

Abstracts of papers presented at the



CRANIO RESEARCH CONGRESS

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About

The seed of a research congress about craniosacral therapy was planted at the end of 2018. Both Yohanam Arulandu and Danny Sandra were convinced that the cranio community, as well as the general public, could benefit from a better scientific understanding of this therapy. After all, craniosacral therapy has not yet received the explicit research attention it deserves like other fields. We believe that establishing an interdisciplinary platform for researchers and healthcare practitioners from all over the world can make such a contribution to advance the practice and foundation of craniosacral therapy, to identify areas for future research, and to encourage international networking and cooperation.

Conference chair

Danny Sandra, MBA MSc CST

Danny is an international management consultant, researcher, and therapist who empowers leadership teams in guiding their organizations through the exciting journey of strategic transformation and holistic growth. His intuitive approach, transformative nature, and dedication have all earned him the reputation as an innovative transformation leader. As a researcher he is studying how leaders can foster entrainment (i.e., synchronization of rhythms) to stay tuned to themselves and to their environment for better organizational outcomes. In addition to his numerous credentials and 25 years of business experience, Danny holds master degrees in engineering, an MBA, a diploma in CranioSacral Therapy (Peirsman), and currently finishing his PhD. He regularly publishes in scientific journals about spiritual innovation, spiritual leadership, and consciousness development. When he is not helping companies thrive, Danny nurtures himself through meditation, running in nature, reading books, and practicing jiu-jitsu (martial arts).

Program

PART I		Central European Time
10:00		Welcome and opening of the conference Danny Sandra & Yohanam Arulandu
10:00	10:45	What counts as research and why should we do it? Emeritus Professor Nicky Robinson, PhD London South Bank University - School of Health & Social Care (UK) Visiting Professor Beijing University of Chinese Medicine (PRC)
10:45	11:30	Measuring what matters to craniosacral therapy clients Dr. Nicola Brough, PhD MPhil RCST Honorary Research Fellow, Warwick Medical School, University of Warwick (UK) Founder/Owner, Torus Wellbeing Clinic (UK)
11:30	12:00	Discussion
12:00	13:30	Break

PART II		
13:30	14:15	Osteopathy in the cranial field: an update on explanatory models Sander Kales, DO MSc Osteopathie Amsterdam (NL) Director, Dutch Osteopathic Scientific Foundation (NL)
14:15	15:00	Mesodermal communication through fascia in craniosacral therapy Yan Schroën, OMD MSc Sino-Dutch Research Center for Preventive & Personalized Medicine, Martin Buber Academy (NL)
15:00	15:30	Discussion
15:30	16:00	Break

PART III		
16:00	16:45	A third rhythm in craniosacral therapy as a basis for future clinical and physiological research studies Dr. Thomas Rosenkilde Rasmussen, PhD CST Director of Research, Upledger Institute International (US) Clinic for Manuel Medicine (DK)
16:45	17:30	Working with hypotheses and clinical reasoning: a lively, self-responsible and human-friendly science Gert Groot Landeweer, PT BSc, HP, CST Director, German Osteopathic Corporation (DE) Director, Upledger Institut Deutschland The Barral Institute (DE)
17:30	18:00	Discussion
18:00		Close of Conference Day Danny Sandra & Yohanam Arulandu

Biographies contributing authors

Nicola Brough, PhD MPhil RCST

Dr. Brough qualified as a craniosacral therapist from the Karuna Institute, UK, in 2006 under guidance of Franklyn Sills. Working in private practice in Staffordshire, UK, she supports a wide client base from specialising with mums and babies, children on the autistic spectrum and highly sensitive individuals. Sponsored by the Craniosacral Therapy Association UK, she undertook a Masters by Research, exploring client experiences. She was awarded an MPhil for outstanding work and published her study 'Perspectives on the effects and mechanisms of Craniosacral Therapy: A Qualitative Study of User' Views' in the European Journal of Integrative Medicine, in 2015. For her PhD at the University of Warwick, Warwick Medical School, UK, having identified outcomes of importance to those having CST and a variety of mind-body modalities, the findings laid the foundation for the development and validation of the Warwick Holistic Health Questionnaire (WHHQ) a Patient Reported Outcome Measure that captures mental, physical, social/relational and spiritual wellbeing. Dr. Brough completed her PhD in 2017. The WHHQ is available under license: <https://go.warwick.ac.uk/whhq>.

