

# Palpating and Treating the Immune System Using CranioSacral Therapy

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The immune system is involved in every issue that we treat as manual therapists. If a client is experiencing symptoms, the immune system is involved. Sometimes that involvement is peripheral and releasing physical restrictions in the tissue will allow the immune response to abate. Sometimes, however, an immune response persists even when restrictions in the tissue are released. When there is chronic inflammation, the immune response itself can be the underlying driving force behind what is happening in the tissue. CranioSacral Therapy (CST) provides a very powerful vehicle for addressing this often overlooked aspect of the body.

Using CST it is possible to map inflammation directly. That is, it is possible to determine which tissues are inflamed, whether that inflammation is acute or chronic, what aspects of the immune system are involved in that inflammatory response, and to some extent, to what the immune system is responding, all simply by palpating the craniosacral rhythm (CSR). It is possible to do this on a micro level, mapping inflammation with almost microscopic precision. For example, with practice a therapist can distinguish the movement in the CSR of the endothelial lining of a coronary artery from that of the muscular wall of the artery, from that of the blood inside, from that of the sentinel immune cells underneath the lining, and determine exactly which parts, if any, of the coronary artery are inflamed.

## The CranioSacral Rhythm

The pressurestat model developed by John Upledger and Ernst Retzlaff hypothesizes that the CSR occurs as a result of the actions of the body's mechanism for controlling cerebral spinal fluid (CSF) pressure.<sup>1</sup> CSF pressure rises and falls between two very narrow limits in response to neurological feedback from pressure and stretch sensors within the sutures of the cranium, which turns on and off the production of that fluid. Rising pressure results in increased stimulation of the motor cortex causing a slight global increase in muscular tonus. When this happens, the external rotator muscles overpower the internal rotators, causing a minute but palpable external rotation of the body (flexion). When the CSF pressure drops, the muscles relax and there is a corresponding slight internal rotation (extension).

The CSR is a useful palpation tool for a number of reasons. The movement is very easily disrupted by fascial tension or other issues within the tissue, and thus constitutes a very sensitive tool for locating problems in the body. The CSR is also global. When the muscles externally rotate the body in flexion, they of course rotate the entire body and all its various parts. While there will always be restrictions in any given individual, in the hypothetical ideal body every part of the body, and every part of every part, would move with good symmetry, quality, and amplitude in response to the CSR. This includes the cells and molecules of the immune system.

The CSR can be easily palpated using the proprioceptive system. If the therapist is very relaxed, slight movements of the client's tissue in the CSR will cause corresponding slight movements of the therapist's body, resulting in proprioceptive input. Choosing to pay attention to a particular tissue allows the therapist to tune in to how that particular aspect of the client's

body is moving. In particular, placing the attention on the various immune cells allows the therapist to feel how those cells are moving in response to the CSR.

Unlike most of the other tissues in the body where the cells are tightly bound to each other, the cells of the immune system are distributed in a loose network. The immune system can still be thought of as a tissue, but a tissue that is somewhat less dense than the other tissues of the body. This loose network of cells feels correspondingly less dense as it moves in response to the CSR, and in fact, this lower perceived density is characteristic of the immune system.

It is important to recognize that a therapist does not feel the movement of a single immune cell, any more than one feels a single muscle cell when palpating a muscle. At any given place in the body there will be millions of immune cells, and the therapist feels the movement of these cells in aggregate, just as occurs with the other tissues.

## Interpreting Movement of Immune Cells in the CSR

The movement of immune cells in the CSR is interpreted in exactly the same way as the movement of other tissues in the body, with one slight complication. Generally speaking, if a tissue is moving well in the CSR, then that tissue is doing fine. If it is not moving well, then there is a problem. The problem could be a fascial restriction, an energetic issue, a functional difficulty, or even a metabolic one. Any deviation from ideal functioning will disrupt the CSR in some way.

The complication comes from the fact that, in the absence of inflammation, immune cells are not found everywhere in the body: they only occupy certain pathways. Immune cells are found under the skin and mucous membranes, within the blood and lymph, and within certain specialized immune organs. They will not, however, be found in the interstitial space within the tissue itself. Only if there is inflammation are the immune cells allowed out of the capillary beds into the interstitial space. This characteristic of the immune system is called pathway induced tolerance and is a protection against autoimmune disease. The immune cells tolerate the rest of the body's cells in part because they are not routinely exposed to them.

It is important to distinguish acute inflammation from chronic. Acute inflammation is the body's appropriate response to trauma. The body is rebuilding itself and the inflammation is in the process of resolving. Chronic inflammation, on the other hand, is caused by the residue of previous trauma or is a response to an ongoing trauma, and is characterized by the body simultaneously rebuilding itself and tearing itself apart.

Within the normal immune pathways there are always immune cells present, and in the absence of inflammation, one will feel strong movement of those immune cells in response to the CSR. There will be good amplitude and the quality of the movement will be free and easy.

Acute inflammation is the body's normal immune response. The immune system is doing what it is supposed to do, so in that case there will also be strong CSR. The energetic quality of the movement will feel more active, however, than in the case where there is no inflammation.

If there is chronic inflammation there is a problem with immune function and generally one will feel little or no amplitude of the immune cell movement in the CSR. The energetic quality of that lack of movement reflects what is happening within the immune system. The immune system

may feel strong but restricted, weak and collapsed, hypervigilant, in shock, or any one of a number of other possibilities.

Outside the normal immune pathways the situation is a bit more complex. In the absence of inflammation there will be no immune cells present in the interstitial space and thus one will feel no CSR when tuning in to the immune system there. The tissue itself will be moving in the CSR, generally with good amplitude, but there will be no movement in the immune system, since there is nothing there to move. The energetic quality of that lack of movement will feel very open, quiet, and expansive.

If there is acute inflammation there will be immune cells present in the interstitial space. Acute inflammation is the normal healthy response of the body, so there will be good amplitude to the movement of those immune cells in response to the CSR.

If there is chronic inflammation present outside the normal immune pathways there will also be immune cells present, but they will not be moving well in response to the CSR. There will be little or no amplitude and the energetic quality will feel tight and restricted, or weak and collapsed, or hypervigilant, etc. Even though there is no response of the immune cells to the CSR, the feeling is very different from the feeling when there is no inflammation present.

It is possible by tuning in to the individual components of the immune system to determine to some extent to what the immune system is responding. For example, the presence of large numbers of T cells in the tissue most likely indicates that the body is fighting off a virus. Large numbers of macrophages and neutrophils would indicate most likely a bacterial infection. Large numbers of B cells indicate that the immune system is producing antibodies.

## Treating the Immune System

The immune system may be treated using CST in exactly the same way as any other part of the body. In CST the role of the therapist is to act as a facilitator to support the body's own self-corrective mechanisms. The simple act of being present and paying attention provides additional resources to the body. There is often no need to actively do anything in order to accomplish change; change will happen automatically. The client's body will make those changes on its own provided the therapist is present in the moment and in relationship with the client. This is as true of the immune system as it is of any other aspect of the person being treated.

The more precise and specific the therapist is in placing their intention within the tissue the more resources they are able to offer to that self-corrective mechanism, and the faster and more profound will be the release. The ability to palpate the immune system directly using the CSR allows for very efficient treatment of this important aspect of the body.

<sup>1</sup>CranioSacral Therapy, John E. Upledger, DO, FAAO, and Jon D. Vredevoogd, MFA, Eastland Press, Seattle, 1983, pp. 11 – 12.