

The use of craniosacral therapy in a physically-impaired population in a disability service in Southern Ireland

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The use of complementary and alternative medicine (CAM) with children is increasing (Nickel 1996). The use of craniosacral therapy is common in children with special needs for relief from daily or weekly symptoms (Sinha *et al* 2005, Hurvitz *et al* 2003). Carlson and Krahn found that their sample of people with physical disabilities used CAM including CST because it fitted their lifestyles and because they perceived it to be more effective than conventional medicine for treating symptoms or treating decreased function (Carlson *et al* 2006).

Here we describe families' reasons for using CST and their perceptions of its effectiveness. The sample of forty-six families of children was drawn from service users aged between 0-18 attending a disability service from the year 2004. A questionnaire was developed using both qualitative and quantitative methods. The 20-item survey was handed or posted to the parents of children attending CST sessions after they had attended the service for one year. The questionnaire explored daily health functioning: chest, general health, elimination, sleep pattern, appetite, flexibility, vocalisation, relaxation, muscle tone, circulation and alertness. The questionnaire asked parents to tick one of the following for a range of bodily functions: no change in condition, some improvement, apparent improvement, significant change, gross improvements in condition.

**All parents reported some improvement.
No parent reported any worsening in their children's condition.**

CST was chosen as a method of treatment to aid children gain more flexibility, minimise the effects of any spasticity in those with cerebral palsy, help reduce seizures and assist in the conventional treatment of the physical condition. Ethical approval was not required as this was a service evaluation.

All 46 surveys posted were returned. The mean child age was 8.32 years. Of the group 54% were boys. (For details of the presenting conditions see table 1) The factors most frequently stated as important were: controlling or minimising symptoms, adding to the conventional treatments and avoiding side effects. All parents reported some improvement. No parent reported any worsening in their children's condition. All families reported less stress between siblings and in the family set-up. All families requested more therapy in the future. On average the clients received 15 to 20 hours therapy a year.

Table 1: Details of service users receiving treatment

Diagnosis of service users receiving therapy	Number (n)	%
Cerebral palsy	21	45
Muscular dystrophy	1	2
Erbs palsy	3	7
Spina bifida	4	9
Anomalies(1 Digeorge syndrome, 1 lissencephaly)	2	4
Neurological deficits (2 corpus callosum, 1 Prader-Willi syndrome, 8 general neurological issues)	11	24
Acquired motor impairment (2 neuroblastoma, 1 hypotonic)	3	7
Visual impairment	1	2
Total	46	100

Activities were ranked in order of reported effectiveness (see table 2). Parents reported chest improvements as first, elimination as second, appetite as third, concentration as fourth, sleep patterns as fifth, circulation improvements as sixth, general health as seventh, vocalisation as eight, muscle tone as ninth, flexibility as tenth, relaxation as eleventh and finally alertness as twelfth. The full detailed report is available from the authors.

Table 2: Ranking of activities

	n		Mean (lowest = best)
	Valid	Missing	
Concentration	44	2	3.86
Chest	45	1	3.42
General health	46	0	4.15
Sleep pattern	45	1	4.00
Elimination	44	2	3.61
Appetite	43	3	3.72
Flexibility	45	1	4.27
Vocalisation	43	3	4.16
Relaxation	45	1	4.36
Muscle tone	44	2	4.18
Circulation	45	1	4.04
Alertness	44	2	4.39

Comments from families were very informative: with regard to relaxation one parent reported: 'My child was always so calm and relaxed after their sessions. During the holidays the anxiety would start to rise again. We would all be anxious for the holidays to be over!' One parent spoke of how her child was 'more tolerant of her siblings', and another said, 'She doesn't cry as much any more since starting treatment.' Another child's parents mentioned that teachers had noticed that 'the sessions improved his coordination and concentration' which allows his siblings

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to have a normal relationship with him. One child 'has a regular bowel habit for the first time in her life and now sleeps as a normal child would'. A significant reduction in seizure duration and severity was noted; the parents felt strongly that their child was 'like a different child ... her seizures have diminished!' Other clients' seizures have disappeared altogether and one client has gone from having several seizures daily lasting 50 minutes to 3-4 seizures per week lasting 5-8 minutes.

No comprehensive studies have been done on this side of the world on either CAM or CST. In order to complement conventional medicine more information should be available on CST to the general public as to the reported benefits. Our study shows that families perceive improvements in all areas of daily functioning after using CST, anecdotal evidence like this cannot be discounted.

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