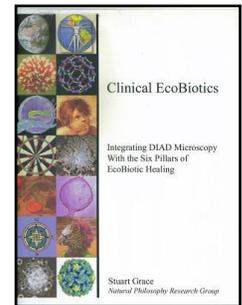
- Place pillow under knees;
- Place fulcrum (e.g., rolled up towel) under cervical curve;
- Place fulcrum under ankles;
- Place fulcrum under hips (pressed firmly against the base of buttocks).

SELF-TREATMENT

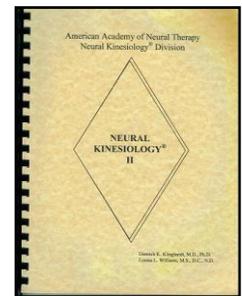
The process outlined above works very well for not only treatment by a professional but also for self-treatment. The results are not only relaxing but also energizing.

DENTISTRY

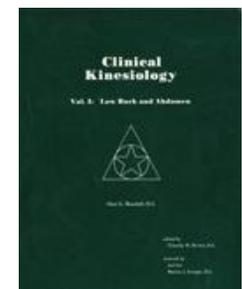
The most unique and powerful contribution Kathleen Cliff is making, in our opinion, is in the field of dentistry.



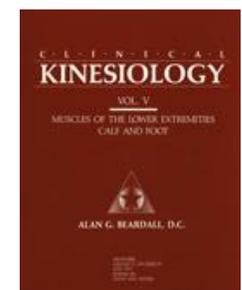
[Clinical EcoBiotics](#)



[Neural Kinesiology \(aka A.R.T.\)](#)



[Muscles of the Lower Back & Abdomen](#)

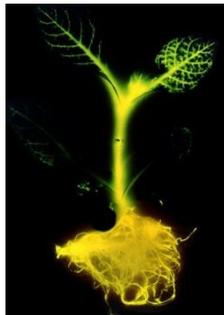


[Muscles of the Lower Extremities](#)

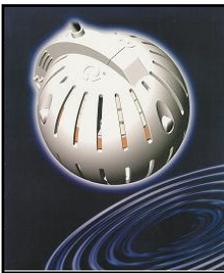
# PACIFIC NORTHWEST FOUNDATION



[Coffee: To Drink, or Not to Drink?](#)



[Genetically Engineered Food](#)



[Q2 B.E.F.E.](#)



[Multiwave Oscillator](#)

By using muscle testing, after completing a cranial sacral fulcrum correction, she tests the client's mouth, jaw and skull to determine what, if any, dental corrections need to be made. This can include specific tooth topography, alignment of teeth and jaws, and the need for and, if indicated, what type of dental appliance(s). She has working with several dentists and has been crucial in resolving the dental/structural problem of Anna Salanti. For an example of how important one dentist views this type of work click here.

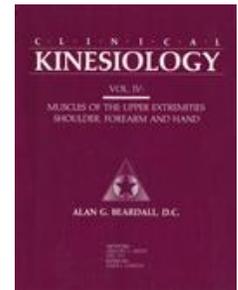
## ST. JOHN'S NEUROMUSCULAR THERAPY

Developed by Paul St. John, this process is much more direct and less subtle than craniosacral therapy. In the case noted above (Anna Salanti), the three processes complemented each other.

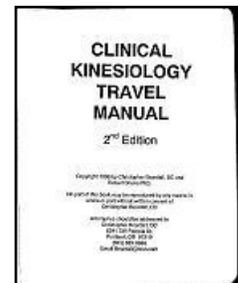
## SCENAR

(From an e-mail quoting Dr. Tennant of [Senergy Medical Group](#))

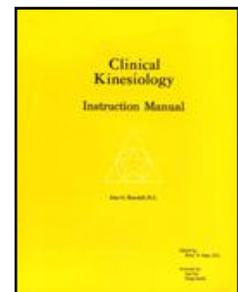
"In my opinion, I have never seen a patient with chronic disease or pain who wasn't sympathetic-on/parasympathetic-off. Sympathetic-on causes one to burn up neurochemicals faster than you can make them and wears out the entire endocrine/immune system. It leaves the body with low voltage, and nothing works well. Parasympathetic-off shuts down the intestinal tract so that one cannot absorb nutrients and sleep is non-refreshing. Without nutrients (building blocks of the body), cells cannot be replaced and the body continues to deteriorate/degenerate. Add to that the low-fat or vegetarian diet, one further depletes the body of its ability to repair itself and replace neurochemicals and hormones (made from proteins and fats). Remember cells are made of protein and fat---not carbohydrates. I discuss this in detail in my courses when I discuss what I call "The Pathway to Disease". Because the autonomic nervous system is the key to chronic disease, I have placed it at the highest level of importance in my efforts to help those with chronic disease. I contend that everything else will respond to treatment better once you



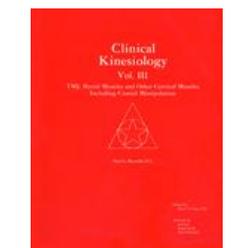
[Clinical Kinesiology: Muscles of the Upper Extremities](#)



[Clinical Kinesiology Travel Manual](#)



[Clinical Kinesiology Instruction Manual](#)



[Clinical Kinesiology TMJ & Hyoid Muscles](#)

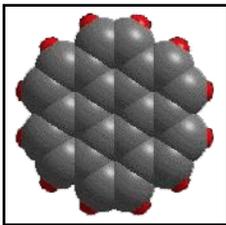
# PACIFIC NORTHWEST FOUNDATION



[Biomodulator](#)



[SCENAR](#)



[Toxicity Study](#)



[Our Toxic Times](#)



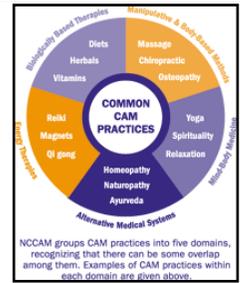
[TOXMAP](#)

have balanced the autonomic nervous system. I also contend that if you ignore the autonomic nervous system (as traditional Russian SCENAR Rules do), the patients will not stay well but will relapse. An imbalance of the autonomic nervous system will always lead to chronic disease.

