



National  
University of  
Medical  
Sciences

## **"Addressing Integral Health: Osteopathic Techniques for Somato Emotional Release"**

(Thesis)

Student: Franco Teevin

Student Number: S2309020

Program: Doctor of Osteopathy (DO)

Semester: Sem 2 February 2024

MAY 2024

INTRODUCTION .....	4
OBJECTIVES.....	5
JUSTIFICACION.....	5
1.THEORETICAL FRAMEWORK.....	6
1.1 HISTORY OF OSTEOPATHY.....	6
1.2 MULTIFACETED APPROACHES TO OSTEOPATHY .....	7
STRUCTURAL OSTEOPATHY .....	8
CARNIOSACRAL OSTEOPATHY OR CRANIOSACRAL THERAPY .....	8
VISCERAL OSTEOPATHY .....	9
2. RESEARCH DEVELOPMENT.....	9
2.1 EMOTIONS, A VIEW FROM OSTEOPATHY. ....	9
2.2 FASCIA AND ENERGETIC CYSTS .....	10
2.3 OSTEOPATHY AND EMOTIONAL RELEASE.....	10
2.4 PROPOSED OSTEOPATHIC THERAPEUTIC TECHNIQUES FOR EMOTIONAL RELEASE.....	12
DR. WILLIAM G. SUTHERLAND 1876 - 1954 .....	12
DR. JHON UPLEDGER 1932 - 2012 .....	14
DR. JEAN-PIERRE BARRAL (1944-PRESENT) .....	15
DR. FRANCISCO FAJARDO (1965-PRESENT).....	15
DR. TORTEN LIEM .....	16
DR. PHILIPPE DRUELLE .....	17
THERAPEUTIC TECHNIQUES PROPOSED BY DR. FULFORD. ....	17
THERAPEUTIC TECHNIQUES PROPOSED BY DR. TORSTEM.....	18
THERAPEUTIC TECHNIQUES PROPOSED BY DR. JOHN E. UPLEDGER.....	19
THERAPEUTIC TECHNIQUES PROPOSED BY DR. JEAN PIERRE BARRAL.....	31
THERAPEUTIC TECHNIQUES PROPOSED BY DR. FRANCISCO FAJARDO .....	32
THERAPEUTIC TECHNIQUES PROPOSED BY DR. PHILIPPE DRUELLE .....	45
3. CONCLUSIONS AND RECOMMENDATIONS .....	45
3.1 ABOUT DOCUMENTARY RESEARCH.....	45
3.2 REFLECTIONS ON EMOTIONAL RELEASE. ....	45

3.3 CONSIDERATIONS ON OSTEOPATHIC TECHNIQUES FOR EMOTIONAL RELEASE.....	46
4. REFERENCE LIST.....	47

\

## **INTRODUCTION**

Humanity's oldest therapeutic system may be Traditional Medicine, which has evolved over time and has become an integral component of contemporary medical care. Within the strategic objectives of the World Health Organization (WHO), the integration, regulation and strengthening of Traditional Medicine in health systems worldwide has been promoted. In line with this vision, the new WHO strategy adopted between 2014 and 2023 has driven the implementation of regulations and policies aimed at improving the quality of practice and teaching of these therapeutic modalities.

Among the various modalities of Traditional Medicine most widely used and recognized throughout the world is Osteopathy. Osteopathy, through body manipulation techniques, approaches diagnosis and treatment considering the interconnection between body, mind and spirit. Several models have been proposed for the diagnostic and therapeutic approach, which are adapted and applied according to the individual needs of each patient.

These models include biomechanics, focused on restoring posture, balance, and efficiency to the musculoskeletal system; respiratory/circulatory, which recognizes the importance of adequate oxygenation and blood flow to maintain a healthy cellular environment; the neurological, which highlights the role of the nervous system in the regulation of vital functions and its interrelation with the somatic and visceral systems; biopsychosocial, which considers the impact of psychological and social factors on health; and bioenergetics, which addresses the body's energy balance and its ability to adapt to different stressors.

Although traditional osteopathic teaching tends to focus on the biomechanical model, it is crucial to recognize and explore the other models mentioned, as well as the implications of the neurovascular, endocrine, social, emotional, and energetic aspects on the patient's health. Too often, the relevance of psychological factors in osteopathy is underestimated, and the effectiveness of interventions is evaluated solely in terms of biomechanical or neurophysiological improvement, ignoring psychological and behavioral variables.

Numerous studies have highlighted the interconnection between osteopathy and the emotional and sensory aspects of patients, recognizing the influence of social context, personal history and perception of the disease on the course and treatment of ailments. Authors such as Dr. John E. Upledger in Florida (USA) and Dr. Francisco Fajardo in Spain have underlined the importance of physical and emotional trauma in the manifestation of osteopathic disorders, introducing concepts such as the "energy cyst" and "somato-emotional release". These terms describe the accumulation of traumatic energy in the body and the process by which the osteopath, through specific techniques, facilitates the release of trapped memories and emotions, thus promoting the patient's holistic healing.

In this paper, the question of what the current state of emotional liberation in the context of osteopathy is addressed, and the various techniques described to facilitate this process of emotional liberation are examined.

## **OBJECTIVES**

**General Objective.** To conduct detailed and comprehensive research on emotional release from the perspective of osteopathy, including a thorough analysis of related osteopathic techniques, through a thorough review of the existing literature.

### **Specific objectives:**

1. Research and compile relevant bibliographic sources on emotional release and associated osteopathic techniques.
2. Select and thoroughly analyze the available literature that addresses emotional freedom and relevant osteopathic techniques.
3. Describe in detail the various osteopathic techniques used for emotional release, according to the contributions of different authors in the field.

## **JUSTIFICACION**

The chosen thesis topic, "Addressing Integral Health: Osteopathic Techniques for Somato Emotional Release," stems from a profound acknowledgment of the intricate interplay between physical and emotional well-being in healthcare. In contemporary healthcare paradigms, there is an evolving recognition of the undeniable connection between emotional states and physical health outcomes. This thesis endeavors to delve deep into this nexus, focusing specifically on the role of osteopathic techniques in facilitating somato emotional release (SER) to enhance holistic health.

Osteopathy, as a holistic healthcare discipline, operates on the principle of treating the body as a unified entity, where physical dysfunctions and emotional imbalances are intertwined. By utilizing a range of hands-on techniques, osteopathic practitioners aim not only to address musculoskeletal issues but also to unlock and release emotional tensions stored within the body. This acknowledgment of somato emotional release reflects a profound understanding of how emotional experiences can manifest physically and vice versa.

The relevance of this thesis is underscored by the growing demand for integrative healthcare approaches that address the multifaceted nature of human health. As healthcare systems increasingly recognize the limitations of solely symptom-focused treatments, there is a pressing need for comprehensive approaches that consider the holistic well-being of individuals. By exploring the efficacy of osteopathic techniques for somato emotional release, this thesis seeks to contribute to the advancement of such integrative care models.

Moreover, the significance of this topic extends beyond theoretical exploration to practical implications for healthcare delivery. Understanding the mechanisms and effectiveness of osteopathic techniques in promoting somato emotional release can inform clinical practice and enhance patient outcomes. It provides healthcare practitioners with essential tools to address not only physical symptoms but also the underlying emotional factors that contribute to illness.

Furthermore, the thesis serves as a response to the evolving needs and demands of healthcare systems worldwide. As society increasingly recognizes the limitations of compartmentalized healthcare approaches, there is a growing momentum towards embracing holistic perspectives that acknowledge the inseparable connection between the mind, body, and spirit. By investigating osteopathic techniques for somato emotional release, this thesis aligns with this paradigm shift towards integrative and patient-centered care.

The comprehensive exploration of osteopathic techniques for somato emotional release holds promise for expanding our understanding of health and healing. It provides an opportunity to close the gap between conventional medicine and complementary therapies, promoting collaboration and synergy within the healthcare field. Additionally, by shedding light on the mechanisms underlying somato emotional release, this research may inspire further innovation in both osteopathic practice and holistic healthcare in general.

Moreover, the significance of this thesis extends to its potential impact on individual well-being and quality of life. By empowering individuals to access and release stored emotional tensions through osteopathic interventions, this research has the potential to enhance not only physical health but also emotional resilience and psychological flourishing. Ultimately, the findings of this thesis may contribute to a more profound appreciation of the intricate interplay between physical, emotional, and spiritual dimensions of human health.

In summary, the thesis "Addressing Integral Health: Osteopathic Techniques for Somato Emotional Release" represents a vital contribution to the field of healthcare by illuminating the interconnectedness of physical and emotional well-being. By exploring the role of osteopathy in facilitating somato emotional release, this research aims to pave the way for more holistic and patient-centered approaches to healthcare that prioritize the integral health of individuals.

## **1.THEORETICAL FRAMEWORK**

### **1.1 HISTORY OF OSTEOPATHY**

Osteopathy, a medical discipline developed by Dr. Andrew Taylor Still in the nineteenth century (1874), arose as a response to the therapeutic limitations of the time for various ailments. Still, recognizing the need to approach the body holistically, formulated the four fundamental principles of osteopathy, highlighting the interconnectedness between structure and function, the body's ability to self-heal, the importance of unimpeded blood circulation, and the integral unity of the human being.

This holistic approach to osteopathy is founded on the concept that a human being is an integrated entity of body, mind, and spirit, capable of responding to diverse environmental stimuli and changes. Health lies in this balance between structure and function, and any alteration in this relationship can lead to various pathologies.

Throughout history, osteopathy has undergone significant development, with the contribution of numerous authors and discoveries that have enriched its practice and

understanding. From Still's early work to more recent research on osteopathic physiology, there has been a deepening understanding of how osteopathic manipulations can influence the physical, emotional, and mental health of individuals.

