



# CRANIO RESEARCH CONGRESS ANTWERP



## Cranio for the Brain and Second Brain

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**HYBRID MULTILINGUAL EDITION**  
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## PRESENTATION ABSTRACTS

### **Gut Feelings: Unveiling the Emotional Enteric**

Nikki Kenward, CST-D MCSS

The presentation will take you on a journey into the complex and fascinating world of the gut, focusing especially on the small and large intestines. The anatomy of the enteric nervous system will be explored, along with its connections to other intestinal tissues and the microbiota. These connections are intricate and involve a capacity to respond not only to the food we eat but also to the outside world as we experience it. There are moment-to-moment conversations between the enteric nerves, enteric glial cells, neuroendocrine cells, immune cells, and the microbiota, which dictate our gut function, our emotional and mental well-being, and much more. The long tube of our gastrointestinal tract (9 meters from mouth to anus) is where we first respond to the outside world. Everything inside the tube is still in the outside world until it is absorbed into our body. The delicate epithelial barrier that hovers between these two worlds is shown to be an important boundary, both physically and emotionally.

We will examine the intriguing paths of enteric glial cells, research on memory in the gut, and how polyvagal theory might fit into this realm, all demonstrating how the gut holds memories of our challenging experiences. Stephen Porges' Polyvagal Theory describes neuroception, the concept that our nervous system constantly evaluates our safety, leading our nervous system into different states like sympathetic (fight and flight) or parasympathetic (rest and digest, or freeze). The enteric nervous system, connected to our autonomic nervous system, can also make its own decisions without referring to the central nervous system. Therefore, the enteric nervous system is another part of the autonomic system, often referred to as the second brain, and it too responds to our perception of safety. There is much research to be done in this area.

Through her personal journey with her gut and her years of clinical experience, Nikki began developing this area to better understand her own and her clients' chronic digestive issues. Nikki created the concept of 'Post Traumatic Gut' to emphasize how deep emotional stress and trauma can often be held in all these tissues. As a result, her clients with such problems are benefiting. For this reason, there will be one fundamental message: when we put our hands on the enteric nervous system and its associated cell populations and tissues, first we need to create safety, more than anywhere else on the body.

Nikki will give you ideas and suggestions for exploring this work and expanding this field, whether you are from Upledger training, Biodynamic training, Osteopathic training, or any other cranial training. You will begin to see how you can apply the skills and sensitive palpation you already have to this new area and start to uncover the secrets held here for the benefit of your clients.



## Multi-Model Communication in the Gut-Brain Axis

Michel Lootens, DO BCST

The enteric nervous system is an extensive network that uses the same chemical substances and cells as the brain to help us digest and to alert our brain when something's amiss. Gut and brain are in constant communication.

"There's immense crosstalk between these two large nerve centers that affects how we feel and perceive gastrointestinal dysfunction and impacts our quality of life" (Dr. Braden Kuo). From an anatomic point of view, the brain is a structure of approximately 100 billion neurons and the second brain 100 to 600 million neurons, but they also form an electromagnetic field, probably even a quantum field. Our emotions and environment are influencing these structures and systems.

There are 2 types of concepts to appreciate the world: a linear and a non-linear. The linear concept relates to Newton's view of the physical world, such as logic, reason and measure. The nonlinear concept relates to how Einstein saw the world: philosophical and perception. It's ideal to have knowledge of both to understand our world profoundly.

We all started or physical existence as one fertilized cell, so our roots and the forces that maintain us, are directly related to wholeness. Every part of us is a "participating and integral part" of the whole. Rather than look at the human organism as a state, it can be considered as a process of formation. We can expand this point of view by stating that even life can be considered as a process.

The brain has the ability to change its own structure and function: neuroplasticity. Core Dynamic Osteopathy in the cranial field interfaces with the healing potentials active in the human being. It identifies dissonance and enables to re align with the formative forces. These formative forces that underlie our existence have a "fluidic quality" and don't act randomly. What is the Source of physical motion? What is (are) the mechanism(s) that drives the healing force(s)?