Sandra Kales, MSc DO

Sander has always worked with his hands, starting as a professional basketball player and continuing in physical therapy and later osteopathy. Combined with the kinaesthetic sense, he has developed his curiosity and analytical skills through training in psychology, epidemiology, quantum physics, and complex systems. This has led to the development of an integral view on the body-mind interaction. On this journey through all these fields, personal contact has always been a driving force. Sander is a board member of the Dutch Society for Osteopathy (Nederlandse Vereniging voor Osteopathie, NVO) and the director of the Dutch Osteopathic Scientific Foundation (SWOO). More about Sander can be found on www.sanderkales.nl.

Gert Groot Landeweer, PT BSc, HP, CST

Gert is a Dutch physiotherapist, German health practitioner, osteopath, and Upledger craniosacral therapist. After studying physiotherapy in the Netherlands, Gert came to Germany in 1984 in search of that "something" for his treatments. In 1988 he found a teacher in John Upledger and established the Upledger Institute Germany in 1993, together with his best friend René Assink. He tirelessly drives the

further development and clarification of CST and osteopathy, develops his own treatment concepts (in the sense of the unification of "scientific" accuracy and humanity) and works for the recognition of this type of osteopathy in the medical-political landscape. He is a founding member of the Upledger Institute Germany and the Barral Institute Germany, as well as the German Osteopathic Corporation. Gert is an international teacher and author of numerous publications in the field of CranioSacral Therapy, Osteopathic Procedures and Cranio Mandibular Disorders. He works and lives in Vörstetten, Germany.

Nicola Robinson, PhD

Professor Nicola Robinson is Emeritus Professor of Traditional Chinese Medicine (TCM) and Integrated Health at London South Bank University, UK, and Visiting Professor, Centre for Evidence based Chinese Medicine, Beijing University of Chinese Medicine, (Chinese Ministry of Education, funded). Previous appointments include: Professor of Complementary Medicine, University of West London; Consultant Epidemiologist; Brent and Harrow Health Authority; Senior lecturer Department of Primary Care, University College London; Research Fellow at London School of Hygiene and Tropical Medicine, St Mary's Hospital and Charing Cross Hospital (Imperial college).

Following her BSc (Hons) Biological sciences (Leicester University) and PhD in Immunology (Manchester University), she studied acupuncture, becoming a registered acupuncturist in 1982. She was awarded Fellowship of the British Acupuncture Council (BACc) in 2008 and was chair of the BACc's research committee for over 10 years. In 2004, Nicola was the recipient of a Winston Churchill Travelling Fellowship to visit China, resulting in co-supervision of postgraduate students. She has published over 200 articles and is Editor-in-Chief of the European Journal of Integrative Medicine.

Thomas Rosenkilde Rasmussen, PhD MSc CST-D

Thomas is a certified Upledger craniosacral therapist, teacher and Research Director of the Upledger Institute. He resides in the Copenhagen area, running a clinic for manual medicine, where the Upledger paradigm is the central core addressing a broad spectrum of clients. Since 1994, he has been working with medical science and evidence-based medicine, addressing questions related to the core of CST. He authored +50 peer-reviewed scientific papers and +100 abstracts and proceedings. Thomas acquired a diverse background in science, with a PhD degree in Medicine, a MSc in Chemistry, a BSc in Biochemistry, and a BSc in Biology.

Yan Schroën, OMD MSc

Yan is an Oriental Medical Doctor and licensed acupuncturist. He graduated in biochemistry and acupuncture in the Netherlands and studied Taoism and traditional Chinese medicine in the People's Republic of China. Since 1991 Yan has been working as an acupuncturist and herbalist in several clinics in the Netherlands. Because of his interest in the relation between Chinese medicine and nonlinear dynamics he got involved in scientific research at the Sino-Dutch Research Centre for Preventive and Personalized Medicine at TNO (a Dutch organization for Applied Scientific Research). Since 2007 he has been working here as a senior researcher and member of the scientific committee. He is a (guest) lecturer of Chinese medicine and systems biology at several schools and universities in Europe. He publishes regularly about these topics in scientific journals, such as PLOS One, Journal of Clinical Rheumatology.

Paper abstracts

What counts as research and why should we do it?

Nicky Robinson

London South Bank University - School of Health & Social Care, UK

Beijing University of Chinese Medicine, PRC

Decisions on how to treat a patient depends on the practitioner and the 'tools' they have available. Practice is influenced by education, training, experience, expert opinion as well as individual patient expectations. Whether research influences practice is unclear, but if an intervention is to be widely accepted and accessible then sufficient evidence is required to support its wider use.

Different types of evidence can all play a part in building an evidence base but research takes time, money and enthusiasm. Clinical Practice (CP) is a key driver in determining the research focus for the delivery of 'best patient care. CP is a good place to start for those who have not conducted research and can be qualitative or quantitative research both are equally important.