This integrative approach to osteopathy has led to the creation of various schools and associations around the world, from the United States and Australia to Europe, where the study and practice of this medical discipline is promoted. These institutions not only offer academic training in osteopathy, but also contribute to the dissemination of their knowledge and practice in the medical community and the public.

In summary, osteopathy represents a unique and holistic approach to health, which recognizes the interrelationship between body, mind, and spirit and seeks to promote balance and harmony in all areas of a person's life.

## **1.2 MULTIFACETED APPROACHES TO OSTEOPATHY**

Osteopathy emerges as a comprehensive therapeutic system, demonstrating its efficacy in a wide variety of medical conditions. From musculoskeletal disorders to digestive, respiratory, and genitourinary problems, osteopathy stands as a valuable alternative in the health care spectrum. Its application ranges from the treatment of common disorders such as irritable bowel disease and rhinitis to more complex conditions such as dyspareunia and dyspepsia.

This medical system takes a holistic approach, recognizing the interconnectedness between different parts of the body. From bones to soft tissues, nerves and internal organs, osteopathy leaves no aspect unexplored. With three main approaches: structural, cranial and visceral, each targeting specific aspects of the body, this therapeutic approach adapts its techniques to meet the individual needs of each patient.

It is important to recognize that osteopathy extends beyond the physical plane, also addressing energetic and emotional aspects. This holistic care for the person reflects the holistic nature of osteopathy, which seeks to restore balance and harmony at all levels of the human being. Consequently, osteopathy emerges as a fundamental pillar in the healthcare landscape, offering a comprehensive approach to promoting wellness and optimal health.

Osteopathy, with its multifaceted approach, is not just limited to treating superficial symptoms, but seeks to understand and address the underlying causes of diseases. This involves a thorough analysis of the patient's medical history, as well as a complete assessment of their physical, emotional, and energetic state.

One of the distinctive aspects of osteopathy is its emphasis on the concept of self-regulation and self-healing of the body. Through various manual techniques, such as osteopathic manipulation, myofascial stretching, and emotional release, the aim is to facilitate the body's inherent ability to heal and regain its balance.

In addition, osteopathy promotes a collaborative approach between the patient and the therapist, encouraging the active participation of the individual in their healing process.

Patients are encouraged to take responsibility for their health and adopt healthy lifestyle habits that support their long-term well-being.

Thus, osteopathy represents a holistic, patient-centered way of approaching health and well-being. With its holistic approach and emphasis on body self-regulation, osteopathy is positioned as a powerful tool for promoting health and vitality in all aspects of life.

### **STRUCTURAL OSTEOPATHY**

Structural osteopathy, conceived by Dr. Still, its pioneer, focuses on the improvement of the structure related to the musculoskeletal system through manipulations. It is recognized that this structural improvement can indirectly influence the improvement of conditions of other organs or systems of the body. Osteopaths begin their assessment by listening carefully to the body and take a holistic approach that encompasses vertebral, joint, nervous system and muscular aspects. Its main goal is to restore tissue mobility and functional balance throughout the body.

In the practice of structural osteopathy, various manual techniques are employed to achieve these goals. These techniques may include soft tissue stretches, joint manipulation, isometric stretching, and myofascial release. Each of these techniques is individually adapted to the needs and characteristics of the patient, to promote effective recovery and an improvement in body function.

### **CARNIOSACRAL OSTEOPATHY OR CRANIOSACRAL THERAPY**

Dr. William Garner Sutherland, a disciple of Dr. Still in 1939, initiated a pioneering study of the movements of the skull bones, which are essential components of the cranial system. This study gave birth to craniosacral osteopathy, a discipline that recognizes and explores what Sutherland called "the primary respiratory movement." This movement is characterized by being rhythmic, involuntary, and expanding-retracting, and originates from the integration of five main components: The movement of cerebrospinal fluid, the role of the reciprocal tension membranes (falx cerebri, falx cerebelli, and tentorium cerebelli), the flexibility of the dural tube, the motion of the cranial bones, and the mobility of the sacrum.

Craniosacral osteopathy focuses on improving joint and membranous restrictions, as well as improving venous circulation and reducing nerve entrapment at the cranial base. It aims to optimize the rhythm and amplitude of primary respiratory movement, which can have a positive impact on the individual's health and well-being.

The benefits of craniosacral osteopathy are diverse and encompass a wide range of conditions. This discipline has been observed to be effective in the treatment of headaches, temporomandibular joint disorders, visual problems, and vertigo. In addition, its effectiveness in the treatment of pathologies such as bronchial asthma, rhinitis, sinusitis, digestive problems, insomnia, hyperactivity, physical fatigue, depression and anxiety has been recognized. These benefits reflect the ability of craniosacral osteopathy to positively influence different body systems and promote the overall health of the individual.



## **VISCERAL OSTEOPATHY**

Visceral osteopathy focuses on the alteration and healing of the viscera, i.e., the organs contained in the main cavities of the human and animal body. This discipline uses the manipulation of organs to improve blood flow and function. Several authors have contributed to the study and development of this area of osteopathy, including Dr. Thure Brandt and Frantz Glenard in the 19th century, who performed manipulations on abdominal and genital organs. Subsequently, researchers like Jean-Pierre Barral, George Finet, Christian Williame, Michael Kuchera, Frank Chapman, and Charles Owens have explored the study of internal organs, employing terms such as motor skills, mobility, and motility to explain the physiological processes involved.

In the Google Scholar and ScienceDirect databases, relevant information was found on the relationship between visceral osteopathy and emotions. Scientific articles were found that address the physiology of emotions and psychological disorders that can be treated with osteopathy, as well as research on fascia as a reservoir of memories related to trauma and emotions. However, the scientific literature mentions few specific techniques for emotion release in the context of visceral osteopathy.

The books in Spanish and English consulted provided diverse insights into the relationship between emotions and osteopathy. Some texts described the release of emotions and used terms such as "energy cyst," as well as presenting specific techniques for emotional release. Below is the information found in these books.

## **2. RESEARCH DEVELOPMENT**

### **2.1 EMOTIONS, A VIEW FROM OSTEOPATHY.**

Emotions, considered as spontaneous mental states, involve physiological changes and can be classified into primary and secondary, the latter being derived from the former. They are composed of an origin, a bodily response that includes adaptation and coping, as well as an external expression.

Traumatic events, which trigger emotions, tend to generate stress by overtaking coping mechanisms and causing a failure in physiological and hormonal activation. These traumas can be physical or mental, derived from situations such as accidents, deaths, crimes or abuse, among others, leading to arousal or immobilization responses as a survival mechanism. However, if these events are prolonged over time, they can trigger anxiety, depression, substance abuse, eating disorders, and difficulties identifying emotions.

It is important to note that traumatic events can remain dormant during childhood and manifest in adulthood, leading to dysfunctions such as anxiety, depression, and respiratory or digestive disorders, thereby compromising overall health.

In addition, emotions associated with trauma can manifest at the somatic level due to the release of chemicals that alter the relationship between mind and body. These somatic expressions include chronic fatigue, depression, muscle tensions, and illness, underscoring

the importance of addressing both the emotional and physical aspects in the care of patients who have experienced emotional trauma.

## **2.2 FASCIA AND ENERGETIC CYSTS**

It has been highlighted that fascia, as the body's connective tissue, acts as a primary reservoir for storing emotions resulting from trauma. This tissue plays a crucial role in the emotional experience and serves as a bodily reservoir on all levels.

The concept of "energy cysts" or "emotional cysts," introduced by Dr. John Upledger since 1985, suggests that these cysts are accumulations of energy in specific areas of the body, the result of physical or emotional trauma, and even associated with labor and birth. These accumulations of energy store the memory of the trauma and the associated emotion at the time of its formation, which can lead to complications depending on the emotional content, amount of energy, and location of the cyst.

There are two main types of energy cysts: those induced by external traumas, such as blows or falls, and those induced by psycho-emotional traumas. The location of cysts depends on the depth and strength of the trauma, and in the case of emotional trauma, they can concentrate in the limbic system and affect brain function.

The presence and location of an energy cyst can be identified by the osteopath through "arch formation", a specific posture that the patient adopts in relation to the horizontal one. This position allows the osteopath to perceive a rotational and rhythmic vibratory sensation, which is distinct from the craniosacral rhythm and heart rate. In addition, alterations in fascial gliding and in the symmetry or asymmetry of the craniosacral rhythm can be observed. These signals help the practitioner detect the presence and location of the energy cysts and guide the appropriate treatment to release these emotional tensions stored in the fascia.

## **2.3 OSTEOPATHY AND EMOTIONAL RELEASE**

The term "somatoemotional release" in osteopathy is distinguished from the concept of "emotional release," and was introduced by Dr. Upledger starting in 1970 when he began working with autistic patients. In his first year of observation, Dr. Upledger focused his attention on patients' behavior and personality, as well as their response to osteopathy. He found that gentle, non-invasive, well-intentioned touch was more accepted by patients, and the introduction of the stillness, a therapeutic disruption of the craniosacral rhythm, improved the bond between osteopath and patient. In the second year, they began to implement therapeutic approaches, such as 10% and 90% CO<sub>2</sub> inhalation therapy to stimulate deep breathing and used manual techniques such as craniosacral therapy to mobilize and correct structures.

During physical examination of these patients, anteroposterior membranous restriction was observed that was released with the help of the release of the frontal bone and the sphenoid with the occipital, resulting in an improvement in self-abusive and destructive behavior. Subsequently, a medial release of the temporal bones was achieved by the "ear pull"

technique, which produced a total relaxation of the body due to muscle relaxation and lengthening of the connective tissue, and allowed the release of emotions, demonstrating affection towards other people.

