

the good life

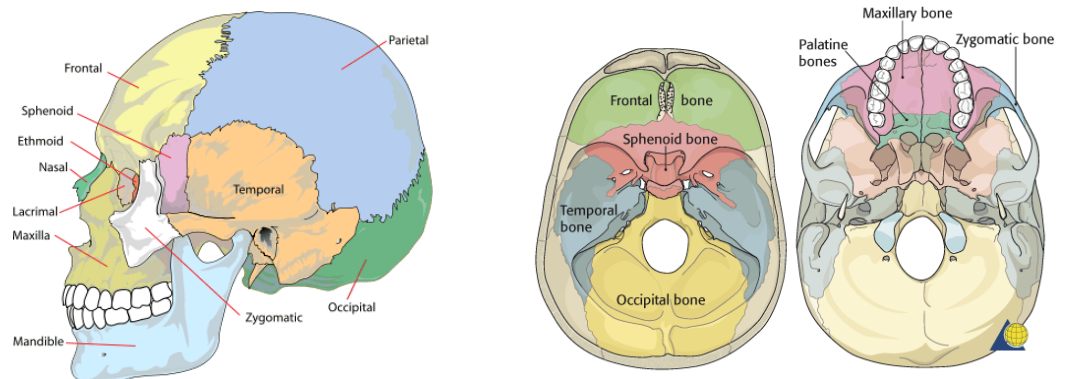
Chiropractic & More for your Health

CHIROPRACTIC CRANIAL THERAPY

By Dr. Lynn Gerner

Most of you all know by now that a passion and specialty of mine is caring for children. In addition to gentle Chiropractic adjustments, cranial-sacral therapy is a highly effective technique. The longer I am in practice, the more I see the incredible benefits and the need for this work.

To begin, it will be helpful to talk about some Anatomy. There is a thick leather-like covering of the spinal cord inside of the vertebral canal called the *meninges*. The posterior end is attached to the end of the coccyx (tail bone) and the superior end actually continues past the upper cervical spine (neck) and blends into the periosteum (lining of the skull). The inner most layer of the meninges is called the *dura*.



The skull (also called the cranium) is made up of 8 cranial bones and 14 facial bones which support the brain, eyes, inner ear and Eustachian tubes; forms the sinuses and jaw, and allows passage to the *cranial nerves*. Cranial nerves are nerves that emerge directly from the brain in contrast to spinal nerves, which emerge from segments of the spinal cord. They emerge from openings in the various cranial bones. There are twelve pairs of cranial nerves which are responsible for smell; sight; eye movement; sensation and movement of the face, jaw, and tongue (needed for proper nursing); balance and equilibrium, taste and salivation, swallowing, voice, heart, lungs, head and shoulder movement.

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TELL US WHAT YOU THINK!

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Please send us an email at: drlynn@gernerchiropractic.com to tell us about your experience at The Good Life.

With your permission, we'd love to share your input with others on our website, Facebook, and Twitter.

Please help us to spread the word and to keep "making a positive impact on the world, one person at a time"...

There is a clear fluid called *cerebral spinal fluid (CSF)* which flows up and down inside of the spinal column and cranium by a pumping mechanism created by the motion of the sacrum and the cranial bones. The alignment of the cranial bones and attachments of the dura form a duct system that allows the flow of CSF throughout the brain and cranium. The CSF fluid controls the temperature in the cranial vault (like anti-freeze). Increased temperature leads to a tendency for seizure activity. The CSF fluid also provides nutrition and waste removal to nervous tissue and acts as a protective barrier (chemical and physical) for the brain and spinal cord.

The normal cranial-sacral rhythm and flow of CSF begins even before birth. Uterine contractions occur throughout the pregnancy to facilitate fluid and rhythmic impulses in the growing fetus. At the beginning of labor, intra-uterine pressure starts at 10mm Hg and rises above 100mm Hg in the second stage. If the baby is in the normal birth position (head fully flexed when entering the pelvic outlet), the pressure caused by the contracting uterine muscles actually stimulate the normal flow of CSF in the infant's spinal column. Of course, this process is absent in the event of a C-section, resulting in a decreased or stagnant flow.