As a practitioner the first steps are simply done through auditing practice and analysing feedback from patients. Qualitative research can inform feasibility studies, the preparatory stage prior to a randomised controlled trial. A feasibility study explores potential uncertainties regarding the intervention, its delivery, recruitment, patient acceptability, potential outcome measures etc. It is during a feasibility study that researchers identify key issues to inform a definitive trial.

The evidence base for craniosacral therapy (CST) is emerging but evidence is still insufficient for its inclusion in mainstream medicine. There have been at least 2 systematic reviews published on CST in the last 2 years. This demonstrates the evidence base is growing but more randomized controlled trials are needed to capture the practice of CST. However, whether research evidence is subsequently used at the macro government and health policy level to inform clinical decision making and provide treatment recommendations is debatable.

Professional bodies can facilitate by creating a structure to build research capability. In 1994 the British Acupuncture Council set up a research arm for the profession, Acupuncture Research Resource Council. Providing a focus to supply good quality research information and supporting acupuncture practice has been critical in facilitating acupuncture research in the UK.

Keywords: Research; Evidenced based Medicine; Clinical Guidelines; Decision making.

Measuring What Matters to Craniosacral Therapy Clients

Nicola Brough, Poninbaduge Perera, Helen Parsons, Sarah Stewart-Brown
University of Warwick, Warwick Medical School, Coventry, UK.

Craniosacral therapy is a mind-body based complementary therapy with limited evidence partly due to the lack of suitable Patient Reported Outcome Measures (PROMs). Classifying outcomes of importance to users of CST and identifying PROMs that can not only capture those outcomes but have the validity and psychometric rigour found in PROMs used in mainstream healthcare settings is vital to the profession. Definitions of wellbeing vary, but there is agreement that the concept is holistic covering, at minimum, mind, and body and that it is more than the absence of disease and disability.

Mixed method approaches were used to a) identify outcomes of importance to CST users, b) create and evaluate a conceptual framework (CF) of CST outcomes c) develop and evaluate a PROM to measure changes in those having CST. Phases of development included item generation and refinement, pre-testing preliminary, psychometric evaluation including factor analysis and item reduction and psychometric evaluation on a 25-item WHHQ, including internal consistency, measurement error, criterion validity and responsiveness.

Results include: (a) A CF of CST outcomes was developed and evaluated with CST users and practitioners, n=11. (b) 73-items were generated covering domains of the CF and an earlier study of CST outcomes and PROM literature. Face and content validity were tested in a consensus meeting with practitioners and semi-structured interviews with CST users and items refined accordingly. (c) 52-item WHHQ was pretested in cognitive interviews. And item response, construct validity and item redundancy were assessed with n=142 users. (d) The WHHQ was refined to 25-items including new concepts in healthcare evaluation. (e) Repeatability was assessed with n=109 non-CST users. (f) Reliability, internal consistency, convergent validity (SF-12v2, WEMWBS and HEHIQ) and responsiveness were assessed with n=146 new CST users.

The conceptual framework of CST outcomes is the first of its kind for CST, identifying important and new concepts in healthcare evaluation. Measurement properties show the 25-item WHHQ to be a psychometrically sound measure of wellbeing, having good internal consistency and convergent validity with WEMWBS and HEHIQ. WHHQ is shown to have good test-retest reliability and to be responsive at both individual and group level.

Keywords: Patient-Reported-Outcome-Measures (PROMs); Wellbeing; Healthcare evaluation; Mental, physical, social/relational, spiritual wellbeing; self-awareness.

Osteopathy in the cranial field: an update on explanatory models

Sander Kales

Osteopathie Amsterdam, NL

Osteopathy in the Cranial Field (OCF) uses a combination of different techniques. The models, which have the possibility of looking at effectiveness and reliability of these techniques, seem to lie mainly in the circulatory, neurological and bioelectromagnetic domain. However, osteopathic clinical reasoning, more than the techniques, offers osteopaths the possibility to distinguish themselves in the cranial field. Looking locally, regionally and globally from the viewpoint of the different models, using a terminology that is universal and not just for osteopaths, will contribute to the client's well-being and will clarify the domain of the OCF.

First, a case of a whiplash patient is presented to guide us through the old and new explanatory models. Next, an update of the nomenclature used in the classical OCF is discussed. Finally, today's evidence is given on what we are palpating, how the palpatory findings are correlated to a clinical symptom, and how we can influence this symptom.

Keywords: Osteopathy in the Cranial Field; explanatory models; clinical reasoning; whiplash.