Additionally, Dr. Upledger, in collaboration with Dr. Zvi Karni, noted variations in electrical potentials in reaction to various therapeutic activities. They were able to identify what they called a "therapeutic position," a body position in which the patient feels comfortable and experiences improvement due to tissue relaxation, leading to decreased primary respiratory movement and changes in electrical potential.

Emotional liberation in osteopathy is a physical process that differs from psychotherapy in that it requires the flexible use of multiple techniques and the help of a facilitator, in this case, the osteopath. The goal of the osteopath is to release the causes that have led to the retention of emotions.

Dr. Upledger has described several models to explain "somatoemotional release," such as the tree model and the brain-generating model, which provide a deeper understanding of this process.

1. Tree model: Somatoemotional release serves as the core of the tree, upheld by the roots, which consist of craniosacral therapy (involving the movement of the cranial bones, sacrum, meninges, and cerebrospinal fluid), and the branches that extend from the core. Consequently, it is the therapeutic currents that can carry it out (therapeutic imagery, therapeutic dialogue, mind-body and body-mind integration, self-awareness, self-explanation, channeling, spiritual growth, out-of-body experiences, past life experiences.

2. Brain generator model: The brain is the generator of various energies that resonate in different areas of the body, which also send messages back.

An exhaustive observation concludes that emotional trauma is closely linked to the activation of nociceptive memories, which connect directly with nerve centers in the central nervous system and with emotional integration systems, such as the limbic system. When an osteopath performs bodily manipulations, this awakens the encrypted information in the affected tissue, which in turn triggers the release of trauma-related emotions. Each organ at the visceral level contains a specific emotion, and by manipulating these structures, these stored emotions can be released.

In osteopathy, emotional release occurs when the osteopath, through intentional palpation, connects with the patient's body and supports the movements induced by the body itself, leading the patient to relive past experiences and release memories and emotions. This liberation is manifested through the patient's awareness during the session or in the hours after. Viola Frymann highlighted that the sensitive perceptive hands of the osteopath can detect and change the effects of trauma on the tissues, which benefits the patient in the long run.

The osteopath places his or her hands on the patient, tunes into the body's natural movements, and provides verbal support or asks questions to guide the process. This allows the body to

release the energetic cysts and stored emotions. During this process, the patient may experience emotions contained in the body tissues, manifesting themselves in various forms such as crying, sweating, or laughing. By exposing these emotions, many of the patient's problems can be resolved.

Through manual assessment, the osteopath identifies areas where physiological movements are impaired and energy is disrupted, resulting in a decrease in primary respiratory movement. By correcting these alterations through osteopathic maneuvers, the body releases the accumulated energy, often allowing the patient to relive sensations associated with the trauma.

Dr. Barral suggests that through manipulations of peripheral and central nerves, the release of emotions related to physical and psychological trauma can be achieved. During this process, several signs of emotional release are observed, such as softening of the tissues, a deep and involuntary inspiration, local changes in temperature and texture in the tissue, as well as the resumption of the craniosacral rhythm.

## **2.4 PROPOSED OSTEOPATHIC THERAPEUTIC TECHNIQUES FOR EMOTIONAL RELEASE**

In osteopathy, several authors have proposed various techniques for emotional freedom. Among them are Dr. John Upledger, Dr. Francisco Fajardo, Dr. Torsten Liem, and Dr. Jean-Pierre Barral. It is important to highlight that many of these techniques are founded on the principles established by Dr. Sutherland, considered the father of craniosacral osteopathy. Below is a table that relates each author to the proposed techniques:

Authors and Techniques Described for Emotional Release.

### **Dr. William G. Sutherland 1876 - 1954**

The American-born Dr. William G. Sutherland is a pivotal figure in the field of osteopathy, recognized for his pivotal role in the development and definition of craniosacral osteopathy, a therapeutic approach that revolutionized osteopathic practice.

Sutherland is widely regarded as the father of craniosacral osteopathy, as he pioneered the conceptualization and application of this approach. He introduced the concept of "Primary Respiratory Movement," a fundamental notion that describes the rhythmic and subtle rhythm of expansion and contraction that is perceived in the cranio-sacral system. This groundbreaking observation led Sutherland to develop specific techniques for working with this natural rhythm of the human body, with the aim of restoring balance and health.

Among Sutherland's most notable contributions is the "Frontal Lift" technique, which focuses on the gentle and precise manipulation of the frontal bones of the skull. This technique seeks to release restrictions and promote proper mobility of the skull bones, which can have beneficial effects on brain function and the central nervous system.

Another innovative technique developed by Sutherland is "Fourth Ventricle Compression" or "CV4," which focuses on the stimulation and balance of the cerebrospinal fluid surrounding the brain and spinal cord. This technique is performed by gentle and controlled pressure in the fourth ventricle, which can influence the proper circulation and absorption of cerebrospinal fluid, and therefore, the overall well-being of the patient.

Sutherland's legacy in craniosacral osteopathy continues to be a source of inspiration and reference for osteopathic health professionals worldwide. His concepts and techniques have been widely adopted and developed, and his holistic, human-centered approach remains central to the contemporary clinical practice of craniosacral osteopathy. Sutherland's approach transcends mere physical manipulation; It also encompasses an in-depth understanding of the interconnection between the physical structure and physiological function of the human body. His pioneering work focused not only on the correction of anatomical restrictions, but also on the restoration of balance and harmony throughout the body system.

In addition to his technical contributions, Sutherland also promoted a philosophy of patient-centered care, where the therapist not only treats the symptoms, but seeks to address the underlying causes of the disease and promote the body's self-regulation and self-healing.

Sutherland's approach to craniosacral osteopathy has not only been influential in the field of osteopathy, but has also impacted other health disciplines, such as physiotherapy, holistic medicine, and manual therapy. His teachings and techniques continue to be studied and applied in academic and clinical institutions around the world.

Dr. William G. Sutherland left an enduring legacy in the field of osteopathy, transforming our understanding of the relationship between the structure and function of the human body. Her innovative approach and commitment to holistic patient wellness continue to inspire generations of healthcare professionals in their pursuit of clinical excellence and compassionate care.

### **Dr. Robert Fulford 1905-1997**

A prominent figure in the field of osteopathy, Dr. Robert Fulford is distinguished by his innovative approach and valuable contributions to clinical practice. Born in the United States, Fulford was both a physician and an osteopath, which provided him with a unique and holistic perspective on healthcare.

One of the signature techniques developed by Fulford is "myofascial release with percussion amplification," which combines gentle soft tissue manipulation with percussive techniques to relieve muscle tension and promote blood circulation. This technique has proven effective in treating a variety of musculoskeletal conditions, as well as improving overall body function.

In addition to his technical contributions, Fulford also dabbled in the field of "energy osteopathy," exploring the interaction between the physical body and vital energy. His

comprehensive approach was not limited to simply addressing physical symptoms, but also considered the emotional and energetic well-being of the patient.

Fulford also excelled in trauma treatment, recognizing the importance of addressing both the physical and emotional aspects of the injury. His integrative therapeutic approach focused on facilitating the body's innate ability to heal and restore balance.

In addition to his technical contributions, Fulford is also known for his development of the "Fulford Technique," a therapeutic methodology that combines osteopathic manipulation with principles of energy medicine to promote the health and well-being of the individual holistically.

Dr. Robert Fulford's legacy in osteopathy extends beyond his innovative therapeutic techniques and methodologies. Her comprehensive approach and deep commitment to patient well-being continue to inspire healthcare professionals around the world.

Throughout his career, Fulford stood out for his ability to address medical challenges creatively and effectively. His holistic approach not only focused on treating symptoms, but also considered the underlying causes of disease and health promotion.

In addition to his clinical practice, Fulford was also a committed educator, sharing his knowledge and experience with the next generation of healthcare professionals. His teaching was characterized by its hands-on approach and its emphasis on the importance of the mind-body connection in the healing process.

### **Dr. Jhon Upledger 1932 - 2012**

Dr. John Upledger (1932-2012) was an American-born osteopathic physician, recognized for his outstanding contribution to the field of osteopathy and craniosacral therapy. In addition to his clinical practice, he co-founded Upledger Institute International, Inc., a leading institution in research and training in craniosacral therapy and other osteopathic techniques.

Throughout his career, Dr. Upledger served as a professor of biomechanics at Michigan State University, where he shared his knowledge and experiences with future healthcare professionals. His pioneering work in the field of craniosacral therapy and "somatoemotional release" has had a significant impact on the medical community and improving the quality of life for numerous patients.

Among his most notable contributions are techniques for the diagnosis and treatment of local cysts, such as the technique of body coiling and the release of energetic cysts. He also devised novel methods for emotional release and pain management, such as the technique of energy control and direction. Moreover, Dr. Upledger was a pioneer in the release of the frontonasal suture and developed the unwinding technique, known as "Unwinding," to treat various conditions affecting the hard palate and soft tissues.

His research also focused on the treatment of emotional symptoms associated with post-traumatic stress, where he developed specific techniques to help patients overcome these emotional challenges and improve their psychological well-being.

In short, Dr. John Upledger's legacy in the field of osteopathy lives on through his innovative techniques and dedication to improving people's health and well-being.

### **Dr. Jean-Pierre Barral (1944-present)**

Dr. Jean Pierre Barral, a prominent figure in the field of osteopathy, was born in France and is widely acknowledged for his significant contributions to manual therapy and visceral manipulation. In addition to being a physiotherapist, he holds a PhD in osteopathy and has dedicated his career to the research and practice of innovative techniques in this field.

