

How to Get Better...Really Better...

From Fibromyalgia and other Chronic Pain Syndromes

by Stuart C. Marmorstein, D.C.

Don't give up! A high percentage of my patients have endured some type of chronic pain syndrome. Five of my eight new patients yesterday had already been medically diagnosed with Fibromyalgia. Thank God they had the fortitude to try yet one more thing after all of the expensive and even dangerous treatments that have failed them. Of course that "one more thing" had to be the all-too-rare "something" that actually makes sense. This group of FM sufferers all left the office with a sense of relief and hope.

Most of the people who come to see me with migraine headaches have lived with them for years or even decades. For the most part, they've become brave experts at surviving unbearable pain and loss of productivity. To their great surprise, they generally improve within just a few visits. Dentists refer their tough TMJ (jaw joint) dysfunction patients to me because I've found ways to help help them to comfortably chew, smile, talk, sing and play wind instruments again. Head, neck and jaw problems can only be corrected by understanding the anatomy of the bones of the head and upper neck on a very deep level and making some necessary and fundamental changes.

I couldn't tell you how many times someone has told me that their low back pain had been with them for 15 years or more and how it had kept them from enjoying life, in spite of long stints of getting chiropractic adjustments, acupuncture or massage. What this has taught me (and them) is that people don't get better from doing the wrong thing with greater frequency or intensity: They get better only when you do the right thing. We must take the time to understand and eliminate the hidden factors that bind them to their misery.

What about health issues other than pain? Like insomnia, indigestion, fatigue, allergies, depression, scoliosis; etc., etc. etc. There is a different way to look at and work with these, too.

Over thirty years of thinking different thoughts and taking different actions with thousands of frustrated people has shown me how to find the active and happy person who is stuck inside a body under strain. Giving credit where credit is due, I've had numerous special teachers and mentors along the way who have guided and inspired me. I'll introduce them where it's appropriate. I also firmly believe that the Grand Designer has left us clues at every turn, and that if we follow these clues, we can find the keys we need to get out of the prison of pain; and to open the treasure chest filled with abundant life and energy.

Starting The Process

Every body has a story. While each story is unique in the details, there are some pretty common elements. The first major element I address with all new patients is trauma. This can be any shock to the system: physical, mental or emotional. While falls, accidents and surgeries have specific effects on the parts of the body that get jerked, smacked and cut--including over-stretching of muscles and ligaments, bruises, bone misalignments and infections--they also create generalized disorganizing effects on the nervous system. I call the first of these neurological disorganization syndromes, "switching".

Switching

Almost everyone who sees me for the first time with chronic pain, especially fibromyalgia, is switched. In fact 90-95% of ALL of my new patients are switched when I meet them! This means that the brain is not responding as it should to normal changes in the body's surroundings. Poor communication between the brain and the body is the single biggest factor causing physical stress and instability, so I always look for switching at the beginning of a session.

I use a method called "Applied Kinesiology" or AK in my practice. It was developed by a Detroit, Michigan chiropractor, Dr. George Goodheart and others starting in the 1970s. If I test a person who is normal and well-balanced by pressing downward on their wrist while they attempt to resist my pressure, they can normally hold their arm parallel to the ground unless I use excessive amounts of force. If I then have them turn their eyes to the left or the right and retest the arm resistance, it should make no difference in their ability to hold up their arm.

If they are switched, however, merely turning the eyes right or left will cause the arm to weaken and drop in response to relatively low pressure placed on it. They will often have other abnormal and even bizarre responses, as well, because the brain is not adapting to changes in their surroundings quickly enough.



Patient's arm remains up for "before" test.



Arm drops on pressure in response to turning eyes.

What does this mean to the patient? It means that EVERY time they turn their eyes to one side, they are both losing energy and muscle strength! If enough of the patient's environment is stressful to them because the nervous system can't process what's going on in real time, the patient will leak energy like a house with all of the windows and doors wide open.

Suppose for a moment that the patient is complaining of neck pain or tightness. They may have sought help for this condition, but have not experienced lasting improvement from their treatments. Here's why: The average adult head weighs a whopping twelve pounds--the equivalent of a bowling ball. This head is supported on top of a column of seven separate neck bones or vertebrae and is held stable by neck muscles. If these muscles that support the head "turn off" every time the patient looks to the left, then the weight of the head can pull the vertebrae out of place because the patient's eyes are turned to the side. So, if the patient reads a book, or looks into the sideview mirror of their car to avoid a collision, they may lose whatever good effects they may have received from a recently performed treatment! This

unnecessarily prolongs recovery and can lead to mounting chiropractic, massage or other holistic or medical expenses, loss of precious time and an increasing likelihood that they'll wind up resorting to toxic drug therapies or surgery.

