

Episode 227: Craniosacral Therapy for Migraine And Head Pain

Lindsay Weitzel, PhD:

Hello and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. We have a very exciting episode today. I am here with Elizabeth Browning Jones. Elizabeth is a certified craniosacral therapist and just an awesome health guide who does body work and breath work, and I respect her immensely. So, hello Elizabeth and thank you for being here.

Elizabeth Browning Jones, RMT:

Hi, Lindsay, thanks so much for having me. I've really been looking forward to this.

Lindsay Weitzel, PhD:

All right. Well, we're so happy that you're here. This is a topic that we have not done before, and it's very exciting. We are going to talk about craniosacral therapy and how it can help in head pain and migraine. And I'm just really excited about this topic. And we're going to talk about what it is because there's so many people out there, I'm sure that maybe you've never heard of it. And I think that Elizabeth might be one of the best people to tell us what it is. So, Elizabeth, to start, can you please explain to our audience exactly what craniosacral therapy is and the theory behind it?

Elizabeth Browning Jones, RMT:

You know, I'd love to. It's such a great opportunity to get to let people know about what it is. And I'll tell you, a lot of times I'm at a party with my husband and someone will ask me. And I give them a little one liner, and the one liner is, it's kind of like a massage for your nervous system. But let me let me go into it and really give everybody that's listening a little better idea of what's going on.

So craniosacral therapy is a fantastic, gentle, hands-on therapy where we get the opportunity to address all different kinds of tension patterns and pain in the body. And the way we do that is, the patient is able to lay down and relax. And we're able to, as a practitioner, be able to tune in by doing a hands-on evaluation.

And what we're doing is we're finding the areas in the meninges. So the meninges is the watertight membrane around the brain and spinal cord. A lot of people have already heard about it. If they've heard of meningitis, they already kind of have an idea of what that is. That's an inflammation and infection of that membrane.

But what we're doing is we're really tuning in to what they would call the craniosacral rhythm. And the rhythm, it comes from the brainstem. There's a neurological oscillation or impulse coming from some neurons in the back, back there. And what we're noticing is that reflected through the body. We're able to kind of tune in, feel the places where there's tension. And then that gives us a way to be able to access the body. Sometimes it's by actually putting the hands on certain cranial bones. Sometimes it's working around the sacrum. It's a very gentle way to address all kinds of places in the nervous system that hold tension.

It really helps the person relax, but it helps the cerebral spinal fluid flow. It really helps the relaxation response. I could go on for like an hour about all the specifics, but that kind of gives you like a little teeny tiny piece to go off of.

Lindsay Weitzel, PhD:

Some of the headache specialists have asked me when I say, there is this, these people where I'm from, and they do this and say, well, what is it? And I need you to explain it because I can't. And I remember when that first person asked me to explain, I was like, it's almost witchy. They barely touch you. So, yes, I need you to explain it because I've never been able to explain it. How old is the practice of craniosacral therapy? And how is it different from something like Rolfing?

Elizabeth Browning Jones, RMT:

That's a great question, Lindsay. So, it was originally discovered by Dr. John Upledger and he's an osteopath that was also a professor at Michigan State University. This is in the 1970s. And what happened, he was actually originally an assistant in a surgery, and his job was actually to hold the meninges still while the surgeon scraped a plaque off of that membrane.

And he noticed that there was a rhythmical impulse happening. And I've heard lots of stories about how the story goes, but there were a few words being exchanged because the surgeon really wanted him to hold it as still as possible for him to be able to get the plaque off. And he vowed to himself that he was going to find out what's behind the pulsing, because the surgeon was kind of kind of ticked and giving him a hard time because that was his only job. And he had the harder job. And so, Dr. Upledger just became so curious. And that curiosity led him to eventually getting a grant in the biomechanics department at Michigan State and did some of the original studies.

And from that, it's just been a huge ripple effect where some of the original things that he was able to pick up on from that ten years, some of the models that they developed, some of the studies that they did, kind of laid the groundwork. But what's really cool is that now there's current research going on with much more sensitive instrumentation.

And there's a researcher out of Denmark, Thomas Rasmussen, and he's a medical researcher, and he's been able to identify a lot of the rhythms, a lot of the rates. And so it doesn't necessarily change what we're doing when we do craniosacral therapy, but it's so nice. It really takes it to the next level to have the support of a lot of that science and data behind us.