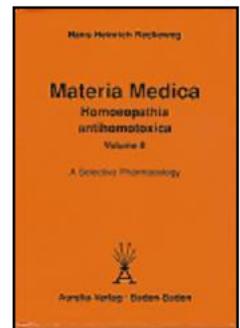
This leads me to the subject of the craniosacral system. The craniosacral system is the primary control of the autonomic system and indeed that of the rest of the body. One can evaluate the health of a part of the body by measuring the craniosacral pulses in that system. The primary player in the craniosacral pulse is the sphenoid bone. If it is decentered, the system cannot function normally. A decentered sphenoid is always associated with a rotated pelvic girdle with the associated disturbances of the sacral electronic junction and the cervical electronic junction (according to Becker, the two primary electronic junctions of the body).

I have never seen a patient that had the sphenoid re-centered with traditional Upledger craniosacral therapy or traditional low-power Little Wings. It can only be re-centered with the Bowling Ball therapy I developed, Bio-Cranial Therapy as developed by [Robert Boyd, DO](#), or NeuroCranial Restructuring as taught by [Dean Howell, ND](#). If you find another way to do it, I would appreciate your letting me know so I can learn how to do it.

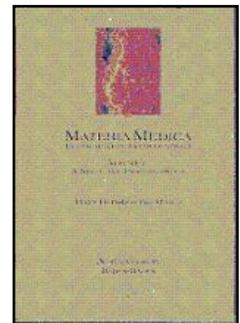
It is generally only necessary to recenter the sphenoid once. If it slips out, you must rid the spinal dura of connections that are keeping a twist on the dural complex and/or fix the abnormal dental bit that is pushing it back out. I often use the [Chi machine](#) to help get rid of the spinal dural adhesions (I actually think that is how the chi machine works = helps restore normal craniosacral rhythm by breaking spinal dural adhesions).



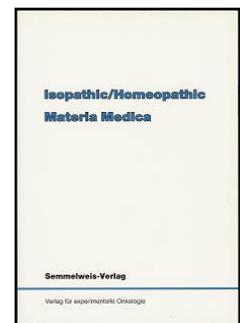
[NCCAM](#)



[Homotoxicology](#)  
[Materia Medica I](#)



[Homotoxicology](#)  
[Materia Medica II](#)



[Isopathic/](#)  
[Homeopathic](#)  
[Materia Medica](#)

# PACIFIC NORTHWEST FOUNDATION

In summary:

1. An imbalanced autonomic nervous system always leads to chronic disease and is always present in chronic disease.
2. Failure to address the correction of the balance of the autonomic system makes it difficult to restore health and impossible to maintain health.
3. The key to balancing the autonomic system is the re-centering of the sphenoid bone = controls the craniosacral system. The craniosacral system controls the autonomic system. I know of only three ways to achieve this re-centeration of the sphenoid. In my hands, the most effective and the least unpleasant to the patient is the SCENAR Rx."

## RESOURCES

[Cranial Sacral Therapy](#): as viewed from the perspective of Applied Kinesiology as a primary respiratory system;

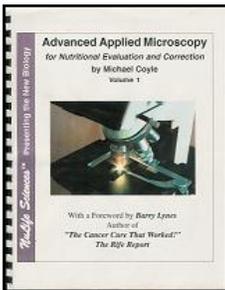
[Interview with Dr. John Upledger](#): contains a link at the bottom of the page to the Upledger Clinic, which has many informative pages as well as additional links to other therapies and resources.

[Overview of the Cranial-Sacral System: Implications on Child Health and Development](#)

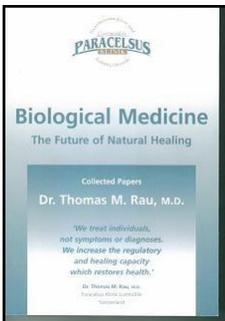
[St. John's Neuromuscular Therapy](#) site.



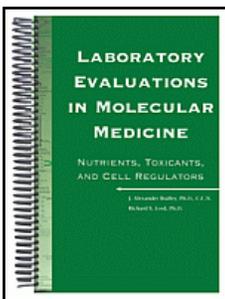
[My AminoPlex](#)



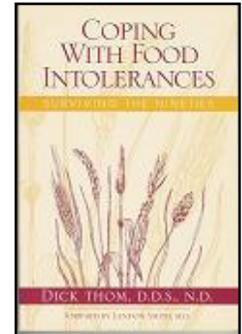
[Advanced Applied Microscopy](#)



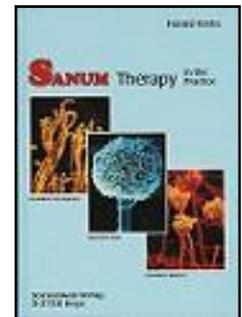
[Biological Medicine](#)



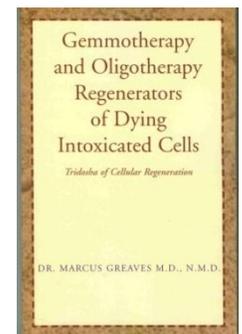
[Laboratory Evaluations in Molecular Medicine](#)



[Coping with Food Intolerances](#)



[Sanum Therapy](#)



[Gemmotherapy and Oligotherapy Regenerators of Dying Intoxicated Cells](#)