When I have asked my patients if any other doctor has ever performed the switching tests that I routinely use in my office, almost nobody has been able to answer, "Yes." **The treatment for switching is ridiculously simple and takes just seconds to perform. It is 100% effective and will last until a major trauma takes place again.** I teach my patients how to correct switching by themselves at home in case an auto accident or fall occurs, so that they can take care of this before they come back to my office.

When we fix the switching problem, we are off to a good start; but many other factors remain. Until they are taken care of, the patient will still be vulnerable to problems that either don't respond to treatment or only respond temporarily.

Weight-Bearing Stress

Imagine what would happen if you tried to walk an elephant across a bridge made out of thin wooden popsicle sticks, or to hang a ceiling fan with adhesive tape. It would be laughable to think that the popsicle sticks or tape could do what we're asking them to do. We know that the elephant would fall through the bridge, and that the ceiling fan would wind up on the floor (or somebody's head.) When our muscles can't support the spine, pelvis and head, a lot of strain is borne by the muscles and transferred to the joints; and this leads to pain. Interference with the flow of energy and information between the brain and the body can and does cause such inadequate functioning of muscles and organs affecting our health and safety. Our ligaments and fibrous tissue become irritated and inflamed.

Another common problem that patients present with on their first visit is weight-bearing imbalances. Again, we have a simple test to detect this state: I test the patient's arm while they stand with their feet next to each other. If the arm is strong, I have them take one step forward with the opposite foot, shifting their weight to that foot. If the arm weakens, they have the problem. The patient may have a weight-bearing stress problem on one side or both. Roughly 10% of the time, they have no problem with either side. **The Bio Cranial procedure, discovered and developed by Dr. Robert Boyd, an osteopath from Ireland, corrects the weight-bearing problem 100% time, without fail and without recurrence!** We'll talk about Bio Cranial and other cranial adjusting approaches much more in this eBook.

My Introduction to Bio Cranial Therapy

Ten years ago, I was still practicing chiropractic in New York City, and I was also using Applied Kinesiology in my practice. I knew that something had to be missing from the care I was offering my patients, and for that matter, from the care I was receiving myself. I would usually feel better when I would get together with my friend, Dr. Joe, and so would he. But only for about a week. After a week of bending over tables and working on patients, we'd both have certain characteristic problems that would return. Annoyingly so, and as predictable as clockwork.

Then, I saw an article in a chiropractic journal that changed my life and my career. An osteopath from Ireland, Dr. Robert Boyd, had connected the dots for me and explained **why my treatments couldn't possibly last as long I would like**. He clarified the intimate and intricate relationship between the twenty-two separate bones of the skull and our spinal alignment. I learned his theories and his techniques well enough to become a Bio Cranial instructor, and now use the Bio Cranial method or other cranial methods every day.

After receiving just a few Bio Cranial treatments, my tendency to spinal instability was gone, as was my TMJ (temporomandibular joint) trouble of many years duration. Dr. Joe continued to visit me, since he really liked the new work better. I have had very few chiropractic adjustments since I was exposed to Bio Cranial in 1998. I enjoy the wonderful way I feel after getting a Bio Cranial, so I continue to trade with a colleague every several weeks even though I am no longer in any pain or discomfort between visits. I enjoy an active, busy practice and family life.

Bio Cranial is safe for people of all ages and almost all conditions. I returned from teaching a Bio Cranial class one Sunday, and drove straight from the airport to the hospital where my new granddaughter, Jazmin, had been born just a few hours earlier. She received her first Bio Cranial correction when she was just six hours old. Jazmin was already holding her head up and turning over in her bed before she left the hospital, and was much more alert, bright and response than any child the nurses or doctors there had ever seen. I have also treated a few people in their nineties and many in their eightsies. There are **no sudden, jarring or noisy movements** applied during the Bio Cranial procedure. Treatment sessions are brief and easily tolerated, even by young children. **They may be safely applied to patients with osteoporosis, spinal fusions, Harrington Rods and other surgical hardware, spinal, brain and surgeries (after recovery), cardiac pacemakers; and by patients who have been advised by their physicians to avoid spinal manipulation by their physicians for any reason.** X-RAYS are generally unnecessary.