## **Craniosacral Expansion: Touching the Untouchable**

Roberta Ogilvie, CST BSc (Hon)

In the world of craniosacral therapy, the effectiveness and legitimacy of distance or remote work remain topics of debate. Various scholarly fields provide evidence of the impact individuals can have on others from a distance. Roberta's presentation will not explore these findings, but she will specifically focusing on her own research to demonstrate the effectiveness of cranio at a distance.

Craniosacral therapy, known for its subtle body alignment through gentle "butterfly touch," is traditionally conducted with the patient physically present. However, Roberta's extensive experience suggests that this touch can also be effectively administered remotely, given the non-local nature of the subtle body and consciousness.

Her practice challenges traditional views of "touch" in craniosacral therapy, advocating for a broader understanding beyond physical presence. She aims to demonstrate the possibilities of remote practice through individual and group sessions, showing the ability to affect the body's energetic field from afar.

Roberta's presentation is based on her research conducted from January to September 2024, involving surveys of participants across three group distance sessions. She organized 12 closed groups from diverse geographical areas to understand different cultural responses to these practices. Participants were surveyed both before their initial session and after their final third session. The surveys aimed to gather both qualitative and quantitative data on five key metrics: perceived physical and emotional discomfort, levels of wakefulness, homeostasis reestablishment, and changes in perspectives on life, surroundings, and social relationships.

Her initial informal findings have been significant, and she anticipates that this structured survey approach will yield more definitive data, further substantiating the effectiveness of distance craniosacral therapy. The outcomes of her research are intended to provide a foundational case study, enabling other practitioners and researchers to expand access to craniosacral therapy by fully acknowledging and integrating distant work as both legitimate and effective.



## Brain Touch and the Art of Brain Zen

Etienne Peirsman, CST

This presentation explains how to tune in and feel all motions occurring in the brain. Some of those motions are symmetrical or asymmetrical and some of them are fast or so slow that it feels like there is no motion at all. On top of that I will explain and give a few examples of how to connect and commune with the brain's immune system and its neural stem cells.

In cranial practice, a significant focus is placed on interacting with the brain, akin to exploring the dynamics of a "personal jellyfish." With practice, it becomes easy to feel the brain's movement within the ocean-like environment it inhabits. We can feel and rearrange its inner spaces, the ventricle, and by doing this we can change the brain's shape itself. We observe symmetrical and asymmetrical motions. We can connect to fast and slow rhythms, and we can switch from one to the next. This is not something we do, but when we listen close enough, the brain and its fluids will tell us at which tempo the brain will function most naturally. The slower its motions, the deeper we penetrate in its regeneration. It's like repairing the engine of a car, it only works if we turn the engine off.

Imagine that one becomes so sensitive that you can find and feel the different lobes of your client's brain. Then while waiting you will start to feel that each lobe moves differently from the other lobes. Unwinding each one opposite its neighbor will create a relaxation that will optimize its working.

It was only recently observed that cerebrospinal fluid (CSF) actually moves through the brain, a phenomenon we had sensed 30 years ago. Astrocytes provide small tunnels through which the electricity rich CSF moves through the brain so it can deliver its positive ions to the neural cells who need a continuous supply of these positive charged particles so they can send messages to each other. Once an ion is used, the cell needs new ones in order to keep on connecting to others. Cleaning the pathways of this continuous flow is one of our practices.

Additionally, there is the specialized neural immune system. Microglia cells will remove any damaged cells and then the neural stem cells (NSC's) will put a totally new cell where the damaged cell was removed. Communing with these NSC's is a real Zen experience. NSC's are the purest expression of energy, of the truth, in our body. There is absolutely no mind at work, or even available. Achieving this state of no-mind allows us to connect directly with the source that created our body, forming a timeless connection. What we want to happen in that timeless connection ('the process'), and how it needs to be done ('the road'), become all one ('the integration'). Just two things are needed: our ability to fully immerse into no-mind, and, beyond understanding how stem cells work, having a direct experience of their nature and their endless, timeless capacity for transformation.