The delicate nervous system in infancy is protected not by bone, but by cartilage (in fact, the skull and bones do not fully ossify- become solid- until around 18 years of age). The skull at birth is extremely pliable and should be in a constant state of motion. This allows it to expand to adapt to the rapid growth of the brain for the first 3 years of life and, as mentioned before, also functions as a pumping mechanism for the baby's CSF fluid. Misalignment of the sacrum and/or the upper neck and cranial bones also impedes the normal flow of CSF, causing nerve inflammation, increased pressure in the spinal canal and skull, and greater risk of infection and damage of brain and nerve tissues.

The brain grows 2 1/2 to 3 times its birth size in the first year of life with 90% of the neurological development and synaptic connections completed by the age of 6. During the first year of life, each cortical neuron develops 1000-10,000 connections with other neurons. It sounds hard to believe, but the baby's developing brain makes almost 9000 new synaptic connections *per second* during the first year of life. Myelination (which allows the nerve impulse to travel) of most of the major spinal tracts and the cerebrum (responsible for movement, sensory processing, smell, language and communication, learning and memory) are largely completed by the end of the second year of postnatal life, while full myelination is completed after the tenth year.

Stunted or delayed development at any point in the development of the CNS (central nervous system) will have permanent and far reaching effects on the functional outcome of the nervous system. By age six, all of the motor and sensory functions we use as adults have been fully developed. Damage at any stage prior to the preliminary development of these functions will cause compensatory patterns to either be learned or occur naturally to allow us to interact with our environment to the best of our ability. If corrections are not made at this point in time or soon afterwards, studies have shown that these children will function at a reduced capacity later in life.

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SIGNS AND SYMPTOMS

A newborn suffering from increased intracranial pressure and abnormal CSF rhythm will often be “colicky”, uncomfortable, have abnormal digestion and excess gas, and have difficulty sleeping. These children may show only minor symptoms in the first months of life, but later on at the age of 5-6, they often suffer from headaches, postural problems, or diffuse symptoms like sleep disorders, the inability to concentrate, difficulties with coordination, short term memory loss, anxiety and hyperactivity (overactive Sympathetic nervous system) and lowered immunity.

Problems with nursing are often due to cranial misalignment; especially related to the TMJ (temporal mandibular joint) or jaw. The inability to open the jaw fully, to turn the neck (due to vertebral misalignment) and/or pressure on the Cranial nerves which controls the tongue and muscles for sucking result in a frustrated baby and Mom. Teething will also be much more difficult when the jaw and soft palate cannot expand normally.

CAUSES OF CRANIAL-SACRAL MISALIGNMENT

The most common cause is BIRTH! The sutures and fontanels (soft spots) allow the bones of the cranium to overlap one another during the birth process as they compress while entering the birth canal. This process is called molding. In the event of a longer, more difficult labor, more pressure results in more molding. Because the sacrum is the other largest structure in the bony skeleton, it also easily rotates out of alignment during birth. Both situations can occur even while the baby is in utero if he/she is in a compromised position for an extended time. The cranial bones should resume their normal appearance within one week after birth. If not, Cranial-sacral therapy can restore normal motion, alignment, and function for your healthy growing baby.

HOW IS IT DONE?

Cranial-sacral therapy as well as Chiropractic care for children is extremely gentle and is performed using acupressure, massage, light traction and Activator (instrument) adjustments. There is no “twisting” or “popping” of the spine that is often associated with adult adjustments.

One last serious thought- *What is your child's health worth? What would you do to help your child avoid learning, social and emotional challenges?* It is truly an honor for me to care for your children. It is incredibly rewarding to see comfort returned to a suffering baby (and very tired parents)... and to ultimately increase the lifelong health and potential of one human being who will affect many.

Our mission at “The Good Life”- To make a positive impact on the world, one person at a time, through our gifts of Education, Health, and Genuine Care.