

Rolfing©, visceral massage, acupuncture, and cranio-sacral therapy

By Stanley Rosenberg

I remember when I was auditing Rolfing class in 1983, a Frenchman named van Dam, was the assistant teacher on the course. In Rolfing© the seventh session focuses on freeing up the restrictions in the head and neck. During van Dam's demonstration of the seventh session he told us that he often did a lot of work on the scalp. I must admit that for many years I never paid much attention to his advice. I had more than enough to do with the muscles of the neck, throat, and shoulders.

About 20 years ago, I began to work extensively with cranio-sacral therapy. I began my studies with the Upledger Institute and did the first 2 courses with them. I practiced these techniques for ten years. Then, last fifteen years ago, I continued my studies with the French Osteopath, Alain Gehin, author of "The Atlas of Manipulation of the Bones of the Cranium and Face." I found his approach to be more precise and effective and have used them since replacing the earlier approach from the Upledger Institut.

Many years ago, when I was looking at a chart showing the acupuncture meridians and acupuncture points, I noticed that many of the meridians and points related directly to the sutures of the skull. (See the 2 drawings.)



I sometimes think that the skin including the deep layer of loose connective tissue is a bag. The rest of the body is inside this bag.

Robert Schliep, Tom Myers and other Rolfers© gave me the picture that our structure can be understood as bags within bags.

Groups of muscles are in a bag. The individual muscles are within another bag, the epimysium. Within the epimysium are groups of muscle fibers in their own bags. Even a single muscle fiber is within a connective tissue bag.

The ligaments and bones can be seen as a bag within the muscular bag. The individual bones are within their own bags – the periosteum.

All of our organs of the digestive system are within a bag. The peritoneum holds most of the organs in our abdomen. Within the peritoneum is a smaller bag for both the stomach and the liver. The stomach is itself a bag. There is another bag, the omentum, for the small intestines.

The dural membrane is a bag. Within that, we have the brain and spinal cord of the central nervous system. Within the dura, is within another bag, the pia mater. Most, but not all, of the individual nerves are myelinated, i.e. they are within a bag of perineural connective tissue.

One of my Rolfing teachers told us that Ida said that one muscle should slide over another like two silk bags. And so it should be – not only with muscles, but also with all of the bags of the body.

From trauma, repetitive movement or just plain aging, we get an adherence, gluing or gunk that restricts one bag from sliding in relationship to its neighbour. This gives a fixed point within the bags within bags. All of the movement of all of the bags is now more or less in orbit around this fixed point. With each additional fixed point, we get further restrictions in the movements of bags against bags and bags within bags. Each fixed point takes us further away from an integrated structure. These adherences distort our movement and interfere with optimal function.

When I first started as a Rolfer[©], I was very much interested in releasing the myofascia – tension levels in a muscle itself. I used the usual assortment of bodyworking tools: elbows, knuckles and fingertips to press into the body to find a clump of tight tissue. At times, I gave way to the temptation and ploughed through the knots that I had gotten into.

But when I looked at the acupuncture charts together with the Western anatomical muscle charts, I saw that acupuncture points were often located where two muscles interfaced each other. When I explored with my fingers, I found that I could easily separate the two muscles. It was like diving into a tunnel. The edge of one muscle was on one side of my finger and the edge of the other muscle was on the other side of my finger.

I found that working the margins of the muscles was often faster, easier and more effective than working on the external surface of the individual muscles under the skin. I found it fascinating that I loosen the loose connective tissue between two muscles. That gave a bonus – both muscles relaxed much faster and more completely. I can highly recommend this way of working to other therapists working with structural integration.

Let us redirect our attention back to the head. The bag that we call the skin hangs from the top of the head. If there are areas of tension in the skin further down on the body, they will cause a shortening of the entire fascial plane. That tightening will pull the crown of the head down in the direction of shortness.

Take a hypothetical example. If the bag of skin is tight on the right side of the neck and shoulders, it will tip the head slightly to the right. Of course in reality, the skin is not tight in one area – it is tight in patches, spirals and stripes at different locations in the body.

Working against the downward pull of the skin, we have the tensegrity of the bones and ligaments of spine and the rest of the skeleton creating lift in the rest of a “well-organized” body.

The connective tissue bags themselves can also help to give us upward lift. The bags can hold us up by connective tissue belts, just as a balloon can be firmed up and lengthened. If you tie elastic rubber bands around a balloon, you can make it firmer and at the same time change its shape. Louis Schultz and Rosemary Feitis give us a wonderful description of these connective tissue bands in their book, "The Endless Web."