Barral played a pivotal role in the development of manual therapy known as "Visceral Manipulation," which focuses on the treatment of disorders related to internal organs through specific manipulation techniques. His experience and knowledge led him to join the Faculty of Medicine at the University of Paris, where he served as head of the Department of Visceral Manipulation, thus contributing to the advancement and recognition of this discipline.

Among his areas of expertise are visceral osteopathy, nerve and vascular manipulation, where he has made important contributions through his research and clinical practice. Barral has pioneered innovative methods of emotional listening and induction, aiming to address both the physical and emotional dimensions of patients during osteopathic treatment.

One of his most renowned techniques is the release of the accessory nerve at the level of the trapezius muscle, which has proven effective in treating various musculoskeletal conditions and disorders affecting the mobility and function of the neck and shoulders.

Dr. Jean Pierre Barral has left a significant mark on the field of osteopathy, both academically and clinically, thanks to his innovative techniques and dedication to the well-being of his patients.

### **Dr. Francisco Fajardo (1965-present)**

Dr. Francisco Fajardo is a prominent figure in the field of osteopathy, born in Spain, his dedication and experience have led him to be recognized as an outstanding osteopath internationally. As the founder of the International Institute of Advanced Osteopathy, he has been a pioneer in the research and practice of various branches of osteopathy.

One of Fajardo's main focuses is the exploration of the relationship between the body and emotions, which has led to the development of "Emotional Osteopathy" and "Psychobiological Osteopathy". These approaches integrate the emotional and psychological



aspect into osteopathic treatment, recognizing the influence that emotions can have on the individual's physical health and overall well-being.

In addition, Fajardo has made important contributions in the field of nutrition, exploring the interaction between osteopathy and food to promote the overall health of patients.

In terms of techniques, Fajardo has developed innovative methods for the diagnosis and treatment of local cysts, such as the localization of intraspinal membranous restrictions. He has also designed specific techniques for the treatment of the pericardium, as well as to address somato-emotional and energetic aspects in his patients. Its maneuvers in the liver, focused on the release of emotional tensions stored in this organ, are recognized for their effectiveness in the comprehensive treatment of patients.

In summary, Dr. Francisco Fajardo is a leader in the field of osteopathy, whose work has contributed significantly to the advancement of this discipline and the well-being of his patients. His holistic approach and innovative techniques position him as an authority in the field of osteopathic health.

### **Dr. Torten Liem**

Dr. Torsten Liem is a leading figure in the field of osteopathy, born in Germany, his journey as a physician and osteopath has led him to develop innovative approaches in the management of emotional stress and traumatic events.

One of Liem's major accomplishments is the creation of the "Bifocal Integration" technique, which focuses on addressing emotional stress related to traumatic events in a comprehensive manner. This technique seeks to integrate both the physical and emotional aspects of the patient, providing a holistic approach to their treatment.

Liem has made important contributions to the field of craniosacral osteopathy and its relationship to psychological and emotional events. His focus is on the use of specific techniques to harmonize the cranial system and help release emotional tensions stored in the body.

Among the techniques developed by Liem is the midline technique, which focuses on alignment and balance from the navel to the vertex, as well as the harmonization of the upper third of the face. These techniques are designed to improve energy circulation and promote the emotional and physical well-being of the patient.

In addition, Liem has developed heart-focused techniques for the treatment of patients with psychological trauma, recognizing the importance of this organ in the regulation of emotions and the emotional balance of the individual.

In summary, Dr. Torsten Liem is a leader in the field of osteopathy, whose work has contributed significantly to the management of emotional stress and traumatic events. His



groundbreaking techniques and holistic approach establish him as a leading authority in the field of osteopathic health.

### **Dr. Philippe Druelle**

Dr. Philippe Druelle is a leading figure in the field of osteopathy, originally from Canada and recognized for his significant contributions as a kinesiologist and osteopath.

Druelle left a significant legacy by founding the first Osteopathic University in 1981, marking an important milestone in the academic and professional development of osteopathy. His vision and leadership contributed to the establishment of a comprehensive educational program that trained numerous professionals in this field.

One of the fields in which Druelle made important contributions was in pediatric osteopathy, where he developed specific techniques and protocols for the treatment of children and infants. His compassionate, patient-centered approach made him an authority on child health care from an osteopathic perspective.

In addition, Druelle made notable contributions in the field of visceral osteopathy, especially in the treatment of heart conditions. His experience and knowledge in this area allowed the development of effective techniques to address problems related to the heart and other internal organs.

Among his most notable achievements is the normalization of the posterior fossa, a technique used to restore balance and functionality to this region of the body. This technique has proven to be effective in the treatment of various musculoskeletal conditions and contributes to the overall well-being of the patient.

Dr. Philippe Druelle's legacy in the field of osteopathy is significant, his contributions have had a lasting impact on the training of professionals and the treatment of patients, especially in areas such as pediatric and visceral osteopathy. His dedication and experience position him as an influential figure in the field of osteopathic health.

### **THERAPEUTIC TECHNIQUES PROPOSED BY DR. FULFORD.**

#### ***Dr. Fulford Technique.***

Fulford's technique allows the release of the celiac ganglion (solar plexus), emotional traumas, diaphragmatic dysfunctions.

**Patient:** On the stretcher in the supine position.

**Osteopath:** Lateral to the stretcher. Position both hands on the patient's solar plexus, apply a small downward pressure, follow the tension until you feel tissue relaxation.

## **THERAPEUTIC TECHNIQUES PROPOSED BY DR. TORSTEM.**

### **Harmonization of the upper third of the face.**

This technique makes it possible to improve the alterations in the prefrontal cortex that lead to the inappropriate expression of emotions.

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside. Position the thenar eminences of the two hands on the frontal bone (the first fingers on the front, the other fingers on the zygomatic region) are accompanied by movement of the frontal.

### **Midline Technique (Navel - Vertex)**

The technique described by Dr Liem for midline is used to improve birth-related or emotional trauma.

**Patient:** On the stretcher in the supine position.

**Osteopath:** Lateral to the stretcher. Position the cranial hand on the vertex or occiput and the caudal hand on the navel; First, feel the tension at the level of the navel and over the midline, a connection is made between the navel and the midline achieving balance.

### **Heart-centered techniques for the treatment of patients with psychological trauma.**

Dr. Liem has dedicated himself to the study of patients with psychological trauma and describes six techniques for the treatment of patients with psychological trauma:

1. Synchronize perceptions of bodily sensations, arousal, and feelings.
2. Palpation of the cardiac field
3. Palpation of the heart by the osteopath and by the patient
4. Final identification of palpation
5. Eye contact between the osteopath and the patient to relate the patient's internal perception to the external perception.
6. Balancing the apex, pelvis and soles of the feet through breathing

Within the four phases to carry out these techniques, the following are indicated:

1. **Doctor-patient relationship:** where the treatment objectives are clear, coping strategies used by the patient in stressful situations, palpation of possible emotional centers.
2. **Stabilization phase:** exercises to reduce stress and osteopathic manipulations on areas that show effects of trauma.

3. **Confrontation phase:** it leads to remembering or identifying stressful situations and being able to locate in the body segment that reaches more excitability and the one that reaches more tranquility, as well as the ocular response to these sensations and the osteopath leads to their palpation.
4. **Integration into everyday life**

## **THERAPEUTIC TECHNIQUES PROPOSED BY DR. JOHN E. UPLEDGER**

### **Techniques for the diagnosis of local cysts: technique by coiling the body.**

The aim is to identify a chronic dysfunction, either somatic or visceral, possibly associated with the presence of an energy cyst in the patient.

**Patient:** In the sitting position on the stretcher.

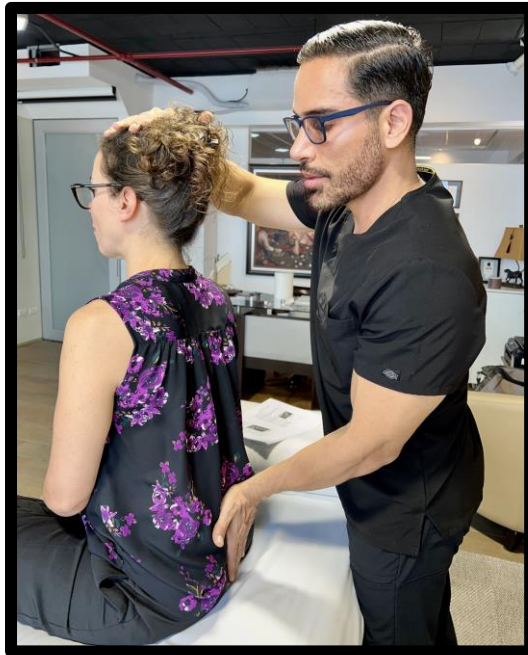
**Osteopath:** stands laterally behind the patient and proceeds to position the sacrum, applying a pull of the parietals in the direction of the sacrum to assess the body's responses.

Interpreting body movements during this assessment is crucial:

If lateroflexion motion is observed, the direction in which the body is tilted indicates the side of the likely location of the energy cyst, with greater inclination implying a lower lesion. The association of lateroflexion with rotation suggests a deeper location of the energy cyst. A tendency of the body to flex anteriorly indicates a possible area of somatic (such as hyoid, sternum, etc.) or visceral (such as trachea, esophagus, etc.) origin.

If the occipital tends to move toward the cervical spine, it could indicate the presence of the cyst in the spine, sacrum, or tailbone.

This physical evaluation approach provides valuable insight into the possible location and nature of the dysfunction, allowing the osteopath to develop an effective and personalized treatment plan for the patient.