This way we witness, we become part of evolution in action. Join us to experience and enjoy Brain Zen.



## **CST at a Distance: Innovation or Renunciation**

Annemieke Romeijn, MA CST

The Cranio Sacral Therapy Association (CSTA), a British professional organization of about 500 practising craniosacral therapists, is committed to encouraging and supporting their members in their personal and professional growth, promoting the practice of CST and increasing understanding of CST among the public, media, government and health professionals.

During the pandemic, some CSTA members experimented with using their CST skills to work remotely. For many of them, this worked better than they had anticipated. Therefore, they filed an official motion for this new approach to be accepted as a valid form of CST. However, this motion faced significant resistance, risking a split within the craniosacral therapy community in England.

To address this, the special Hands Off Working Group (HOWG) was established. They prepared a report for the CSTA's Annual General Meeting in March 2024, examining if distance CST remains true to the field's core principles, traditionally grounded in physical touch. The report investigates whether using CST skills over a distance could in fact still be called CST.

Firstly, it questions the very essence of CST by scrutinizing its definition. In all official CST definitions, emphasis is placed on the importance of light physical touch, distinguishing it from virtual touch. The CSTA has tirelessly advocated for CST's recognition as a trustworthy therapy grounded in tactile and physical experiences. It raises the question of why we would contemplate altering this fundamental aspect of CST.

Secondly, the report delves into the nature of holding a therapeutic space for individuals remotely, often associated with the practices of energy healers. This prompts consideration of whether this act equates to distant healing. If such a comparison holds true, CSTA members engaged in remote work might simply incorporate remote healing into their skill set, akin to how some CST practitioners integrate homeopathy or psychotherapy.

Thirdly, the report explores potential benefits for the entire profession arising from the utilization of CST skills in remote settings. Beyond the obvious advantage of providing therapeutic support without the inconvenience of travel, it investigates the broader advantages while also acknowledging potential risks and disadvantages. The HOWG has thoughtfully documented and evaluated these aspects as well.

As a dedicated trustee of the CSTA, Annemieke has played a key role in mediating the debate surrounding the application of CST skills at a distance. Drawing upon insightful conversations with school directors, tutors, legal advisors, and passionate CSTA members, she also chaired the HOWG and contributed significantly to the report's development. In her engaging presentation, Annemieke will shed light on the diverse perspectives of key stakeholders in this debate and explore what is truly at stake for them, while gaining a deeper understanding of this evolving field at the forefront of CST practice.

## **Biodynamic Skeletal Therapy for the Gut-Brain Axis**

Scott Sternthal, DO

When somatic dysfunction occurs in bone tissue, it is often referred to as intraosseous dysfunction. One type of intraosseous dysfunction, intraosseous compaction, refers to compacted or extra-rigid bone tissue. Compacted bone tissue exhibits an altered texture compared to normal bone tissue. When palpated, it feels more like concrete than like young, green wood.

For decades, osteopaths have classified intraosseous compactions as having a high treatment priority. One possible reason for this is that changes in bone quality may compromise the structure and function of Sharpey's fibers, tiny expansions of connective tissue that permeate the bony matrix. Through Sharpey's fibers and across the entire osseofascial continuum, compacted bone tissue may affect the function of adjacent structures, including other bones, nerves, connective tissues, and viscera.

Biodynamic Skeletal Therapy (BST) provides a concise approach for identifying and treating inertial bone tissue. As described in the book *\*Melting Bone, Healing Tide\**, BST integrates craniosacral biodynamics and structural manual therapy into the same maneuvers and can be applied anywhere throughout the skeleton. The fundamentals of BST emerged from an unwavering belief in the indwelling therapeutics of the human body and in the profound intelligence of the natural world. This presentation, prepared specifically for the 2024 Cranio Research Congress, reviews the theoretical and practical aspects of BST, including touch-testing and the six-step BST treatment protocol (cocooning, compression, dialogue, augmentation, spreading, and integration), and focuses specifically on the theoretical and practical aspects of BST applied to bony landmarks associated with the gut-brain axis.

