

# *The* IOWA SOURCE

IOWA'S ENLIGHTENING MAGAZINE

## **CranioSacral Therapies for Babies**

**CranialMethods Soothe Babies' Colic, Sleeplessness and More**

BY EVA NORLYK SMITH



**Craniosacral therapy suits the delicate physiology of babies, offering relief for such problems as colic and nursing difficulties, and helping with learning disabilities.**

The baby had been crying day and night for more than four weeks. His Amish mother was beside herself, having tried everything to comfort her newborn child, but nothing seemed to make a difference. Finally, some friends suggested that she call on chiropractor Dr Deborah Peters Verstrepren to get a cranial treatment for the baby.

“When I checked him, I immediately was able to gently feel that his cervical vertebrae C1 and C2 were shifted far to the left. Even though I had felt many baby neck’s out of alignment, I had

never felt anything quite as dramatic as his,” recalls Dr Peters Verstrepn. “Most chiropractors would have adjusted this chiropractically, but with small babies that is usually a less than optimal procedure. I had great results using cranial methods in similar situations, and it is a safer and gentler approach. Tissues and membranes of the head and neck become tight and twisted from the baby growing inside mom, often with not enough room. These soft tissues must and can be unwound, in the most gentle way, to optimize growth and development of the tissues, bones and nervous system” says Dr Peters Verstrepn.

So, for the entire duration of the treatment, Dr Peters Verstrepn simply sat holding the baby’s head and neck, using intention and an experienced, gentle touch to facilitate the release of the tight membranes and, thereby, the realignment of the vertebrae. After the first treatment, he was about 50% better, and when Dr Peters Verstrepn returned for his second treatment four days later, the mother reported that he was already sleeping better and crying less.

“Some time during that second treatment, I finally felt the C1 and C2 slip back into place,” Dr Peters Verstrepn recalls. “When I returned a week later, he had completely stopped crying and was no longer fussy. Ever since then, he has been a normal, happy baby.”

Deborah Peters Verstrepn, DC, first became fascinated with cranial therapies shortly after she graduated from Palmer College of Chiropractic West Campus and started her own practice in Palo Alto, California. In working with her patients, she became aware that often a subtly targeted touch could affect more profound and lasting change than traditional spinal adjusting.

“In chiropractic college, we mainly focused on treating subluxations, or decrease in normal motion, of the spinal joints,” Dr Peters Verstrepn says. “But in my experience, spinal adjustments often are not enough. You have to be able to unwind the distortional patterns in the membranes of the cranium and elsewhere. These distortions are often involved in causing vertebral subluxations in the first place. Unless you get at this underlying imbalance you may not get permanent results.”

To find a way to work with these membranous distortional patterns, Dr Peters Verstrepn began studying craniosacral therapy through the late Dr John Upledger’s Institute and continued studying with several doctors through the years. In 1992, she moved to Fairfield, Iowa and opened a family practice clinic. She lived and practiced in southeast Iowa, the heart of chiropractic and osteopathy (from which cranial work derives), until 2018. She has been teaching Cranial Methods for 15 years and continues to maintain a family practice, now in western Colorado.

## **AN AMISH SYNERGY**

Her work with the Amish began in 1996 when two Amish women sought her out for treatments, and then invited her to come treat their family and friends at their home in Bloomfield, Iowa. That became the beginning of a more than 2 decades-long relationship with

Amish communities in southeast Iowa. Until moving to Montrose, Colorado in June of 2018, Dr Peters Verstrepen worked 2-3 days-a-week in her Fairfield clinic and 2-3 days-a-week in Amish homes, treating mostly mothers and their newborns, infants, toddlers and school children (called 'scholars' by the Amish).

"The Amish culture is oriented towards natural methods of healing," Dr Peters Verstrepen observes. "When something is wrong, many Amish turn to healing practices like chiropractic, cranial, herbs, essential oils and other types of natural remedies. The interest in cranial work was a natural fit for them because they are results oriented and cranial methods provide results."

As her reputation among the Amish grew, so did her patient base. Dr Peters Verstrepen is called on when newborns and infants are experiencing difficulties. Over the years, she has done thousands of baby treatments for conditions such as colic, difficulty nursing, ear infections, not sleeping through the night, and learning difficulties.

## **FREEING THE BREATH OF LIFE**

The two great traditions of manual therapy, chiropractic and osteopathy, both had their first home in the Midwest, inexplicably founded within 5 years and within a hundred miles of each other. Palmer College of Chiropractic was founded in Davenport, Iowa in 1897 by David Daniel Palmer, DC. Just 5 years earlier, in 1892, Andrew Taylor Still, MD, had founded his American School of Osteopathy (now ATSU Kirksville College of Osteopathic Medicine) in Kirksville, Missouri.

Both Palmer and Still believed that structure and function are interrelated. Structural imbalances restrict the flow of blood, lymph and nerve impulses throughout the body, thereby disrupting normal bodily functions and potentially giving rise to various types of imbalances or dis-ease. They held that once structural health is restored and impediments to flow are removed, the body's own self-healing abilities will restore optimal health.