### **Release of energetic cysts**

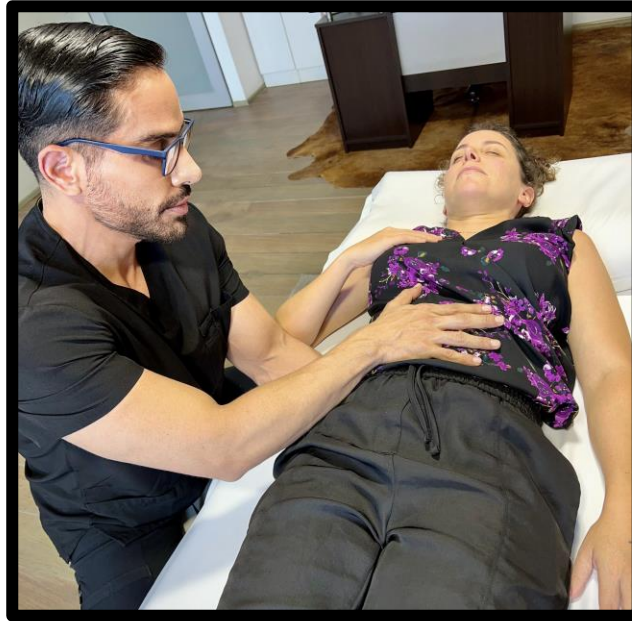
To address the release of energetic cysts, a technique involving palpation of the fascial system and tactile listening is employed to identify the therapeutic position, with the goal of releasing these energy cysts, which has also been associated with improvements in chronic pain.

The patient is supine on the stretcher, while the osteopath is positioned laterally on the table.

During the first stage, the osteopath places his or her hands on the fascial plane in the region where the patient experiences pain. Here, the aim is to palpate a repetitive and rapid body movement that accelerates precisely in what is known as the "therapeutic position", which is the position of the body before the trauma.

In the second beat, the osteopath follows the movement pattern for several cycles to become familiar with it and understand its nature.

In the third stage, the speed of movement is reduced without inhibiting it, and when the osteopath perceives the therapeutic position, he also detects an interruption in the craniosacral rhythm. At this point, the osteopath must hold the area and prevent the movement from continuing further, perceiving what is described as a "notch." This process allows the energy cysts to be released and harmony to be restored to the patient's body system.

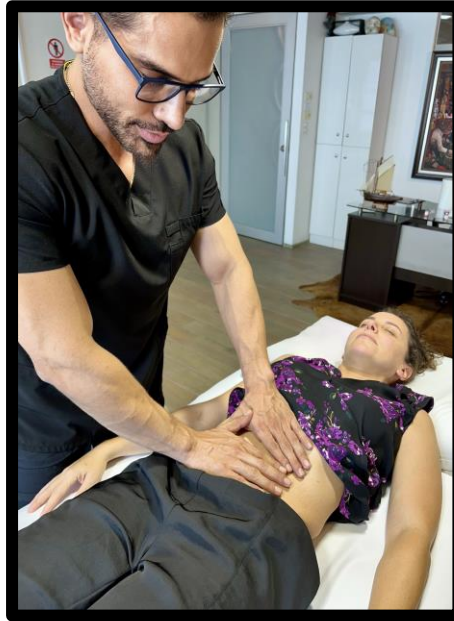


### **Release of Energy Cysts: Arcing Technique**

Around an energy cyst, waves of energy are produced.

**Patient:** On the stretcher in the supine position

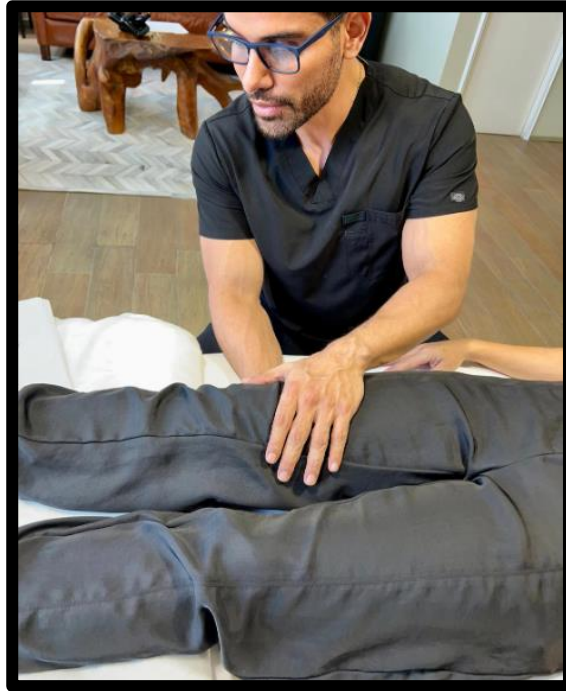
**Osteopath:** Lateral to the table, the palms of the hands on the affected area, palpates the arches formed by the energy vacuums, accompanies them until the "*therapeutic position*" is palpated, accompanies the movement, reduces the speed of movement until feeling a "*notch*" that translates into the release of the cyst.



**Release of emotions and improvement of pain: technique of control and direction of energy.**

**Patient:** On the seated table

**Osteopath:** Lateral to the stretcher. Position your hand over the affected area and place your other hand below the area; The upper hand passes the energy to the other hand and at this moment there is evidence of an increase in temperature, of the therapeutic pulse and an increase in the sensation of pain, after that a sensation of release and improvement of pain.



### **Release of the fronto-nasal suture.**

The release of the fronto-nasal suture is closely related to the olfactory tract, which in turn is linked to emotions and behaviors. This process facilitates the elimination of certain stored emotions that may be affecting the patient.

During the procedure, the patient lies supine on the table, while the osteopath is positioned laterally on the table.

The osteopath positions the second and third fingers of his cranial hand on the frontal bone, just above the frontonasal suture, and the second and third fingers of his caudal hand on the nasal bones. Then, make a movement of separation of both hands until you perceive the release of the suture. This process helps to restore harmony to the area and promote emotional balance in the patient.

### **Unwinding technique.**

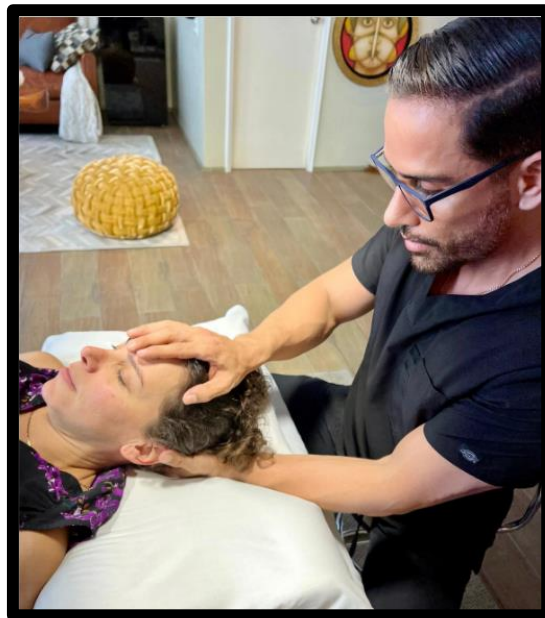
The unwinding technique, also known as "Unwinding", is used to facilitate recall and spontaneous emotional release, allowing the patient to experience an accompaniment of the physiological movement of the tissues.



### First Stage: Unwinding Technique

During the procedure, the patient lies supine on the table, while the osteopath sits at the patient's bedside.

The osteopath places one hand on the occipital region and the other on the patient's frontal region. Through palpation, the osteopath perceives the rhythm and tension of tissue movement and accompanies it gently, allowing the patient to connect with their deepest physical and emotional sensations. This process facilitates the release of accumulated tensions and promotes a state of relaxation and well-being in the patient.



### Second Course: Unwinding Technique

In the second stage of the unwinding technique, the patient remains on the table in a supine position, while the osteopath stands in front of the patient's feet and supports the heels. In this position, the movement of each lower limb is evaluated, and the movement is accompanied by gently stopping it to facilitate the perception and release of tensions.

### Third Stage: Unwinding Technique

In the third stage of the technique, the patient is seated on the stretcher, and the osteopath is placed behind him. Place one hand on the parietal region and the other on the upper dorsal region. It applies a slight caudal pressure to the parietal region until the tissue gives way, while the hand in the dorsal region supports the movement to prevent it from receding. During this process, movement is palpable, and the release of emotions held back prior to parietal release may occur.



#### Fourth Stage: Unwinding Technique

In the fourth stage of the unwinding technique, the patient is standing, while the osteopath is standing in front of him. Take the anterior iliac spines and perform a slight compression in the medial direction. This action leads the body to assume a position like the one it had at the time of the trauma, and the osteopath accompanies the movement to facilitate the release of tensions and promote the recovery of body balance.

#### **Hard palate and soft tissue techniques.**

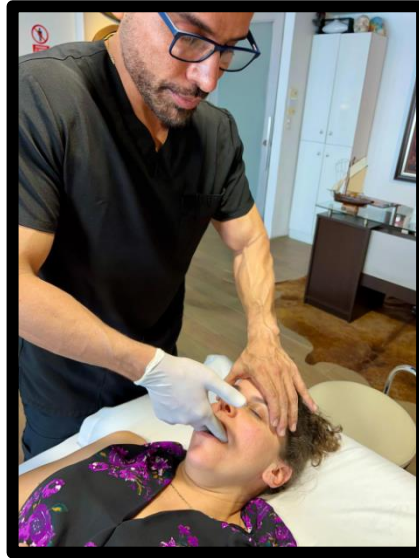
A correlation has been observed between the afore mentioned bones and soft tissues and the structural dysfunctions that arise after the repression of vocal expressions of emotional origin. Patients report improvement and find it easier to release emotions after this procedure. It is important to carry out a 10-step Upledger protocol beforehand, which includes points such as the "still point", transverse diaphragm release, sacral mobilization, sacral roll-slide, frontal lift, parietal lift, sphenobasilar adjustment, temporary ear traction, mandibular decompression in the temporomandibular joint (TMJ) and CV4.