For example, the vagus nerve extends from the medulla oblongata through the jugular foramen, then down through the neck, chest, and abdomen, where it innervates the heart, lungs, and digestive tract. For the vagus nerve to pass through the jugular foramen unobstructed, the occipitomastoid suture (the junction between the occiput and temporal bones) should be evaluated and treated for potential compactions. Furthermore, before reaching the subdiaphragmatic viscera, the vagus nerve pierces the thoracic diaphragm, which itself has numerous bony attachments. All these attachments should be evaluated and treated, if necessary, and BST is a useful way to do so. Another example of BST application for the gut-brain axis involves its application on the bony landmarks associated with the mesenteric root. The mesentery is attached superiorly to the posterior abdominal wall along an oblique line running from the left side of the body of the second lumbar vertebra to the right sacroiliac joint. In this case, BST could be employed to evaluate and treat L2 and the right sacroiliac joint.

Other important bony landmarks include those associated with the central nervous system, adrenals, pituitary, hypothalamus, mesentery, and thoracic diaphragm. For each landmark, we will review both local and regional treatment approaches. It is important to note that BST is not intended to replace other forms of manual therapy but to complement them, potentially making other approaches and modalities more effective. Once BST application is complete, and based on the therapist's clinical reasoning, mobilizations, adjustments, myofascial and visceral work, etc., may be incorporated into the treatment.

## Cranial Rhythms: Toward Deeper Understanding

René Zweedijk, DO BSc

WG Sutherland was one of the first, and perhaps THE first, to discuss the concept of cranial rhythm. Sutherland authored only one book, "The Cranial Bowl," yet he lectured extensively. After his death, his daughter and others transcribed these lectures and published them in several books. Sutherland's views on cranial movement evolved throughout his career. However, the books about him do not clearly explain this shift in understanding, contributing to a somewhat blurred perspective on osteopathy in the cranial field. In our presentation, we begin with a historical overview, identifying the authors and scientists who have shaped our present knowledge. We then propose a potential origin for the cranial rhythm by adopting a "systems view spectacles".

The human body functions as a complex adaptive system, existing on the brink of chaos. Within this framework, we encounter various waves and oscillations, each with its own amplitude and frequency. Beyond their mechanical functions, these waves serve a crucial role in information transmission. The heart rate goes beyond merely circulating blood throughout the body (the heart acting as a pump) to acting as a vital source of information that influences the whole system.

Different rhythms within the human body interact with one another. Among the most recognized is heart rate variability, where respiratory sinus arrhythmia exemplifies how breathing frequency can influence heart rate. This phenomenon, well-documented over time, is but one of numerous interactions among waves, frequencies, and oscillations within the body. Koepchen highlighted this interplay over forty years ago, and more recent studies have validated the interactions between cerebrospinal fluid (CSF) fluctuations, heart rate, and EEG waves.

A turning point in René's career, assisting and witnessing a patient's final moments, showed that the cranial rhythm is not coming from a special group of cell, tissues or body part. The cranial rhythm that Sutherland described is a product of the whole, a product of the body's complex adaptive system. This insight suggests that the mechanisms behind this phenomenon are not confined to discrete anatomical details—such as cells, the autonomic nervous system (ANS), or the cranium—but rather must be understood in the context of the body as a whole. We have to zoom out; we have to see the whole. The cranial rhythms are a product of the whole. It is almost a mystic experience when you don't understand the mechanisms. The palpation of the client's body by a therapist creates a unique situation, where both the client and therapist, referred to as Holons by Koestler, converge to form a new and unique Holon: the treatment session. This explains why the intertester reliability of sensing cranial rhythm is low as compared to the higher intratester reliability within a single tester's assessments. The process emphasizes the palpation of cranial rhythm as a deeply personal experience, highlighting the importance of including the observer as a crucial element of the therapeutic interaction. A team of Dutch osteopaths is actively researching this theory, with hopes of publishing their results in the near future.

