

Osteopathy, Cranial Sacral Therapy, and Anthroposophic Medicine

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The science of osteopathy began in the 1870s as an attempt to reform orthodox medicine. At that time, conventional medicine utilized vigorous treatments such as bloodletting, purging, blistering and sweating to cure illness, even to the point of poisoning and death. Under this model of treatment, known as heroic medicine, symptoms were seen as medical complications that would worsen the illness and further harm the patient, rather than as a natural, physiological response to disease. Fever and other disease symptoms were suppressed and drugs were powerful and given in large doses.¹

Dr. Andrew Taylor Still, the founder of osteopathy and a frontier physician, became an open critic of heroic medicine after he lost four children to infectious disease within four weeks of each other. Dr. Still was grief-stricken, and these losses called into question all that he had been taught. He became convinced that more natural and effective cures were possible, and returned to his medical textbooks in search of a deeper understanding.

What he discovered there was the magnificent design of the human form, which he considered

the handiwork of a Master Architect.² “I love my fellow man because I see God in his face and in his form.”³ Dr. Still saw the human body as a reflection of divine perfection and therefore reasoned that it must contain all the necessary forces and substances for healing.⁴ He discovered that the normal flow of vital fluids in the body was impeded during illness and that through manual manipulation, they could be restored again to full health.⁵ Furthermore, Still felt that these healing forces were expressed throughout nature and could be understood by close study and adherence to its laws: “The Osteopath who succeeds best does so because he looks to Nature for knowledge and obeys her teachings . . . Osteopathy is to me a very sacred science. It is sacred because it is a healing power through all Nature.”⁶

This phenomenological approach to science is shared with anthroposophic medicine, in which observation of natural phenomena is based on sense-impressions. In this kind of study, the observer consciously strives to have a pure experience of the phenomena, and then later develops ideas about its lawful relationships, rather than

beginning at the outset with a pre-formed idea, or hypothesis, as with the scientific method. Rudolf Steiner outlined this approach in detail in his book *The Philosophy of Freedom*.⁷ This phenomenological approach is the basis of osteopathic research and practice, and, as we shall see later, continues to this day.

Another commonality with anthroposophy was Still's belief in the triune nature of the human; that the human being is made up of body, soul, and spirit. At the turn of the nineteenth century, there was a major resurgence of interest in this three-fold nature of humanity.⁸ The distinction and integration of body, soul, and spirit remains a fundamental principle of osteopathy to this day and is utilized in the examination and treatment of

patients. Dr. Still also talked about this threefold nature as mind, motion, and matter: "I find in man a miniature universe. I find matter, motion, and mind ... We find all of the parts of the whole solar system and the universe represented ... [and] In the heart we find the solar center..."⁹

By 1885, Dr. Still had officially coined the term "osteopathy" for what he believed would be a revolution in modern medicine. Despite fierce criticism from his peers, he maintained that the body had the innate capacity to heal itself; that the human being was comprised of body, soul, and spirit as an integrated whole; and that disease resulted from a compromise in the normal organization and flow of vitality through the organism, a condition that could be restored by precise

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— DR. ANDREW TAYLOR STILL,
THE FOUNDER OF OSTEOPATHY

manual manipulation.¹⁰ The term osteopathy literally translates as “disease or suffering of the bone,” but more broadly refers to a disruption in proper structure and function.

But as osteopathy and other forms of alternative medicine began to flourish, there was increasing opposition by the established medical institutions. With the publication of the Flexner Report in 1910, schools that did not comply with the teachings of orthodox medicine were forced to shut down, resulting in the closing of many osteopathic and homeopathic colleges, among others.¹¹ After decades of legal battles, osteopathic colleges finally gained full legal recognition on a state and federal level, but at a considerable cost. In order not to compete with conventional medicine, osteopathy got increasingly squeezed out of medical education and instead transferred over into other health-related professions. As a result, much of what exists as manual therapy in the United States today has grown out of osteopathy, including the professions of chiropractic and physical therapy, along with polarity therapy, rolfing, orthobionomy, myofascial release, visceral manipulation, and Craniosacral Therapy™, among countless others.¹² In the end, the contribution osteopathy has made to healthcare is tremendous, yet much of it goes unrecognized as originating in osteopathy, because it has grown outside the field of medicine.