#### **Maxilar bilateral.**

In the specific case of the bilateral maxilla:

**Patient:** He is on the stretcher in the supine position.

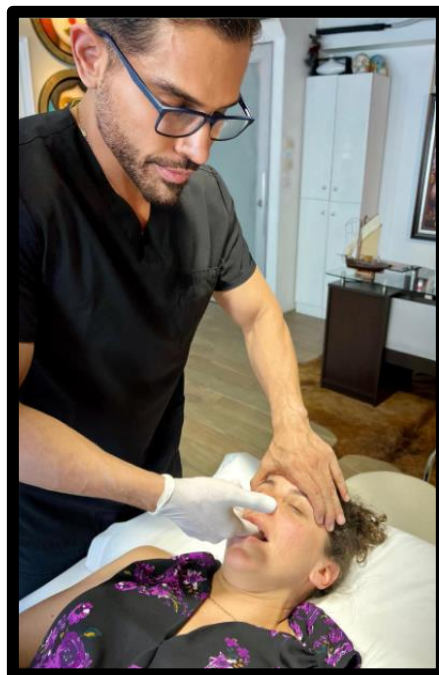
**Osteopath:** Positioned laterally with respect to the stretcher, it places the second and third fingers of the caudal hand on the upper dental arches, while the cranial hand, with the first and third fingers, is positioned on the greater wings of the sphenoid. The bilateral flexion and extension movement is evaluated, synchronizing it with the sphenoid, as well as the lateral sliding and decompression movements. If injuries are detected, the appropriate corrections are made.



### **Vomer.**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher. Fixed with the cranial hand, the sphenoid and with the caudal hand, the pulp of the second finger is placed over the midline and carried to the posterior region of the floor of the mouth as far as possible. Flexion, extension, twisting, and sliding movements are evaluated; Corrections are made in case of evidence.



### **Palatinos:**

Patient: Lying on the stretcher in a supine position.

Osteopath: Located next to the stretcher. It places the cranial hand over the frontoparietal region, while the second finger of the caudal hand is placed over the palatals (they are examined separately). Mild pressure is applied, followed by lateral, medial and back to the neutral position; Adjustments are made if injuries are detected.

### **Floor muscle of the mouth (M. mylohyoid, m. genihyoid, anterior belly of m. digastrum):**

Patient: Lying on the gurney in the supine position.

Osteopath: Located next to the stretcher. One hand is placed inside the mouth (with the second finger under the tongue over the lower jaw), while the other hand is positioned externally with the second finger at the angle of the jaw. A "two-finger joining" motion is performed until the tissue relaxes, and this movement is followed along the inferoexternal border of the lower jaw. This procedure is repeated twice.

### **Tongue and associated muscles (M. hyoglossus, and M. genioglossus).**

Patient: Lying on the table in the supine position.

Osteopath: Located next to the stretcher. Place one hand inside the patient's mouth (with the second finger facing the root of the tongue) and apply gentle pressure until the tissue relaxes. This procedure is repeated twice.

### **Gums:**

Patient: Lying on the stretcher in a supine position.

Osteopath: Lateral to the stretcher. Place one hand inside the patient's mouth (with the second finger on the inner surface of the gum, first on the upper jaw and then on the lower jaw), while the other hand rests with the palm on the maxillary region to be treated. Gentle external pressure is applied, and energy is transferred. If areas of restriction or energy cysts are detected, the movement is followed until the release is felt. This procedure is repeated twice.

### **Pharyngeal constrictor muscles:**

Patient: Lying on the gurney in the supine position.

Osteopath: Located next to the stretcher. Place one hand on the upper cervical region and the other hand with your first and second fingers gently grasping the hyoid. Accompany the movement until you perceive the liberation.



**Infrahyoid muscles (omohyoid, steno-hyoid, thyrohyoid).**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher. Position the cranial hand over the upper cervical region, the palm of the hand under the hyoid, accompany the movement until you perceive release.

**Teeth.**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher. Position one of the hands intrabuccally, (second finger on the outer side of the tooth and first finger on the inner side grasping it), palpate the energy level of each tooth and when the energy is lower, the intention to release it is emitted and wait for it to happen. It is valued tooth by tooth, corrected if necessary.

**Malar.**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher. Position one of the hands intrabuccal with the second finger between the upper jaw and the malar, the first and second fingers of the other hand on the malar externally, accompany the movement and correct it if necessary.

### **Techniques for the improvement of emotional symptoms associated with post-traumatic stress.**

Craniosacral techniques applied to the occiput, temporal bones, and basilar sphenoid joint allow the correction of the restrictions associated with these anatomical elements.

Patient: Lying on the gurney in the supine position.

Osteopath: Sitting at the patient's bedside.

First beat (occipital): Using the fingertips, the occipital ridge is clamped to assess and correct the restrictions of the right and left occiput in terms of anteriority or posteriority.



Second (temporary) stage: The temporal bones are affected by the tension of the chewing muscles, associated with moments of stress. The palms of the hands are placed on the occipital scale, while the thenar eminence is positioned on the mastoid to assess and correct the asymmetrical movement of the right and left temporals.

Third beat (Sphenobasilar A.): The palm of the hands is used to support the occipital, while the first fingers meet the greater wings of the sphenoid. Injuries involving extension, flexion, right twist, left torsion, right and left lateral displacement, right and left lateral tension, as well as upper and lower vertical tension, as well as compression and decompression injuries of the sphenoid are evaluated and corrected.

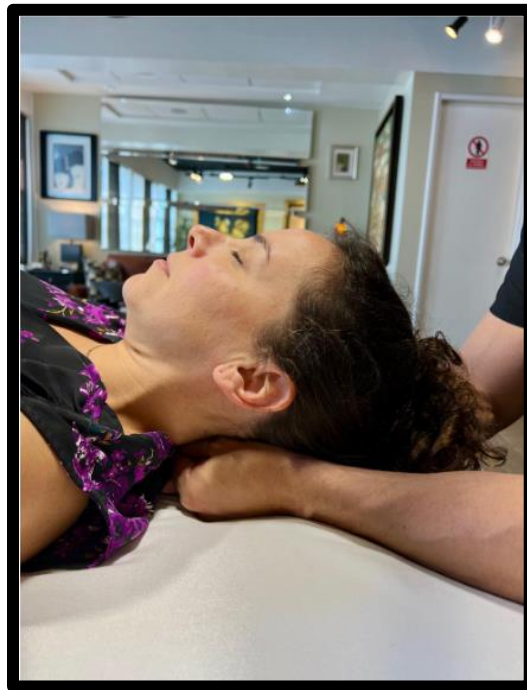
### **Improvement of Emotional Disorders: CV4 Fourth Ventricle Understanding (Dr. Sutherland).**

This method, also known as stopping point, has been described in the improvement of symptoms related to anxiety and depression, and can be applied during intense emotional experiences.

Patient: Placed on the stretcher in the supine position.

Osteopath: Located at the patient's bedside, interlaces the fingers of the hands so that the prominences of the palms are located on the sides of the occiput.

The primary respiratory rhythm is palpated, and gentle pressure is exerted with the prominences of the palms, applying about 5 grams of force, waiting for the rhythm to resume, which usually occurs with greater intensity.



### **Frontal Lift (Dr. Sutherland).**

This procedure facilitates the relaxation of the frontal lobes, which are linked to the regulation of behaviors and responses to various situations.

Patient: Lying on the gurney in the supine position.

**Osteopath:** Located at the patient's bedside, place the hands on the front area of the skull (the second fingers on the metopic suture, the fourth fingers on the edges of the sockets, while the other fingers are in contact with the front). A slight pressure is exerted towards the center and then a forward pull is made, lifting the region.

## **THERAPEUTIC TECHNIQUES PROPOSED BY DR. JEAN PIERRE BARRAL**

### ***Release of the accessory nerve at the level of the trapezius muscle.***

Dr. Barral considers that when there is pain at the entrance of the accessory nerve through the trapezius (anterior border 2 cm above the collarbone), after ruling out cervicobrachial neuralgia and shoulder pathologies, you should think about pain of emotional origin, in cases where affective overload and in those people who "carry the world on their backs".

A technique for the release of the accessory nerve at the level of the trapezius muscle is presented here.

**Patient:** On the stretcher in the supine position.

**Osteopath:** At the patient's bedside. Position the cephalic hand on the patient's occiput and the caudal hand on the trapezius in the outer third (2 cm above the clavicle in the posterior region), perform an inferolateral stretch until relaxation is perceived.

### ***Emotional listening and induction techniques.***

They allow the identification of pent-up emotions and lead to their release. General and local listening and induction are proposed.

#### **General listening.**

**Patient:** Seated

**Osteopath:** Behind the patient. Position your hands very subtly, the cephalic hand on the parietals and the caudal hand on the sacrum.

#### **Interpretation.**

If you move backwards and sometimes lose your balance, it means that the moments of the past are very important to the patient and denotes an egocentric and introverted personality. If the movement is forward, it means great importance in the future, pending issues of the past, denotes extroverted personality.

If you make lateral movements, it leads you to think that they require protection and to the side where you lean, the patient's emotional problems and reactions are found.



## **Local Listening**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher. Position the heel of one hand on the pubic symphysis and perform a local listen until evidence of injury to an organ, gently accompanies the movement and if there is an increase in the range of movement, it may be related to some emotion.

## **Induction**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher. Position the heel of one hand over the pubic symphysis and perform a local listen until there is evidence of injury to an organ, gently accompanying the movement and increasing the movement until it stops.