Cranial adjusting is uniquely valuable, I have incorporated it into our approach. I'll summarize the most important points about the skull and its connection with our health, relating the principles to common problems I see in the office.

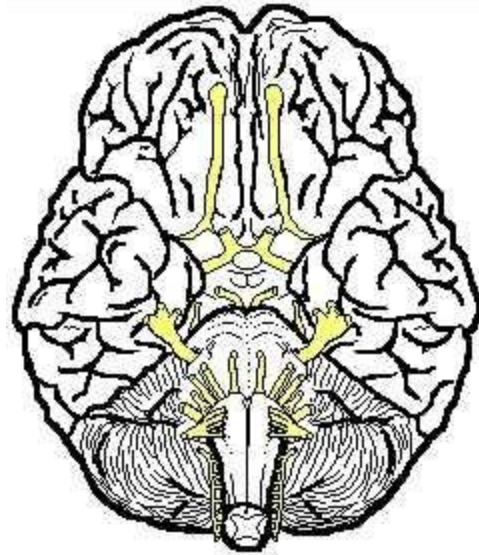
Cranial Basics

The cranium, or skull, is made of 22 separate interlocking bones that move in a slight, involuntary rhythmic manner throughout life. **This motion has been measured by NASA.** If you are online, you can [download the article](#) for further details on this research. It is similar to the expansion and contraction of the heart or lungs, but has its own separate rate, rhythm and magnitude. Far from being dry, fixed or fused, the skull is a dynamic living complex. There are numerous sinus passageways and many holes of different sizes so that twelve pairs of cranial nerves and many more blood vessels can travel between the skull and the parts of the body they serve. Cranial nerves influence many functions within the body. This will be discussed in detail in an upcoming section.

Universality of Cranial Distortion

Unfortunately, cranial distortion and the stresses it causes in the body are practically universal. The shape of the head and the alignment of cranial bones may be affected by:

1. Uneven pressure on different parts of the skull during its early formation inside the womb, pressure exerted on the outside of the head during the birth process (whether by uterine contractions; or hands, vacuums or forceps during either vaginal or Caesarian deliveries)
2. sleeping positions of the baby during the early weeks of life
3. sports injuries, whiplash accidents and other neck trauma causing jerking of muscles attaching to the head and neck
4. dental stress from poor dental arch formation, genetics, mouth trauma, prolonged dental or orthodontic procedures, etc.

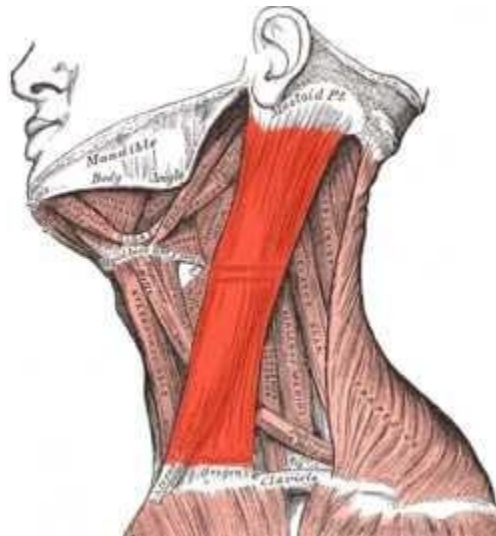


View of Bottom of Brain (cranial nerves are shown in yellow)

Cranial Nerve:	Major Functions:
I Olfactory	smell
II Optic	vision
III Oculomotor	eyelid and eyeball movement
IV Trochlear	innervates superior oblique turns eye downward and laterally
V Trigeminal	chewing face & mouth touch & pain
VI Abducens	turns eye laterally
VII Facial	controls most facial expressions secretion of tears & saliva taste
VIII Vestibulocochlear (auditory)	hearing equilibrium sensation
IX Glossopharyngeal	taste senses carotid blood pressure
X Vagus	senses aortic blood pressure slows heart rate stimulates digestive organs taste
XI Spinal Accessory	controls trapezius & sternocleidomastoid controls swallowing movements
XII Hypoglossal	controls tongue movements

You can readily see how normalizing the ability of the cranial nerves to work better could enhance the quality of a person's life and even improve digestive and cardiovascular functioning!