Tension in the skin anywhere in the body will create a constriction of the skin over the cranium. This results in a lessening of the amplitude of the cranio-sacral rhythm. And this in turn results in a diminished circulation of the cerebro-spinal fluid to the entire nervous central system. The cerebrospinal fluid carries glucose and ions that are necessary for the metabolism of all of the cells of the brain and spinal cord. This fluid also carries waste products from the nervous tissue cells back to the blood.

In cranio-sacral therapy, we work to increase the amplitude of movement of the bones of the cranium by releasing tensions in the internal membranes system (the falx, the tentorium and the dural tube). Alain Gehin as well as the some traditional American cranial-sacral therapists release tensions in the sutures of the cranium to free restrictions and to improve movement.

(There is yet another cranio-sacral therapy approach to releasing cranial tensions by directing the fluids movements within the skull. This is from the late work of W. G. Sutherland and has been explored by Jim Jealous, Roland Becker and Franklyn Sills.)

With our background as Rolfers©, it appears obvious that we could increase cranial movement by releasing tension in the skin anywhere in the body. We could also increase the effect on the cranium by working on the connective tissue structures and muscles of the cranium itself as well as the face, indeed anywhere in the myofascial system.

The acupuncture points offer an interesting approach into releasing the skin itself. Make the bag bigger and the movement of the cranium increases. There are the dozens of muscles in the face, scalp, throat and neck. Many of them can be easily accessed with acupuncture points. Release of these myofascial tensions gives a similar effect lessening pulls and distortions affecting the bones of the head.

There are many acupuncture points along the sutures of the bones of the face and cranium. For example, the points S1 and S2 (stomach 1 and stomach 2) are at the joint between the maxilla and the zygoma.

There are acupuncture points related to other connective tissue structures in the head and face. For example, the aponeurosis is a tendon that connects two muscles: the frontalis over the forehead and the occipitalis over the back of the skull. The aponeurosis is often "glued" (adhered) to the bones below, or it can be affected by chronic tension in the frontalis muscle, the occipitalis muscle or both.

Looking at the acupuncture meridians, we see that the medial margin of the aponeurosis lies just under the bladder meridian. The lateral edge of the aponeurosis lies just under the gall bladder meridian. Both meridians have end points in both the face and the feet.

Combining the direct pushing or pulling the connective tissue structure of the aponeurosis while at the same time stimulating acupuncture points and/or meridians is an interesting, effective possibility. We can release tension in the aponeurosis by “holding the tissue and calling for movement” – a phrase which comes down to us from Ida. For example, if the medial edge of the aponeurosis is glued to the cranium, you can grab hold of it with your fingertips and have your client rotate their foot in the ankle joint. When their foot moves to a position where there is maximum stretch of the bladder meridian, you will feel the tissue tighten under your fingers on the medial edge of the aponeurosis. Then, after a few seconds, the resistance under our fingers releases. Afterwards, when we check the quality of the tissue and the possible sliding movement of the aponeurosis, we can notice the degree of improvement.

I find that rotating the foot and stretching the bladder meridian quickens and improves the quality of the release of the aponeurosis beyond what I usually experience with just working on the head alone.

There are many other interesting connections between structural integration and acupuncture points and meridians. John Upledger referred to a British medical doctor named Moss who had a practice on Harley Street in London. Moss used S6 (stomach 6) to rebalance the sacro-occipital joint. S6 is a point on the face, just over the distal medial edge of the masseter muscle. I used S6 many times to realign the sacrum in relationship to the ilia. To my amazement, the technique works.

For people working with osteopathic techniques, can be interesting and effective to explore the relationship between the acupuncture meridians and the organs of digestion. For example, if you hold a point on the stomach meridian with a finger tip of one hand and pull the stomach down with the other hand (as if you were releasing a hiatal hernia with a stretch of the esophagus), you will feel the tissue tug under your finger on the stomach meridian. You can use the acupuncture point to help release the tension in an organ, or you can move an organ to help release a tension in the acupuncture point or meridian.

To improve breathing it is often helpful to clearing the connective tissue restrictions at the costal arch. For example, if you find a restriction at the point where the kidney meridian crosses the cartilage, it might indicate a ptosis of the kidney on that side. A kidney ptosis is a common condition where the kidney slides out of position under the twelfth rib and moves down into the lower abdomen.

In my clinical observations, about 70% of the population has this problem. In whiplash injuries, my observation is that 100% of the people that I see in my clinic have this problem. The symptoms are a severe pain in the lower abdomen, or a dull pain in the back under the lower ribs. It also gives two periods of as feeling of general fatigue: one in the late afternoon and just after we eat dinner. It is not surprising that we usually try to lift our energy with a cup of coffee or an alcoholic drink at these times.

I hope this article opens your interest in and desire to explore some of the relationships between structural integration with its focus on connective tissue with Chinese classical acupuncture and the osteopathic disciplines of cranio-sacral therapy and visceral massage.