## **THERAPEUTIC TECHNIQUES PROPOSED BY DR. FRANCISCO FAJARDO**

***Techniques for the diagnosis and treatment of local cysts: localization of an intraspinal membranous restriction.***

The technique for the diagnosis and treatment of local cysts involves the precise localization of intraspinal membranous restrictions. This approach seeks to evaluate intracranial dural insertions and the intraspinal dura mater, as well as their relationship to the sacrum and tailbone.

During the evaluation, the patient is on the table in the supine position, while the osteopath is placed at the patient's bedside. With the palms of the hands placed on the occipital, gentle traction is exerted in the cranial direction, which allows the force exerted at different points along the dural tube to be evaluated, specifically on the fixations of the dura mater. This process is repeated until relief is perceived by the patient, indicating the release of intraspinal membranous restrictions.

### ***Pericardial treatment.***

The pericardium, a fundamental structure that surrounds and protects the heart, plays a crucial role in managing emotions. "We can't release fear from the heart unless we release the pericardium, either at the same time or beforehand." This statement highlights the close connection between the pericardium and the emotional world of the individual. Releasing tensions and restrictions in the pericardium not only promotes cardiovascular health but can also contribute significantly to the management and processing of emotions, especially those associated with fear and anxiety. In osteopathic practice, the pericardial approach emerges as a comprehensive strategy to facilitate the emotional and physical well-being of the patient, recognizing the profound influence that this organ has on the human experience. The pericardium protocol proposed by Dr. Fajardo consists of 16 steps:



1. Respiratory diaphragm self-stretch + esophageal hiatus.
2. Pelvic diaphragm self-stretch.
3. Release of the VES. (Visceral elastic String)
4. Release of the upper segment of the linea alba
5. Respiratory diaphragm release
6. Elastification of the diaphragmatic pleura
7. Elastification of the left parietal pleura.
8. Elastification of the mediastinum.
9. Elastification of the pleural cone suspensor system
10. Release of the anterior cervical fascia and anterior scalenes.
11. Pericárdic Shooting Armband.
12. Hyoids.
13. A.O
14. Relaxation of the dura mater from the occipital.
15. CV4
16. Pericardium release.

1.     **Respiratory diaphragm self-stretch + esophageal hiatus.**

**Patient:** On the stretcher in the supine position with the head elevated and the knees bent

**Osteopath:** From the patient's bedside, the hands are placed on the upper part of the chest, with the first fingers positioned below the costal rim and oriented towards the navel. The patient is instructed to take a deep breath while pushing the abdomen in a postero-superior direction. This process is repeated three times consecutively, which helps to mobilize and release possible restrictions in the thoracic and abdominal region, thus facilitating fuller and more effective breathing.

**Release of the esophageal hiatus.**

**Patient:** On the stretcher in a seated position with the head elevated and the knees bent

**Osteopath:** From a lateral position with respect to the stretcher, the cranial hand is placed transversely on the costal grating, while the caudal hand is placed under it with the thumb positioned over the midline. The patient is instructed to perform rhythmic movements of inspiration and expiration. During the inspiration phase, gentle traction is applied in the caudal direction, maintaining this position during expiration until the release of the tissue is perceived. This approach makes it possible to work with the patient's breath to facilitate the release of restrictions in the costal and abdominal region, thus contributing to the restoration of balance and proper function of the respiratory system and other related systems.

2.     **Pelvic diaphragm self-stretch.**

**Patient:** On the stretcher in the supine position with the neck and knees bent

**Osteopath:** From a lateral position with respect to the table and with the attention directed to the patient, the patient is instructed to take a deep breath followed by a sustained expiration. At that point, you are asked to lift your pelvis off the table and contract your gluteal muscles. This maneuver makes it possible to assess the patient's ability to activate and control the pelvic and gluteal musculature, which may be relevant in the context of rehabilitation and treatment of various musculoskeletal conditions.

3. **Release of CEV (Visceral Static String)** *"Relax the enteric nervous system".*

**Patient:** On the stretcher, supine, with a fulcrum under the lumbar spine and the upper half of the trunk slightly tilted; head extended with tongue back.

**Osteopath:** Placing ourselves laterally on the stretcher, we position our hands, one on top of the other, at the level of the patient's navel. Apply gentle pressure backwards and gently rotate clockwise until you feel a restriction in the tissue. Hold this pressure for 5 seconds and then repeat the process three times. This technique helps to undo the tensions and restrictions present in the abdominal region, thus facilitating the restoration of balance and mobility in that area of the body.

4. **Release of the upper segment of the linea alba (T. R.C. Fulford)**

**Patient:** On the stretcher, supine

**Osteopath:** Laterally to the stretcher, we position the hands perpendicular to the linea alba, between the xiphoid process and the navel. We apply gentle compression in the posterior direction until we feel resistance. Then, we begin to separate the hands, bringing one downwards and the other upwards, until we perceive the release of the tissue. This procedure helps relieve tension and restore mobility in the abdominal region.

5. **Release of the respiratory diaphragm.**

**Patient:** On the stretcher in the supine position.

**Osteopath:** At the level of the xiphoid process, laterally to the stretcher, we place both hands on top of each other, in the infraxiphoid region. We apply a gentle compression in an upward direction, in a cephalic direction. We conclude the maneuver when we feel the tissue relaxing, indicating the release of tension in that area. This technique helps to relieve stiffness and restore mobility in the infraxiphoid region.



6. **Elasticification of the diaphragmatic pleura.**

**Patient:** On the stretcher in the supine position with the neck and knees bent

**Osteopath:** At the patient's bedside, the hands are placed on the rib grid and the mobility of the diaphragmatic pleura is accompanied by inspiration and expiration.

7. **Elasticification of the left parietal pleura.**

**Patient:** On the stretcher sitting with the left hand on the neck.

**Osteopath:** Lateral to the stretcher, behind the patient, place the right knee against the right rib grille and the left hand on the patient's left temporo-parietal region. It performs a right-handedness movement with the exhalation and remains in the movement in inspiration until it perceives release.

8. **Elasticification of the mediastinum.**

**Patient:** On the stretcher in the supine position with the head elevated and the Bent knees.

**Osteopath:**

First stage: Lateral to the stretcher, position the hands (one on top of the other) on the sternum, apply a slight posterior and caudal pressure on inspiration, without allowing descent on expiration.

Second stage: at the patient's bedside, hands on the sternum at the top, a gentle pressure is generated in the caudal direction during inspiration and not allowing the return on expiration, they are repeated for 5 cycles.

9. **Elasticification of the suspensor system of the pleural cone.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, the caudal hand is positioned on the ribs to be treated and the cranial hand on the cervical spine, imprinting a lateroflexion movement towards the opposite side to be treated, with expiration movement is gained.

10. **Release of the anterior cervical fascia and anterior scalenes.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, the tip of the first fingers is placed in the supraclavicular fossae on each side, printed with a slight lateroinferior force until release is achieved.

11. **Release of pericardial thyroid fascia.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, the cranial hand on the thyroid and the caudal hand on the sternum in front of the pericardium, a counterintuitive tension is made between the 2 hands.

12. **Release of the hyoid.**

**Patient:** On the stretcher in the supine position

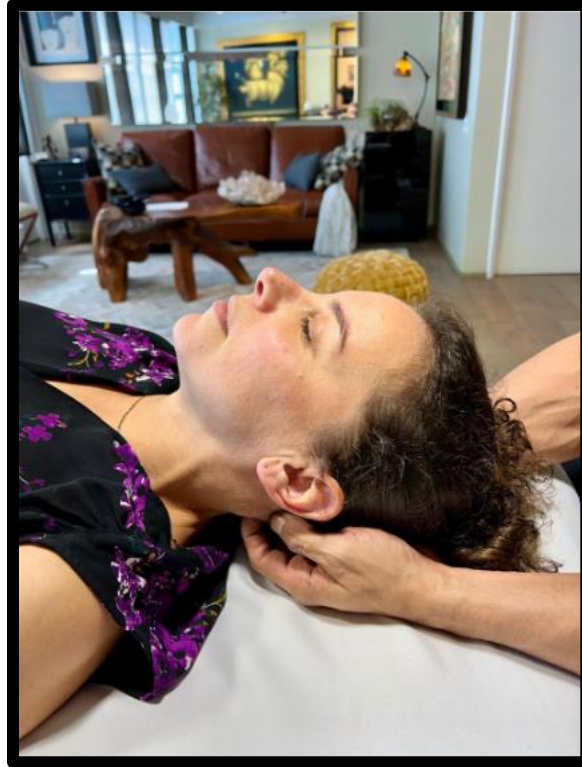
**Osteopath:** lateral to the stretcher, the cranial hand on the patient's neck and the hand on the hyoid in the form of a clamp between the index finger and thumb; with 5 g of pressure, we evaluate the movement of the hyoid to the right and left and at the end a small anterior traction of the hyoid is performed until contact with the fingers is lost.

13. **Atlanto occipital release and cranial diaphragm.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position both hands on the edge of the occipital with fingers flexed at right angles.

First stage: the relaxation of the suboccipital muscles occurs, letting the head fall backwards due to its weight and achieving total penetration of the fingertips between the C0-C1 space. Second stage: a decoaptation (separation) is performed with 5 g of pressure between occipital and atlas.



14. **Relaxation of the dura mater from the occipital.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the hands on the occipital  
First step: the occipital and its movement are palpated, then a gentle traction is made towards the cranial direction, perceiving a gradual relaxation, segment by segment until the sacrum.

15. **CV4 (Sutherland)**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, cross the fingers so that the thenar eminences are positioned on the lateral occiput

First stage: The primary respiratory movement is palpated and with the thenar eminences it is slowed down with 5 g of pressure for 3 to 5 cycles, at which time the movement is expected to resume, usually with greater intensity.