While the history of osteopathy in the United States has been complicated by its acceptance into mainstream medicine, osteopathy suffered quite a different fate overseas. In England, the British Medical Association was effective in blocking its official recognition as a science of medicine, and other countries followed suit. Eventually, osteopathy was adopted as a specialty in manual therapy similar to the profession of physical therapy in the United State. Since then, osteopathy has continued to spread around the

globe, not within the medical profession but rather beside it, as an allied health profession. Foreign-trained osteopaths are not physicians but do have well-established colleges, and can come to the United States for specialty training in many forms of osteopathy. Foreign-trained osteopaths can also practice in the United States with a manual therapy license such as a certified massage therapist.^{13, 14}

Despite the somewhat damaging effects of having been absorbed into the medical mainstream, the science of osteopathy continued to evolve, most notably through the work of Dr. William Garner Sutherland, DO. His discovery of cranial articular motion and Primary Respiration, which he eventually unveiled in the 1930s, marked a turning point and a renewal of the science of osteopathy.

As materialism and reductionist thinking dominated science and medicine throughout the twentieth century, osteopathy too became increasingly mechanical in its orientation. Much of Dr. Still's original teachings had become reduced to mechanical models and thrust techniques.¹⁵ But Dr. Sutherland's investigations into the anatomy and physiology of the skull and central nervous system revealed something new: a rhythmic, tidal movement of the cerebrospinal fluid, which moved the cranial bones, sacrum, and spinal column, and could be palpated and utilized in diagnosis and treatment. This fluid movement he called the Tide, which was directed by the Primary Respiratory Mechanism; “primary” because it is the spark that gives rise to the breath and is the foundation of metabolism.¹⁶ Within this fluid he described an inherent Intelligence or Potency that unifies and perfuses the body with the Breath of Life.¹⁷ Sutherland called his discovery Osteopathy in the Cranial Field and considered it an extension of the science of osteopathy put forward by Dr. Still.

Rudolf Steiner also discussed the cerebrospinal fluid in connection to respiration in a collection of

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1920 lectures titled *The Renewal of Education*:

Our cerebrospinal fluid moves up and down in a continuous process that extends throughout the remainder of the organism; a continuous vibrating movement essentially fills the whole human being and is connected with breathing.¹⁸

And again, in relation to music:

The air we breathe in “enters” the cerebrospinal canal and pulsates upward toward the brain. This music is actually performed, but it remains unconscious; only the upper rebound is in consciousness. This is the lyre of Apollo...¹⁹

From an anthroposophic perspective, this tidal phenomenon corresponds to etheric forces, or fluid forces, which flow within and through the patient, and which are continuous throughout nature, providing regeneration, growth and healing. The phenomena of Primary Respiration and Potency likewise correspond to astral (or aeriform) forces and “I” (or warmth) forces, respectively. Thus the language of cranial osteopathy provides a rich landscape for the phenomenological study of anthroposophic medicine. By learning to navigate

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this landscape, anthroposophic physicians can gain insight into the inner workings of the four members (physical body, ether body, astral body and the “I” organization).


As cranial osteopathy gained more acceptance, Dr. John Upledger, DO saw an opportunity to expand training to lay people and non-medical professions. He trademarked the term Craniosacral Therapy™ (CST) in the 1980s in order to legally teach cranial work outside the osteopathic profession. Since that time, the term “craniosacral therapy” is a protected term that applies strictly to his teaching and cannot be used to describe cranial osteopathy. According to Upledger “Dr. Sutherland’s discovery regarding the flexibility of skull sutures led to the early research behind CranioSacral Therapy; and both approaches affect the cranium, sacrum, and coccyx; the similarities end there.”²⁰ CST is a program of specific techniques and protocols developed by Upledger, which he considered safe for non-physicians to perform. While craniosacral therapists and other practitioners trained in CST are not trained to diagnosis or develop individualized

treatment, the protocols they learn are generally safe and relaxing and can benefit both children and adults.²¹

Today, full training in cranial osteopathy is available to DOs, MDs, dentists, and (with few exceptions), foreign-trained osteopaths. Physicians well-trained in cranial osteopathy undergo extensive training and close apprenticeship with a mentor in order to learn to perceive and influence the subtle phenomena. Cranial osteopathy has continued to evolve into more precise and subtle levels of perception and training. Biodynamic osteopathy, developed by Dr. James Jealous, DO in the 1980s, is an extension of the cranial concept, further expanding Sutherland’s perceptual landscape by exploring embryological development and the unity of anatomy and physiology.²²

As an osteopathic and anthroposophic physician in private practice, I have found that an anthroposophic approach to osteopathy yields extremely good results. Patients generally feel an improvement in their symptoms and a greater sense of overall well-being that is maintained for

