

## TREATING HEADACHES WITH A CRANIAL/STRUCTURAL SOLUTION

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Massage Therapists treat many clients looking for relief from headaches. These headaches range in severity from tension headaches to severe migraines. Some are constant and some just occur occasionally. When working with clients who have headaches it is important track the severity as well as the frequency to determine when you are achieving changes as long term relief is desired.

**Jennifer**, a 28 year old school teacher, was having two headaches a month. They always seemed to appear when things were most hectic at school. Jennifer was sitting in her car at a red light when a car going 5 mph rear ended her causing minimal damage to her car. Even though her neck was stiff afterwards she felt she had escaped a whiplash injury. However, Jennifer’s headaches increased in severity to the point she now called them migraines. She had at least two a week and never felt her head was entirely clear. After the accident she noticed a popping in her jaw when she fully opened her jaw to eat.

**Chuck**, a 40 year old accountant, had chronic headaches for two years. He first noticed his headaches during the stress of tax season when he would wake up grinding his teeth and having heart palpitations. Chuck spent long hours working on his computer which also caused eye strain. Unfortunately, after the second year of a stressful tax season Chuck’s headaches were more intense and occurred several times a week even when tax season was over.

**Paula**, a 22 year old college student, developed migraine headaches after an auto accident. She spent a week in the hospital after multiple surgeries for her knee and internal bleeding. When Paula started walking again she had vertigo and often felt like she was going to pass out. The doctors never explained why the migraines began occurring after the accident. Paula had to take medication almost daily to try to head off her migraines.

These three clients cover a large range of the types of headaches of clients that I’ve treated over the years. They all had soft tissue issues that contributed to their headache symptoms. They also all had cranial distortions, dysfunctions and imbalances that needed to be addressed before their headache conditions could be resolved. Looking at the treatment for each one of them and how they progressed will explain this further.

When **Jennifer** came for treatment she was actually starting a headache. Upon structural evaluation Jennifer had a spiral core distortion with a rotation of the iliums, high low shoulders, neck forward and to the right with head tipping back to the left. Since she had a headache in progress the first order of treatment was to reduce that headache. The Quick Release Technique (QRT) was applied which worked a series of acupressure trigger points and soft tissue of the neck and shoulder ending directly under the ridge of the occiput. This was followed by a modified atlas/occipital release to restore normal cranial motion and lengthen the dura. This disrupted the onset of Jennifer’s headache so that the Cranial/Structural Core Distortion Releases (CSCDR) could be applied to release the torsions in Jennifer’s cranium that were responsible for the torsions in the rest of her structure. This had an immediate effect on the chronic stress patterns in the soft tissue of her neck and shoulders which had been triggers for her headaches for years.

The imbalance in the cranial bones had also created a significant imbalance in her temporal mandibular joint (TMJ) and pressure on the trigeminal nerve. Jennifer was amazed immediately after the CSCDR at how she could open and close her jaw without any popping. She was still somewhat foggy so a therapeutic technique to release the soft tissue restrictions affecting C1 was applied. For the first time

since Jennifer's car wreck she felt like her head was clear. The facial bones were mobilized to further balance the jaw and address pressure on the trigeminal and optic nerve. A specialized myofascial soft tissue protocol was applied to further release the core distortion holding patterns from the soft tissue of Jennifer's neck and shoulders. Jennifer left without a headache and able to think clearly.

When Jennifer returned for her next treatment she reported that she only had one more migraine which quickly abated. Jennifer had three more treatments in which additional Cranial/Structural releases further balanced her cranium, TMJ and the structure in the rest of her body. Myofascial soft tissue protocols were applied to unwind the chronic holding patterns of the core distortion out of the soft tissue of her neck and shoulders. After that Jennifer came monthly for two more treatments and reported that even her old school headaches had disappeared.