Let's look at one special cranial nerve: the **Eleventh Cranial Nerve**, also known as the **Spinal Accessory Nerve**. You can see on the chart shown above that "XI" controls two sets of muscles: the trapezius and sternocleidomastoid.



Sternocleidomastoid Muscle

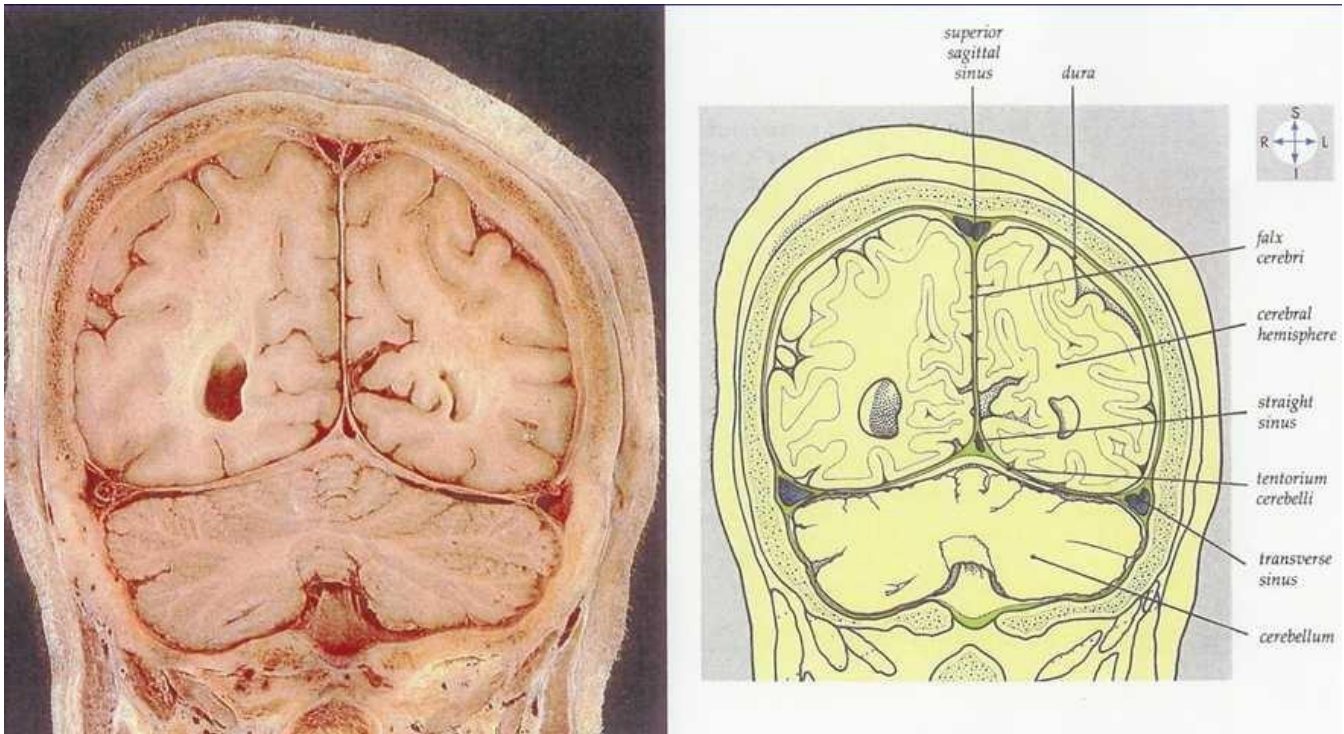
The dark red muscle in the diagram is the sternocleidomastoid muscle. It attaches to the mastoid part of the temporal bone in the head on one end and to the sternum (breastbone) and clavicle (collarbone) on the other end.

If you look closely at the picture toward the right side, you'll see another thick muscle attaching to the back of the head. This is the upper trapezius muscle. It also attaches to the clavicle and to the scapula, or shoulder blade.

IF, for some reason the Eleventh Cranial Nerve can't transmit signals from the brain into these two key neck and shoulder muscles, especially on one side. That would guarantee that neck misalignments would be normal for that person, until the cranial nerve problem was solved!

But, WHY would there be a problem with the cranial nerves in a normal person?

Cranial Distortion!

