

The Eye and Craniosacral Fascial Therapy (CFT)

In the healthy patient the seven bones that form the orbit exhibit good motion and position. The main eye bone is the sphenoid, forming the posterior aspect of the orbit. For all of the eye and other facial bones to move correctly, the sphenoid has to be free in its motion. Because of the key position of the sphenoid in the cranium as it goes into flexion and extension, it drives all of the facial bones.

The maxillary bone, which forms the floor of the eye, can compress the eye tissues during a difficult upper tooth extraction. A blow to the frontal bone can compress the eye from the superior direction. If the zygoma or cheekbone is struck, it can compress the eye medially. If the nose is traumatized, the lacrimal and/or ethmoid bones may be affected. One of the principle areas of headache is pain directly behind the eye. The history may or may not denote a trauma on that side of the head. Clinically, the brain cycle would be very restricted.

A major area where the Gillespie Approach can help children is strabismus, which is defined as any abnormal eye position. There are three aspects to this condition.

1. First, the movement and function of the seven eye bones are discussed above.
2. The second aspect is the nerve connection from the brain stem to the eye muscles. Three cranial nerves, the oculomotor (III), the trochlear (IV), and the abducens (VI) innervate the four recti and two oblique muscles that move the eye. If any combination of these nerves is compressed by bony structures, a child may have strabismus.
3. A third possibility is a potential fascial strain pattern in the eye and in the muscles and surrounding tissues. Just as a child may be struck on the shoulder or lower back causing a fascial strain pattern here, a blow to the eye area can cause a fascial strain pattern anywhere in that area.

CFT can be effective in freeing the motion of the bones, relieving any possible pressure on the affected cranial nerves, and mitigating any fascial strain that exists in the orbit and surrounding areas. The medical model prescribes surgery to correct the eye misalignment. For a few children surgery may be needed, but I would recommend trying this more conservative therapy first.

Possibly CFT may help some patients with glaucoma, double vision, and astigmatism. Glaucoma is a pressure disease caused by the obstruction of the outflow of aqueous humor, the fluid in the eye. Whenever a condition in the body is caused by pressure, CFT can possibly be an answer. In physiology as the pressure is relieved, the eye can work better. As the pressure is relieved around the veins that pass through the superior orbital fissure with CFT, the fluid in the eye can drain better. The same philosophy of pressure causing malfunction would hold true with two other conditions, diplopia (double vision) and astigmatism.

Three very important clinical points about eye therapy are:

1. Eyesight may improve with CFT. During treatment a chronic headache can turn into a low-grade headache caused by current glasses. The lenses that were fine at the beginning of therapy became too strong after CFT creating a low-grade headache.
2. Extreme care must also be exercised with keratotomy patients. CFT may start to correct the original problem that the surgery compensated for, and the vision may become blurry on the over-corrected side.
3. The third critical factor is to be aware of metal-framed glasses and their effect on brain motion. You can do all of the CFT in the world – when the client puts his/her glasses on, the frames can severely restrict his/her brain motion – and it can all go for naught. No one is sure why this happens, and plastic frames are strongly recommended. I will not treat a patient unless they change their frames. This is a huge problem in the culture today, and no one has a clue of its existence.