



**Gillespie Approach™**  
Craniosacral Fascial Therapy

## The Gillespie Approach Newsletter Fall 2013

BY DR. BARRY GILLESPIE

*"CONTENTED BABIES AND HAPPY FAMILIES CREATE A MORE PEACEFUL PLANET."*

### VIDEO CHANNEL



Please visit  
The Gillespie Video Channel  
4 Amazing CFT videos

Here is the latest Video:  
**Infant CFT**



Roman's Craniosacral  
Fascial Therapy

### LEARN MORE

Please visit my  
website for more  
information.

[www.gillespieapproach.com](http://www.gillespieapproach.com)

Please email me with any  
questions about the seminars  
or if you have questions

### What's Happening In CFT

#### Our Future in the NICU with Craniosacral Fascial Therapy (CFT)/Infant Driven Movement (IDM)

*The mindful CFT/IDM provider(s) gently follows  
the physical and emotional strains of the  
newborn's fetal experience over a series of visits  
until the tightness completely clears.*

#### Our Visionary Goals

CFT/IDM becomes an integral part of the global  
standard of NICU care.

Neonatal professionals will then naturally  
introduce CFT/IDM into maternity so it becomes  
an integral part of the global standard of care for  
all hospital newborns.

The developing world embraces CFT/IDM so that  
every baby born on the planet can begin life with  
an open craniosacral fascial system.

#### Our Teaching Goals

Our educational model mandates excellence to  
ensure the safest care giving. We want to avoid  
the incomplete education of an individual, who  
just reads or hears about CFT/IDM or watches  
either a video(s) or a few minutes of live hospital  
CFT/IDM. While we appreciate that copying the  
work is a form of flattery, we request that

about integrating The Gillespie Approach and CFT into your practice at [drbarryrg@me.com](mailto:drbarryrg@me.com)

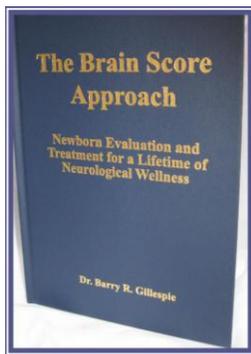
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### **The Brain Score Approach**

#### **Newborn Evaluation and Treatment for a Lifetime of Neurological Wellness**

Based on Dr. Gillespie's professional clinical experience since 1977, *The Brain Score Approach* explains how to optimize brain function at birth as part of a healthy lifestyle.

**Cost:**

**1-4 books = \$25/book**  
shipped in the United States

everyone take our complete training before offering therapy so babies can experience the very best care. Our seminar is experiential in nature, which adds an important dimension to the practice of each student.

We recognize five important educational factors.

1) Every student must have a full understanding of the philosophy and have expert teachers available to answer his/her questions. 2) Each student must learn the Baby Brain Score (BBS) in an expert hands-on setting. 3) Because of the vulnerability and fragility of the newborn population, every student must experience expert hands-on CFT/IDM training. 4) Each student must experience unique unwinding patterns in many babies to discover that one size does not fit all. 5) Most importantly, every student must receive and experience the physical and emotional releases in her/his own body at the training before giving it to her/his newborn patients.

As the founders and developers of the BBS/CFT/IDM, we continually strive to improve the professional learning experience.

### **One Journey**

The big question is, "How can those visionary goals realistically play out in the world?" I see this one scenario as a subtle awakening of the neonatal profession to the fantastic benefits of CFT/IDM. Please email me if you have another possible avenue.

The first phase of awareness introduces CFT/IDM into the NICU purely as an effective modality as "relaxation therapy", similar to infant massage.

We are presenting CFT/IDM in an innocuous way so that neonatal professionals will more easily accept it. Craniosacral and fascial are unfamiliar terms for them, but the relaxation concept is a no-brainer for everyone. This specific objective puts no pressure on any NICU professional practicing CFT/IDM to correct, "cure", or prevent any disease.

Life is no picnic for newborns in the NICU. Professionals may constantly draw blood, monitor vital signs, and poke and prod them. Since strange lights and noises abound, they may not have sustained peaceful sleep. Premies, who should be calmly developing in the womb, can be

**5 + books = \$19/book**  
shipped in the United States



*"In this world babies reach  
their optimal cognitive  
potential to think,  
reason, learn, focus,  
and concentrate  
at birth. "*

especially distressed. Gentle CFT/IDM is the perfect relaxation therapy to help calm their nervous systems.

Secondly, I believe that neonatal professionals will discover that this "relaxation therapy" can be medically beneficial for the addicted babies with neonatal abstinence syndrome (NAS). The initial NAS work in the NICU, through the results of visual and electronic monitoring, indicated that these babies had significant and much faster improvement with CFT/IDM. Our hope is that NAS babies will need less withdrawal medication and shorter length of stays (LOS). This would be a huge win/win for patients, families, neonatal professionals, and hospitals. I believe that when clinical research confirms successful results for NAS babies, CFT/IDM will become their standard of care.

As another unexpected by-product of "relaxation therapy" or CFT/IDM, I believe that neonatal professionals will be ecstatic with happier and healthier babies. The third phase of awareness is the possible prevention of many serious diseases causing blindness and death like retinopathy of prematurity (ROP), necrotizing enterocolitis (NEC), and respiratory distress syndrome (RDS) leading to bronchopulmonary dysplasia (BPD). After every baby has had complete "relaxation therapy" or CFT/IDM upon entering the NICU, the staff would monitor the incidence of the above diseases. My expectation would be a significant decrease in not only the occurrence of these diseases, but also the infant's LOS.

Combining our clinical observations and medical knowledge, we can create a model for these illnesses around in utero, labor, and/or delivery traumas that cause craniosacral fascial strain in specific vital tissues. Vitreous fascial tightness and fibrovascular proliferation may cause retinal detachment in ROP, mesenteric fascial tightness may cut off blood oxygen and lymph drainage to the intestines causing NEC, and respiratory fascial restriction may cause decreased airflow and blood supply in RDS leading to BPD. I believe that the missing link for all these conditions may be the undiagnosed craniosacral fascial strain restricting the function of the craniosacral fascial system.

For the fourth phase of awareness, our initial

neonatal hospital groups must master CFT/IDM to attain excellent clinical results that drive the necessary research. I believe that when the studies prove its efficacy for treating/preventing many NICU conditions, global media can create exponential growth, through the law of diffusion of innovation, where CFT/IDM will become a mandatory NICU procedure.

The fifth and last phase is for these professionals to naturally realize the benefits of CFT/IDM for all newborns.

When the BBS/CFT/IDM is done for every baby at birth, I believe that parents will have a significantly greater chance of having a happier, healthier, smarter, and stronger child. When this

concept reaches the developing world, I believe that the ultimate global goal of every newborn having care can be attained.



VIDEO CHANNEL



CFTtherapy - The Gillespie Approach



CFT on a 21 Month Old Baby



Jana's Journey from Birth to Recovery - Pending Copyright

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To learn more about The Gillespie Approach for babies, children and adults, contact Dr. Gillespie's office:

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