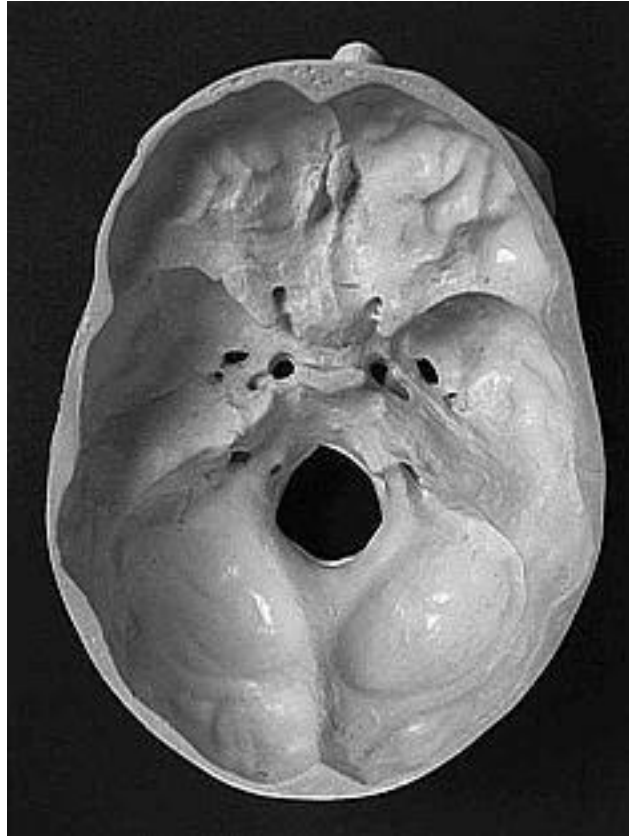


The picture shown above is a coronal section of an adult skull with the brain still inside. It shows the difference between the right and left sides. You might think that the two sides should be the same size and shape, but they are obviously not. A little later, we'll talk about why the head isn't symmetrical. Meanwhile, look at how brain structures are squeezed on one side based on the shape of the head.

You can also see a tough, protective lining separating the delicate brain tissues from the hard cranial bones. The drawing on the right shows this lining in green. In addition to surrounding the brain, the lining also divides it into sections. This lining, the Dura Mater--Latin, for "Tough Mother", or material--attaches to and surrounds key areas both inside and outside of the skull, which is one reason cranial bone alignment has so much influence.

- The Dura surrounds the pituitary gland (master gland of the body). When the dura is contracted around the pituitary, it can contribute to **hormone imbalance**--affecting the reproductive system, thyroid, blood sugar, adrenals and energy, and more. It is common for women to report improvements in the monthly cycle, and sometimes even fertility after receiving cranial corrective therapy. I now use the Cranial Restoration System, Neuro Cranial Integration and Bio Cranial treatments in my practice.
- The Dura extends out into the orbits (eye sockets). After covering the optic nerves, the Dura becomes the white part of the eye (sclera). Dural tension may contribute to some **vision** problems. Many patients have reported clearer eyesight after a Bio Cranial treatment.

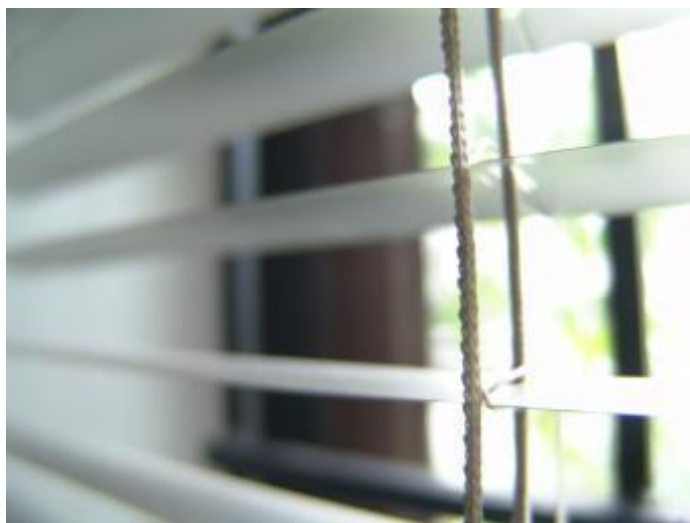
The Dura exits the skull through a large hole in its base called the foramen magnum. The picture below illustrates the inside of the skull as you look from top to bottom. Note how uneven the inner and outer contours of the skull are, and how the smaller holes don't line up with one another. This affects the nerves and blood vessels passing through them!