Mesodermal communication through fascia in craniosacral therapy

Yan Schroën

Sino-Dutch Research Center for Preventive & Personalized Medicine
Martin Buber Academy, NL

Chinese medicine is a systems theory: looking at an organism as a complex, dynamic, self-organizing system. A systems biological approach of embryology shows an astonishing similarity with classic Chinese medical textbooks. Anatomy and physiology of acupuncture channels are very comparable with our knowledge of fascia. Mitochondrial functioning shows a lot of similarity with the descriptions of Qi. Especially the research on low luminescence emission of organisms of the last decades gives us new insights in mesodermal communication through the fascia and sheds a new light on the idea of acupuncture channels, but also on the mechanisms behind osteopathy and craniosacral therapy.

Keywords: Biophoton; Fascia; Acupuncture channels; Self-organizing Systems; Systems biology.

A third rhythm in CST as a basis for future clinical and physiological research studies

Thomas Rosenkilde Rasmussen

Clinic for Manuel Medicine, DK

A central concept in the field of CranioSacral Therapy, and at the same time controversial, is the concept of a unique rhythmic movement believed to originate from a primary respiratory mechanism (PRM). Further, the PRM is reported to manifest as a cranial rhythmic impulse (CRI) on the living human skull. Palpation of the CRI is central and used worldwide by a high number of therapists as part of craniosacral assessments concerning CranioSacral Therapy and osteopathy in the cranial field.

From a scientific point of view, evidence for reliability in craniosacral assessment and the nature of the CRI is not clear. Interobserver agreement is lacking, and palpation studies report on a wide range of CRI's (review in Nielson et al. 2006). A significant source of the criticism and controversy of both the existence and reported range of the CRI in humans is the subjective approach to study the CRI by palpation. An objective approach to study the existence of the CRI was attempted by Dr. Viola Fryman (Fryman 1971), measuring physical movements on the head directly. The drawback of the direct measurements was a high pressure on the head from the equipment used, and that participants had to hold their breath to exclude respiratory movements. Other studies have used indirect measurements (review in Nielson et al. 2006).

In line with the study of Fryman (1971), we developed a machine to measure rhythmic movements as a direct physical movement on the head. The aim of the study was (1) to characterize the rhythmic movements on the head relating to the arterial, respiratory, and a possible third rhythm; (2) to describe the nature of the third movement; and (3) to define the normative range of the third rhythm in humans using an objective method.

Most importantly, having developed an objective approach for studying this third rhythm might form the future basis for clinical and physiological studies of craniosacral function and dysfunction.

Keywords: Primary Respiratory Mechanism; Cranial Rhythmic Impulse; Third rhythmic movement.

Working with hypotheses and clinical reasoning: a lively, self-responsible, human-friendly science

Gert Groot Landeweer

Praxis im Maueracker, DE

It is not easy to describe craniosacral therapy, let alone how we can improve it. Clients and healthcare providers wonder whether the method is "scientifically proven" so that appropriate remuneration can take place. Of course, it is possible to prove the possible general efficacy through outcome studies, but what does this mean for the practitioner in his own practice?

Clients typically seek help to achieve their goals – alleviating ailments, solving problems, improving quality of life – and are willing to sacrifice both time and money. Whether craniosacral therapists can make a meaningful contribution to this, is up for debate. But as a practitioner, how do we deal with this? One possible way for answering this question could be the use of "working hypotheses", besides considering the attitude of the client and therapist in relation to healing and health. These hypotheses arise on the basis of the therapeutic self-image of the client and the therapist, the findings made during the anamnesis and the somatic-energetic examination methods, as well as the changings during the therapeutic process. It is often helpful and useful in everyday practice to construct a working hypothesis based on a meaningful assessment of the situation that carries the most plausibility – without all the factors being tangible and controllable. In this process, both the client and therapist are involved. Together they decide on the working hypothesis or current description of the condition, and together they also approve the related therapeutic interventions.

Hypotheses are neither correct nor false. They are adapted according to the situation and provide the basis on which the joint work of the client and therapist on a particular problem can unfold. Mutual respect and recognition, the knowledge of mutual support throughout the diagnostic-therapeutic course, the upright and direct communication, the bonding and delivery in the therapeutic relationship structure are some aspects that make it possible to work with hypotheses.

Now, what is the scientific point of this? Science is based on asking questions, gathering information, making hypotheses, and carefully dealing with the current truthfulness of them. If we add the relationship component, we can speak of a practical situation in which we work together to find the best possible solution to a problem or in which it becomes possible to adapt both problem and solutions situationally: a lively, self-responsible, human-friendly science – some call it clinical reasoning.

Keywords: Hypotheses; Plausibility; Clinical reasoning