So, I think you also asked how is it different maybe than something like Rolfing. Rolfing is such a great hands-on modality also. And it also deals with the connective tissue in the same way that craniosacral therapy does. So, I think what would be different is that the focus for craniosacral therapy is that we're also paying attention to some of that rhythmical impulse, or what they would call the craniosacral rhythm. Where in Rolfing they're also really focusing on fascia connective tissue, but they might be using a little more pressure, maybe more stretching. And even though they also are paying attention to the way that the fluids move, it isn't as much of their focus. But they're both hands-on modalities.

I would say the craniosacral therapy, one of the things that differentiates it is it's a very light touch. And these are the questions that I get. So, Elizabeth, I can't believe you're using such a light touch. How is it

that you're affecting so many changes. And what I love about that is we have connective tissue in our body that's made up of collagen, elastin, and ground substance. And when we use just that five grams light touch pressure or traction, what's happening is you're really getting down to the deeper level where the body isn't resisting a certain type of a touch. If I was putting too much pressure into tissue around the nervous system, the brain and nervous system would send out an alert and it would go into that fight, flight, freeze, fawn response. And that's exactly what we don't want.

We actually want to be able to make effective tissue changes. But that person's autonomic nervous system is able to regulate. You're able to be relaxed, have a parasympathetic response. And most clients almost immediately really go into the relaxation response. And so, I would say when most people ask me about it, they're like, well what's it like? And it's extremely relaxing. And I would say, oh, I don't know, probably about 80% of people fall asleep.

Lindsay Weitzel, PhD:

I was going to say.

Elizabeth Browning Jones, RMT:

Because it's so relaxing. I will be talking a little bit and then all of a sudden they're kind of gone because their body is going into this relaxation response. And then the other piece is that their body will start to show signs of release. And so that could look like maybe when my hands are on their tissue, things kind of get soft or warm. There's kind of a spreading to the tissue. And another sign of that relaxation response is sometimes people will sigh, sometimes eyelids will flutter, sometimes the belly will rumble, all as a sign that you're going into those deeper layers of the relaxation response.

And at the same time, the body is getting an all over treatment, even though we're calling it craniosacral therapy. And the main focus is a lot on that meningeal layer, it is a lot on the brain, the spinal cord, the nerves. But the whole body really ends up getting a lot of that treatment because a lot of those original bio rhythms and the connective tissue and fascia, it goes through the whole body. It's not just in one area.

And so, a lot of times I might be working on someone's neck or throat and they're getting relaxation through their legs, or I'm working on their sacrum and their headache goes away. And it's those connections. And of course, you always hear the thing where everything's connected, but when you start paying attention to the connective tissue in the fascia, then it really is connected.

Lindsay Weitzel, PhD:

We're going to focus on headache and migraine today. But quickly, can you just tell us what sorts of health issues was craniosacral therapy originally used for?

Elizabeth Browning Jones, RMT:

Well that's a great question Lindsay. So originally when Dr. Upledger was very first doing some of his studies, he was actually doing a lot of the work on autistic children when he was doing some of his time up at Michigan State. But he very quickly started realizing that this was going to have wide applications,

and so headache and migraine, back pain, people coming in with lots of different neurological disorders, babies with colic.

It's kind of the jumping off place because, again, you're dealing with the brain and spinal cord. And so there's so many places that that affects, so gastrointestinal issues. I have wide ranges of people that come into my practice, but I think if you're looking kind of way back, they were originally using it in the very, very beginning, they were doing a lot of the work with autistic children.

Lindsay Weitzel, PhD:

There are some studies that have been published on craniosacral therapy and migraine. Why might it help migraine or other types of head pain?

Elizabeth Browning Jones, RMT:

Lindsay, the cool thing about headache and migraine with craniosacral therapy is that as much as it also like it helps with the pain response. It can help with the relaxation response. It's also going to help with the connective tissues. It's going to help with the blood flow. A lot of times the big thing that I see is that it's also helping with the pressures.

A lot of the migraine people are coming in that there's high pressures in their head or there's been barometric issues with weather, and it really also significantly helps the pressure differentials in the brain. And sometimes that could be from working individual nerves. It can help with neurons. But sometimes it's actually the meninges itself. And the meninges is that membrane around the brain.