**Chuck**, the 40 year old accountant, had just finished his stressful tax season and was having a headache when he arrived. For Chuck to be comfortable on the table the QRT was applied to release the stress in the head, neck and shoulder area and restore cranial motion. Structural evaluation revealed that Chuck was in the core distortion, and sitting under stress working on his computer had moved his head, neck and shoulders into an even greater distortion with his head in front of the rest of his body. The CSCDR was applied releasing the torsions of his cranium to restore structural balance in Chuck's entire body from the cranium to his feet. This resulted in a significant improvement in Chuck's structure taking the chronic stress out of his neck and shoulders and reducing the stress on his headache triggers. The soft tissue jamming his C1 were released and his headache disappeared. The temporal bones and sphenoid affecting the trigeminal nerve were also mobilized. Facial bone mobilizations released the stress pattern that affected Chuck's breathing and heart palpitations. Finally, additional Cranial/Structural releases addressing the optic nerve were applied. Chuck reported feeling better than he had for two years. After the Cranial/Structural releases specific soft tissue myofascial work was applied to further move his head, neck and shoulders into supported alignment and reduce the chronic holding patterns and tension in his soft tissue.

Chuck had six additional sessions over two months working with the cranial relationships to his headaches and bringing his body into structural alignment. At Chuck's last session he had not had a headache or heart palpitations for over a month, and his body structure was supporting him preventing his head from coming forward while working at his computer.

**Paula**, the 22 year old college student who had developed migraines after a severe auto accident, had just taken her medication to head off her migraine when she arrived for her session. Structural evaluation showed that Paula was in a core distortion with a significant twist throughout her body including her cranium. The CSCDR was applied to bring Paula's structure back into alignment and weight bearing support. This also freed the sutures that were jammed in her cranium that included the occipital/mastoid (OM) suture. Rocking of the temporal bones further addressed the imbalance at the OM suture. Paula noticed an immediate disappearance of the vertigo she had experienced since her accident. The soft tissue mobilization of C1 was applied to further restore structural balance to Paula's neck and to improve the relationship of the atlas/occiput in its cranial motion. Paula noticed she could turn her head further side to side. Additional cranial evaluation showed that Paula had swelling inside her cranium which can cause migraine symptoms, conceivably from a mild concussion. The Cranial/Structural Frontal/Occipital Decompression (CSFOD) was applied to increase the pumping of the cerebral spinal fluid through the Glymphatic system reducing the swelling and excess fluid. Specialized myofascial soft tissue techniques were applied to bring additional structural balance to Paula's head, neck and shoulders. After a few more sessions Paula's migraines disappeared completely.

These three clients all had headaches that were related to the core distortion in the cranium that was responsible for the spiral torsion throughout the structure of the body. The distortion of the cranium

results in compression of cranial nerves, ineffective pumping of cerebral spinal fluid, and a structural distortion affecting the muscles of the neck and shoulder causing trigger points to become inflamed and their pain referral zones to fire up in the head resulting in headaches. If the core distortion is not taken out of the cranium you will have limited success when treating the soft tissue related to headaches. The distortion of the cranium affects the occiput/C1 relationship creating pressure on the brain stem which causes many headaches that are classified as migraines. The distortion in the structure causes muscles in the neck, shoulder, jaw, and cranium to be under constant stress which become stress triggers for many headaches.

There are also specific cranial sutures that compress cranial nerves creating headaches. The most common are the occipital/mastoid suture, the temporal/sphenoidal/frontal/parietal, the ethmoid/vomer/maxilla, and the palatine/maxilla/sphenoidal sutures. These can be responsible for significant headaches regardless of what is taking place with the rest of the cranial bones. A restricted cranial motion can result in congestion of cerebral spinal fluid found in the cranium which causes pressure and some migraines. When the Glymphatic system, which pumps cerebral spinal fluid through the brain under pressure, becomes sluggish the result is excess fluid, inflammation, and an accumulation of waste and toxicity – another cause of headaches.

These case histories with explanations of cranial relationships to headaches makes it clear that Cranial/Structural techniques are very effective for the relief of even severe headaches. It is possible to rehabilitate headaches long term using the Cranial/Structural Core Distortion Releases. I encourage you to expand your ability to treat headaches by learning cranial techniques that address distortions found in the cranium.