CranioSacral Therapy Alters Brain Functioning: A Clinical Overview of Still points

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While head of the clinical psychophysiology service at McLean Hospital – the largest psychiatric teaching hospital at Harvard Medical School – Paul Swingle, PhD, FCPA, RPsych, was asked to consult on a research project conducted by an osteopath at the New England Medical School who wanted to determine the effect CranioSacral Therapy (CST) had on the brain activity of a patient and therapist during a typical session.

"At the time, I dismissed CranioSacral Therapy as pure bunk," said Dr. Swingle, now a clinical psychoneurophysiologist in Vancouver and a highly respected biofeedback practitioner. Nonetheless, he agreed to measure the brain activity during the treatment session. "What I found startled me," he said. "With all the necessary experimental controls in place, I saw a marked change in alpha brainwave amplitude that immediately coincided with the CranioSacral Therapy. I didn't know exactly what the technique was, but the results so impressed me that I promptly enrolled in a class."

That was over four years ago. Since then, Dr. Swingle has used CS in his neurotherapy practice to help modify brain functioning to treat a wide range of disorders. "During treatment sessions I obtain EEG measurements. Some of the most important brain effects I've witnessed include a marked increase in theta and alpha brainwave amplitude in the back of the brain associated with the induction of a still point." Dr. Swingle's discovery was consistent with my early findings at Michigan State University when I was first developing CST, and with studies conducted by Dr. Elmer Green, formerly of the Menninger Clinic and Hospital in Topeka, Kan.

"Slow wave (i.e., theta) deficiency in the occipital region is associated with poor stress tolerance, sleep disturbance, racing thoughts, generalized anxiety, and vulnerability to substance addiction," said Dr. Swingle. "Neurotherapy that focuses on restoring this deficit is strongly enhanced with still-point induction."

Currently, Dr. Swingle treats children with involuntary movement disorders and seizure disorders. A major component of his protocol is to “increase the sensory motor rhythm over the sensory motor cortex [roughly across the top of the head from the tips of the ears]. The sensory motor rhythm is represented by brainwave activity between 13 and 15 cycles per second. When made stronger with brainwave biofeedback, it results in increased seizure threshold and reduced involuntary body movements,” he notes. The increased brainwave amplitude Dr. Swingle has witnessed with CST is associated with “calm and passive attentiveness.”

He has also reported an increase in the important sensory motor rhythm when a thoracic release is performed. To illustrate, he performed still point inductions on six patients with closed head injury and one with attention deficit disorder. “The effect of the still point was an increase in theta amplitude from a low of 6.2 percent to a high of over 80 percent,” he reported. “Such changes in theta amplitude can have profound effects on brain quieting.”

Dr. Swingle has reported these findings at various North American conferences. According to Dr. Swingle, children undergoing sensory motor rhythm training strongly benefit by a CST sequence of still point followed by sphenoid, thoracic and occipital releases. In terms of brainwave activity, this CST regimen results in increased amplitude of occipital theta frequencies (mental quieting) and of the sensory motor rhythm (body quieting). “The quieting often occurs immediately,” he added, “and parents usually report a marked, sustained improvement.”

Once a skeptic, Dr. Swingle now strongly advocates the use of CST as part of neurotherapeutic treatment of many disorders. The synergistic effect of these modalities results in “efficient and permanent remediation of many disorders associated with anomalous brain functioning.”