But it doesn't just go around. The coolest thing is, is that even when you're still in utero, it actually comes in and invaginates on itself, and it creates this cool compartmental system inside the brain. And the fun thing about cranial work is that even though we're definitely dealing with all of the pressures on the outside, it can help relieve pressure on the inside, which that's one of the things that seems to be the biggest report from people coming into my practice, is that it helps a lot of the pressure type pain.

Lindsay Weitzel, PhD:

I think one of the things you said to me earlier that I found to be very interesting is that people come in and many of them will say that they have migraine, they have a diagnosis of migraine, but they all look very different when you're treating them.

Elizabeth Browning Jones, RMT:

And Lindsay, I originally heard this, when you get somebody that comes in with concussion that if you've seen one concussion, you've only seen one concussion. But I would also say the same is true of migraine. Because if somebody comes in with migraine and it presents a certain way, I can have somebody an hour later that's coming in with migraine, and it's going to present totally differently.

Yes, they may have the same kind of subjective things that they're coming in with, but the intensity might be different. The duration might be different. Who's managing them might be different, the

treatments they're doing, what they're doing as far as medications or the lifestyle changes. And so what I love about migraine is that we can help, but we're meeting the person where they're at.

So, if somebody comes in and we're just doing maintenance, that could be one thing. And if somebody else is coming in and they have a migraine that day, depending on what that person needs, the craniosacral therapy can be individualized. It's not just a protocol. And when you first learn it, they'll teach it to you in a protocol when you're very first learning, when you're taking your very first class.

But it's a lifetime study. It's really something that you keep getting more and more pieces and nuances to be able to help clients that come in with it. And so instead of just that jumping off place, each individual that comes in, it's going to look different. And if I had somebody two weeks in a row, the same client, it might look different week to week depending on how they're presenting.

Lindsay Weitzel, PhD:

It's my understanding that you're involved in a study using craniosacral therapy for concussion syndrome. And it's very interesting because it's not going to be just a study. It's also going to be a documentary. Can you tell us a little bit about this study?

Elizabeth Browning Jones, RMT:

Well, Lindsay, I have to tell you, this one I'm really excited about. And this is exciting, not just because there's starting to be more studies on craniosacral therapy, but because it's also going to be a documentary, the word is going to get out, and I'm excited about that. So, what this study is, is that there was a pilot study and they're following up with another study that's going to have even more sensitivity in some of the study parameters.

And so, it's studying persistent post-concussion syndrome in NFL players. And what they're going to do is they're going to have eight players and three therapists. And the therapists, they'll be doing craniosacral therapy, visceral manipulation, and neuromeningeal therapy, and all of these therapists will be working. There'll be three therapists for one player.

They're going to be doing two hours in the morning, two hours in the afternoon, and it's going to be for five days. And it's really also a whole-person study. They're going to be doing other things. They're going to be doing some breath work. They're going to be doing some yoga. So, it really will be a whole-person type thing.

But what's so interesting about it is that they are going to be filming it, so people will get an idea of what it looks like and what it might take for somebody in that kind of situation to really start to reverse some of those processes. And many of these players, some of their main complaints is actually headache and migraine. And it is for the people in my community that see people with migraine, a lot of people have actually had either head injury, whiplash, concussion. And so, it might not be the original reason, but it's been exacerbated by some type of injury or sports.

We're excited about that. They're in their last leg of getting some funding. And so, we're going to be really excited to find out, it should be August or October is when their date for this. So we're pretty excited about that.

Lindsay Weitzel, PhD:

We will be excited to see what you learn.

Elizabeth Browning Jones, RMT:

I can't wait.

Lindsay Weitzel, PhD:

Before we go, I'm wondering if you could let us know, when someone comes to you for headache or migraine, oftentimes, how often do they need to come? Do the results last? If you could give us some indication that.

Elizabeth Browning Jones, RMT:

Again, what happens when somebody comes in for an appointment, they're going to come in the door and we're going to do an evaluation. We're going to find out what's going on with them. But we're going to see what's going on in that individual person.

And they're going to lay down on the table. They're going to relax. And as we do the treatment, we're going to be able to find out, in conjunction with that person's goals, what's going to get them to where they want to go. Because there may be one person that's highly motivated, and they want to come for a few consecutive appointments. They want to come a couple weeks in a row, and then we will reevaluate and see. Are they kind of ready for maintenance. Do they need a little bit more. Everybody's really kind of different about what they need. And we can kind of tailor it because it can also be if there's a financial concern, they don't have to come for a whole bunch all at once. Maybe they need to spread it out. Everybody has a different kind of consideration. But I would say in general, I do kind of tell people, if it's possible, can you give me one session for every year you have had the migraines.