Like Palmer, Still viewed the bones (osteo, hence the term "osteopathy") as the key to restoring structural balance. The two, however, differed in the approaches they developed to restore structural integrity. Chiropractic techniques focus on manipulating spinal joints to remove subluxations. Osteopathic Manipulative therapies, on the other hand, primarily focus on releasing restrictions in the soft tissues, including muscles, tendons and connective tissue, in order to facilitate greater structural integration of the bones.

The cranial concept was introduced to the osteopathic profession in the 1930s by William Sutherland, a student of Still's, after more than 30 years of study and practice. Sutherland was the first to note that the cranial sutures of the skull were mobile and not fixed in place, as was commonly believed at the time. He discovered that the cranial bones move in a subtle rhythm, which involves not just the skull, but a network of tissues and fluids at the core of the body. He

described a distinct cyclic “breathing” movement caused by the pulsing of the cerebrospinal fluid (CSF), a clear fluid around and inside the brain, which offers mechanical protection for the brain inside the skull. This subtle pulsing of the CSF involves not only the cranial bones, but the membranes that surround the brain and the central nervous system through the entire length of the spine down to the sacrum.

Dr. Sutherland viewed this rhythmic motion of the central nervous system as a “primary respiratory mechanism,” an expression of the body’s inherent intelligence, which pervades every cell of the body and influences all bodily functions. Like Still and Palmer, Sutherland viewed restrictions to flow as a main cause of dis-ease; his great contribution was the discovery that these restrictions extend not just to the flow of blood and nerve impulses, but also to the subtle flow of this primary “breath of life,” as he termed it.

Any kind of structural trauma to the body, such as falls, accidents, general nervous tension—and in babies, birth trauma—can restrict the flow of the cerebrospinal fluid (CSF) and cause physiological dysfunction. During a cranial treatment, the practitioner facilitates the release of these restrictions. As the movement of the CSF is freed up, the body’s self-healing mechanisms are able to unwind residual effects of past trauma in the tissues and restore functional balance to the system.

While cranial osteopathy initially was taught only as part of the osteopathic training, the training was made more broadly available in the 1980s by osteopathic physician John E. Upledger, DO. A student of Sutherland’s, Upledger had developed his own approach to cranial work, and he generated the term CranioSacral therapy when he started to teach his work to students who were not osteopaths, including massage therapists and physical therapists.

“Every practitioner who uses manual therapy develops his or her own emphases along the way,” says Dr. Peters. She calls her integrated method Cranial Methods, and she also teaches practitioners throughout the U.S.

### **“Babies Suffer Needlessly”**

Cranial therapy is an extremely gentle and soothing therapy. During the treatment, the therapist places his or her hands very lightly on the client’s body, quietly tuning in to the cranial rhythm. An extremely light pressure—oftentimes communicated as merely an intention—is then used to free restrictions or tension patterns in the cranial structures or in the flow of the cerebrospinal fluid. Cranial therapy has been used with great results in treating chronic neck and back pain, migraines, TMJ syndrome, fibromyalgia, chronic fatigue, stress, tension-related problems and autism spectrum disorders.

In babies, cranial therapy has proven particularly useful for treating colic, nursing difficulties, learning disabilities, emotional difficulties, and more. Babies are exposed to a great deal of trauma during the birth process; and while many babies recover fully on their own, some

exhibit lasting distortional patterns in the tissues related to the craniosacral mechanism. In a 1966 study of 1,250 infants five days old or less, only 145, or 11.6 percent, were whole and healthy structurally and functionally. The rest, or 89.4 percent, exhibited some type of structural strain pattern in the craniosacral mechanism. At the time of the study, one third of the babies with disturbances in the craniosacral flow already exhibited various symptoms of irritation to the central nervous system or evidence of respiratory or circulatory difficulty. The study was performed by the late Viola M. Frymann, DO, founder of the Osteopathic Center for Children (OCC) in San Diego and a lifelong leader in the use of cranial osteopathy for infants and children.

“There is no way to overstate the importance of this work for babies,” Dr. Peters Verstrepen notes. “The more I do this work, the more I am amazed at how transformative it is. Babies suffer needlessly. I have seen extremely fussy babies become peaceful and happy, sometimes in one treatment. I have seen asymmetrical heads, necks and torsos straighten out and I know this means that the child’s growing nervous system function becomes improved, thereby optimizing growth, development and function of the child. If we don’t address the structural issues that are creating problems in infancy, children will suffer needlessly, perhaps even into adulthood. The more I practice, the more I see how Cranial Methods can help prevent a whole lifetime of discomfort and decreased functioning.”

*For more information about Dr. Deborah Peters Verstrepen’s work, see [www.CranialMethods.com](http://www.CranialMethods.com) or call 970-209-3962.*

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