- After the Dura passes through the foramen magnum, it attaches to the top two bones of the neck. Since it attaches to the inner surface of the skull, uneven-ness in the shape of the skull will create tension that can pull those top two bones out of position.
- Misalignments of these two vertebrae, the Atlas or C1, and the Axis or C2 cause many chiropractic problems.
- C1 misalignments can effect nerve and blood supply to the brain, the pituitary and much more. **Headaches, dizziness, hormone imbalances, high blood pressure, fatigue, anxiety, depression and focus problems** (among others!)
- C2 misalignments can result in **eye, ear, tongue, forehead, sinus and allergy problems, difficulty with neck rotation, jaw issues and more.**

Since we have a head that weighs as much as a bowling ball, and its shape is out of balance so that it doesn't sit well on the top two vertebrae supporting it, and the Dura is pulling unevenly on these vertebrae (which it attaches to directly)...AND there is likely muscle imbalance caused by Eleventh Cranial Nerve dysfunction, it is easy to see why so many people have recurrent and persistent upper neck problems. Until the distortions in the cranium are addressed, there are just too many forces working at the same time to sabotage the neck alignment.

- As if this were not enough, the Dura also attaches to the sacrum at the base of the spine.



If the Dura pulls upward on the sacrum with too much force because of tension within the skull, the low back will be compressed, causing low back pain or sciatica (pain running down the leg due to irritation of the sciatic nerve). If the Dura pulls up on the sacrum more on one side than the other, it will cause the sacrum to tilt, just like in the Venetian Blind shown above.

- Tilting the foundation commonly leads to **scoliosis and other postural distortions**, as the spine must curve to compensate.



X-Ray of a spine showing pronounced scoliosis.

Bear in mind that the cranial distortions aren't just right to left distortions, but also front to back and top to bottom. These distortions are transmitted through Dural tension into the spine below.

In my own clinical experience, Cranial Distortion and the Dural contraction it creates is the single biggest cause of stubborn, recurrent chiropractic subluxation, fixation and misalignment problems; and the nerve, circulatory, joint deterioration, pain and postural complications that arise from them.

While specific chiropractic adjustments, properly executed, WILL realign the vertebrae, it will often be necessary for the patient to have many sessions to attain spinal stability and changes in the postural curves—IF this stability is ever achieved. As long as the forces pulling the spine out of alignment are left unaddressed, the spine will inevitably return to its previous misaligned state, just as certainly as a car parked on a hill with the gears in neutral and the emergency brake off will roll back down that hill.

- Temporomandibular joint (TMJ) problems often occur because the joints on the right and left sides of the head don't line up properly with one another. The tension from improper fit of the lower jaw bone, or mandible, into the joint (set up by the cranial imbalance) can cause local pain and remote symptoms.



Additional Issues Caused by Cranial Bone Imbalances

- Sympathetic Nervous System dominance causing constriction of blood vessels and digestive system interference. **This can diminish the quantity of important nutrients that reach the interior of cells.**
- Tension transmitted to the Dural sleeves, covering ALL spinal nerve roots.
- Tension in the myofascia—a type of tissue that divides muscles into bundles so they slide over each other without friction. Many people suffer from various myofascial pain syndromes, including people with Fibromyalgia.
- Tension in the sacs that surround organs, like the pericardium of the heart and the pleura surrounding the lungs. These are also made of fascia, which arises ultimately from the Dura Mater.

The important thing to remember is that our cranial adjusting approaches can safely and effectively reduce cranial distortion and the dural stress that accompany it. As the cranial status improves, your health improves with it.

Cranial Care can be used to correct longstanding problems that have not responded to other types of treatment. It can also be used to prevent minor imbalances showing up in childhood from becoming more serious later in life. These methods can improve athletic and academic performance and is an vital part of a comprehensive health maintenance program.

The work we do together is usually compatible with other types of healthcare and bodywork you may be receiving. If you decide to seek care in our office, we can discuss whether any other work you are doing may be slowing your healing process.

As we proceed to get you better...REALLY better...through correcting the cranium and improving muscle strength and balance, we may move into using other procedures to help your system deal with non-structural stress factors to accelerate your journey to better and better health. For more information, visit:

<http://www.drstuart.net>

© 2012 Stuart C. Marmorstein, D.C.

Original version

2008

All rights reserved.

For more information about our work, you can [email us](#) through

this page on my website:

<http://www.drstuart.net/feedback.php>.

Please feel free to give this eBook to those you care about.