Lindsay Weitzel, PhD:

The people I hang around, that's a lot of sessions.

Elizabeth Browning Jones, RMT:

Mostly because, as you know, over time when you have that migrainous process, it is affecting your nervous system. But after a while it's affecting the whole person. It's affecting their quality of life. It's affecting a lot of different things. And just being the person that's dealing with the migraine, a lot of times having the relaxation response is helpful. Sometimes somebody might even get, we get a lot of soft tissue release, but I have some people that might even have an emotional release.

It's a challenging diagnosis. And I love showing up for people that come in because it's nice for them to let down and be able to really be truthful. Because sometimes they're dealing with something that impacts their quality of life, and they start to feel like they can't always talk about it because they don't want to be saying the same thing to everybody at home. And we really hold that space. We hold that space so that they can really say it how it is. And so, it adds a really healing space for people that their lives are really impacted by this.

So, we do find in general, most people will start to feel shifts even after the first one. Sometimes they'll say you can start to feel that like maybe it's not even that the headache might go away 100%, but maybe the pressure goes down, the intensity goes down, the throbbing goes down, or they're not as light sensitive. And so even though you might understand this from how long you've been doing this and going through the experience of migraine, is that sometimes we're not necessarily looking for full cure, but we're looking for that healing of how well can the body adapt so that you can play with your kids, so that you can go meet somebody for coffee.

So, working on that quality of life, and so, even if it's that assistance in helping somebody manage. Because I would say a lot of the clients that are coming in for migraine, they have medication management. They're already getting a lot of support and help. And this is just one more little support and nudge on that kind of roadmap.

Lindsay Weitzel, PhD:

Exactly. Right. One more strategy, one more rock in the wall that holds the migraine back. Exactly. That's how I see it too, and I'm so glad you said that. Because when you were talking, I was thinking just, for my child, for example, if something could even just decrease his phono sensitivity so he could go to school without earplugs, it would be amazing. So, I love that you said that. Thank you so much.

My last question is, if we have any listeners that are wondering how to find a practitioner in their area that might be able to do craniosacral therapy and they could go talk to them and give this a try, where can they go to find this out?

Elizabeth Browning Jones, RMT:

Yeah, I love that. Lindsay. There's a listing of practitioners. It's called IAHP, all capitals, International Association of Healthcare Providers. [<https://www.iahp.com/>] And when you when you log in to that website there's a little tab and it says find a practitioner. And you go to find a therapist or find a practitioner. And you put in the first three digits of your zip code, or if you're international postal code. And what it does is it'll give you practitioners in your area.

And by just doing the 3 or 4, for some reason, there's much more specificity than putting in your whole number. But what happens is, people will come up. And then you can list it by training. Like if you specifically want somebody with craniosacral therapy as opposed to visceral or neuro meningeal, you can do that. And then it'll come up with contact information. But you can also see how many classes someone's had.

The nice thing about that is you kind of want somebody with the most training that you can find. And you specifically would want to find the classes that are the craniosacral classes. So, if you look there's abbreviations underneath and you can kind of hover over and it'll tell you which ones. And a lot of people on that they'll have a profile where it's almost like a little mini website.

Most people do list their websites if they have one, but you can kind of get a feel for maybe what kind of practice people have. And craniosacral therapy is done by healthcare providers. So, they might be a physical therapist, occupational therapist, chiropractor, acupuncturist, massage therapist, dentist. And so it will also give some of their credentials.

Lindsay Weitzel, PhD:

Well, thank you so much. Is there anything else you'd like to add before we go?

Elizabeth Browning Jones, RMT:

The only thing I would say is, I'm just so glad that there's podcasts like this for people that are curious for people that are listening, because it is a ripple effect for people to learn. And this is how we all kind of grow and support that curiosity. So, I'm excited for you that there's just the word's getting out about all these things. And it was fun to come and talk to you today.

Lindsay Weitzel, PhD:

It was fun to talk to you too. And if we have people out there that think this might help them as part of their migraine journey, then hopefully they learned something. Thank you everyone for joining us. And thank you, Elizabeth. Please everyone, join us again on our next episode of HeadWise. Bye bye.