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days, weeks, or even months following a single treatment. Moreover, the perceptual training of osteopathy is excellent preparation for the phenomenological approach to plant study taught in the anthroposophic medical training. Both osteopathy and anthroposophy maintain that the spiritual laws of nature are open to anyone who applies reverence, discipline, and rigorous inquiry to the study of the natural world. This is what Steiner called “spiritual science.”²³ 

NOTES

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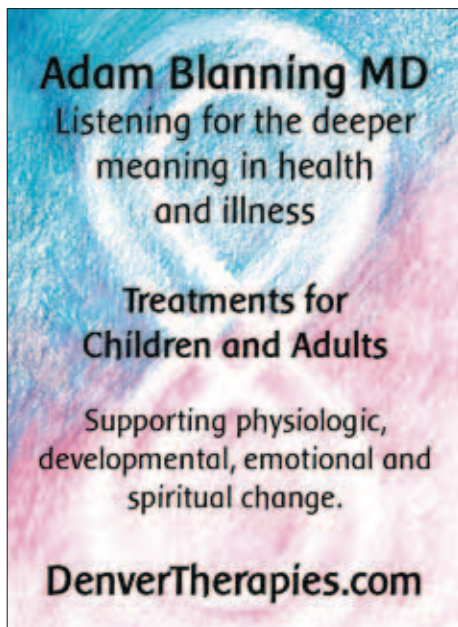
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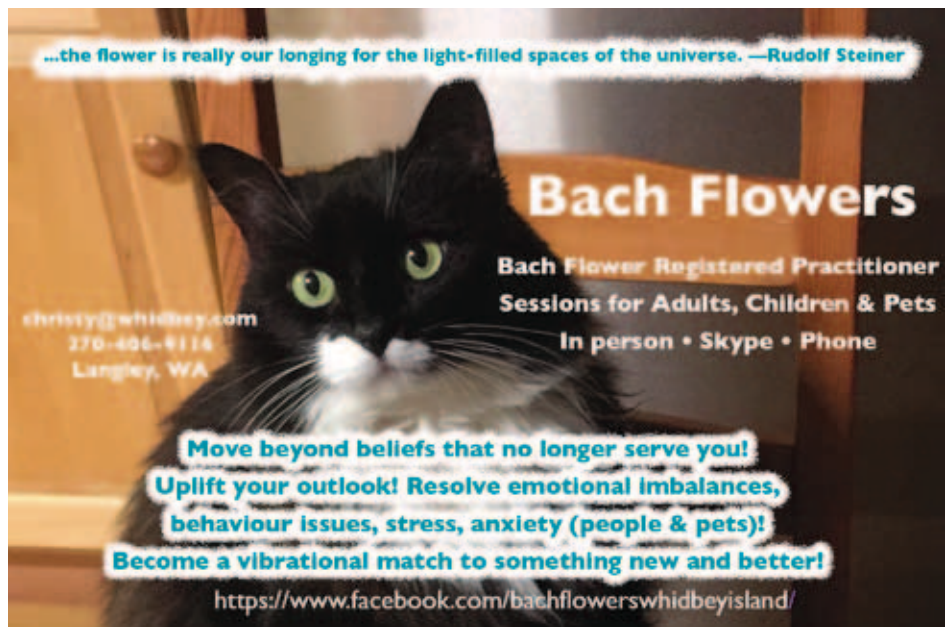
Dr. Carmen Hering, DO, completed her medical training at Touro University, College of Osteopathic Medicine in 2003. She completed a three-year residency in Osteopathic Manipulative Medicine and Neuromusculoskeletal Medicine at St. Barnabas Hospital in New York City. This unique program integrates traditional osteopathy with conventional medicine in most major medical specialties, including pediatrics, obstetrics and gynecology, geriatrics, internal medicine, critical care, emergency medicine, and general and orthopedic surgery.

Once in private practice, Dr. Hering completed an additional five year training in Anthroposophic Medicine and obtained her certification in Anthroposophic Medicine in 2012. She is board-certified in Osteopathic Manipulative Medicine and is a current member of the American Osteopathic Association, American Academy of Osteopathy, Cranial Academy, Physicians Association for Anthroposophic Medicine, and the Anthroposophic Society.

Dr. Hering has been in private practice in Albany, CA since 2006 where she maintains a general medical practice utilizing osteopathic and anthroposophic medicine. She serves as adjunct faculty at Touro University, College of Osteopathic Medicine, trains medical students and residents in her office, and serves as faculty for the annual International Physician Medical Training (IPMT) program for anthroposophic medicine in the United States.



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