16. **Release of the pericardium – "fascial balancing" (Rolling Becker).**

**Patient:** On the stretcher in the supine position

**Osteopath:** left lateral to the stretcher, left hand on the rib projection of the heart, an attempt is made to locate the heartbeat, gentle pressure is exerted on the pericardium and the *release of the pericardium* - "*fascial balancing*" (own source) is carried out hand towards the direction of the tension of the pericardium.

For the relaxation of the accumulated tension in the pericardium, 5 techniques are proposed: sacropericardium, occipital-pericardium, central ligament, release of the fascia, shot, pericardium, release of the pericardium.

**1. Sacro-pericardium.**

**Patient:** Lying on the stretcher in a supine position with knees bent.

**Osteopath:** Positioned laterally to the table, places one hand on the sacrum and the other on the sternum over the pericardium. Gentle bilateral traction is applied in the caudal direction until reaching the still point.

**2. Occipital - pericardium**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, place one hand on the occipital and the other hand on the sternum, on the pericardium. A soft bilateral traction is exerted in the caudal direction up to the still point.

**3. Central ligament.**

**Patient:** Supine on the stretcher.

**Osteopath:** Positioned laterally to the stretcher, places the lower hand over the pubic area and the upper hand on the front of the neck. A gentle bilateral traction is applied in opposite directions until reaching the still point.

**4. Release of the pericardial shooting fascia.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, the cranial hand on the thyroid and the caudal hand on the sternum in front of the pericardium, a counterintuitive tension is made between the 2 hands.

**5. Pericardium Release:**

**Patient:** On the stretcher in the supine position with the knees bent

**Osteopath:** lateral to the table, positions one hand on the sacrum and the other hand on the sternum on the pericardium. A soft bilateral traction is exerted in the caudal direction up to the still point.

### **Somato-emotional and energetic treatment**

It proposes 4 steps for its realization:

1. Release of diaphragms and dysfunctional cranial bones, mainly the frontal bone.
2. Tissue treatment of the cyst by means of the fascia.
3. Treatment of energy manipulation (at the level of the local or segmental cyst).
4. Healing processes accompanied by energy release processes (tears and release procedures, verbalization of emotion, protocol for releasing sleep).

Dr. Barral believes that emotional restrictions lead to bilateral restriction of movement of the thoracic diaphragm, which is why it is important in treatment to release it.

#### **1. Release of diaphragms and cranial bones in dysfunction mainly the frontal bone.**

##### **1. Pelvic diaphragm**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher, positions one of the hands on the pubic branches and the other hand on the sacrum, a gentle compression is made between the hands and the movement of the tissue is palpated in the form of a twist, this is followed until the release is perceived, it is re-compressed, and the symmetry of the movement is confirmed.

##### **2. Thoraco-abdominal diaphragm**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher, positions one of the hands between the stomach and the xiphoid process and the other on the dorsal lumbar junction, a gentle compression is made between the hands and the movement of the tissue is palpated in the form of a twist, this is followed until the release is perceived, it is compressed again, and the symmetry of the movement is confirmed.

##### **3. Diafragma toraco - cervical**

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the table, positions one of the hands in the sternoclavicular joint and the other hand in the cervicodorsal junction, a gentle understanding is made between the

hands and the movement of the twisted tissue is palpated without allowing it to recede; this is followed until the release is perceived, it is recompressed, and the symmetry of the movement is confirmed.

#### **4. Cranial Cervical Diaphragm - Platform.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the hands, the pulps are placed at the base of the occipital pointing to the atlas ring. The head is allowed to relax in its fingers, until the suboccipital muscles are relaxed, then the ring and little fingers of each hand separate the occipital from the spine, after that, a transverse separation of the hands is made until reaching the external occipital crests; Finally, a gentle traction of the occipital is performed, separating the occipital from the atlas.

#### **Frontal bone.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the hands on the front (indexes on the metopic suture, annular on the edges of the orbits, the other fingers in contact with the front). The flexion-external rotation and extension-internal rotation movement is accompanied, corresponding corrections are made.

#### **2. Tissue treatment of the cyst by the fascia.**

a) Balancing tensions by investigating the point of equilibrium or equilibrium. b) Neutral point or resting point-bursting of the cyst. (c) Accumulation of stresses

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the table, one hand on the area to be treated and the other hand under the limb or area to be treated.

**a). Balance or equilibrium point:** try to perceive facial movement; there is a midpoint between the two extremes of the movement where there is a sensation of floating between the two hands and the primary breathing movement is activated, this is the point of balance.

**b). Neutral point or resting point-cyst burst** after the equilibrium point, the tissue is directed to one side only, then the movement stops, and the primary respiratory movement stops.

**c). Accumulation of tensions:** an increase in tension in the tissue is perceived until the "*cyst burst*" can occur and after this the normal movement of the fascia and a relaxation of the tissues are perceived again, it is there where the release of some emotions can occur.



### 3. Treatment of energy manipulation (at the level of the local or segmental cyst).

**Patient:** On the stretcher in a seated position

**Osteopath:** Lateral to the table, one hand over the area to be treated (cyst) and the other hand under the limb or area to be treated. Slow-rotating movements are made clockwise (male) or counterclockwise (female), to circulate stagnant energy. An increase in the temperature of the tissue is perceived when the cyst bursts, in addition to the verbalization and release of the emotion that accompanies it.

### 4. Healing processes accompanied by energy release.

**a) Tears** *"Tears are the agents of memory"*

**b) Verbalization of the emotion:** the patient relives the first period of his life, then feels tense and contracted as well as does not know how to identify the feeling (his throat is knotted, he feels tightness in the chest and he chokes at the level of the heart), then the patient is filled with *"insights"* (ease of understanding the situation), And finally, there is the complete liberation of emotion.

**c) Protocol for releasing dreams:** (dreams can produce energetic cysts)  
The patient is asked to write down the dreams and relate them.

**Patient:** On the stretcher in the supine position

**Osteopath:** Lateral to the stretcher, hands on the area to be treated (cyst), a stop in the craniosacral rhythm is perceived and the terms of sleep are repeated. This allows the association of ideas and with it the improvement of cervical lymph node cysts.

### Specific treatment of the nervous system

This technique proposes several steps to be carried out: Normalization of the cerebral hemispheres, frontal and parietal lobes, reactivation of the temporal lobes, temporal swing technique, temporal rotation technique "butterfly technique", inhibition of the cervical ganglia.

#### 1. Normalization of the cerebral hemispheres, frontal lobes and parietals.

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the hands on the cranial vault parallel to the sagittal suture, with the tips of the fingers on the frontal lobes. The cranial vault is contacted, and the primary respiratory movement is felt, then palpation is carried deeper until the cerebral hemispheres are perceived, a balance of bilateral movement is carried out, until a still point and then relaxation. Again, it is verified that the movement is harmonious and broad.

## **2. Reactivation of the parietal lobes.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, place the hands on the parietal lobes, the fourth and fifth fingers on the mastoid and the other fingers on the scale, the first fingers are placed as fulcrum on the parietals. The cranial vault is contacted, and the primary respiratory movement is felt, then palpation is carried deeper until the temporal lobes are palpated, the bilateral movement is balanced, until a still point is achieved, and then relaxation is reached. Once again, it is verified that the movement is harmonious and broad.

## **3. Storm swinging technique.**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the thenar eminences on the mastoid angles and the first fingers on the mastoid. The external and internal rotation movement of the storms is contacted, they are taken to alternating movement, they wait 6 seconds, and the movement is changed. Again, it is verified that the movement is harmonious, broad and synchronistic of the temporals.

## **4. Temporary rotation technique "butterfly technique".**

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the hands in the temporal with  
The butterfly technique (second fingers on the scale of the temporal, third finger on the external auditory orifice, *of the temporals "butterfly technique"* fourth and fifth fingers on the mastoid).

The movement of internal rotation and external rotation is accompanied, the two temporals are synchronized.



## **5. Cervical lymph node inhibition.**

### *Ganglio cervical superior*

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the palms of the hands on the occipital and fingertips on the transverse C1, sustained pressure is applied for 90 seconds to the anterior; it is also performed on C2-C3.

### *Ganglio cervical medio*

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the fingertips on the transverse fingertips of C5, and perform sustained pressure for 90 seconds on the anterior fingertip; it is also performed on C6.

### *Ganglio cervical inferior*

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the fingertips on the posterior angles of the first rib, and perform sustained pressure for 90 seconds towards the anterior rib.

### **Liver maneuvers related to emotions.**

The liver is related to the cranio-sacral axis through ligamentous connections (spine - inferior vena cava, diaphragm - coronary and triangular ligament, abdominal wall - sickle ligament) and relationships with the dura mater (inferior vena cava - T9-L5). It describes the treatment of liver motility and fascial treatment of the liver.

#### **1. Liver motility treatment.**

**Patient:** On the stretcher in the supine position with the knees straight

**Osteopath:** right lateral to the stretcher, positions the palms of the hands at the level of the liver, accompanies the facilitated movement to the end of the movement for several cycles (indirect T), then accompanies the limited movement. until the proper rhythm, direction and amplitude are achieved.

#### **2. Fascial treatment of the liver.**

**Patient:** On the stretcher in the supine position with the knees straight

**Osteopath:** right lateral to the stretcher, positions the right hand under the costal grating with the radial side of the index finger over the entire costal ridge and the left hand in a dorsal position at the level of the last ribs and the ventral hand. With the right hand, pressure is exerted until the plane of the fascia is reached; During the inspiration, the movement is accompanied for 4 or 5 cycles.

### **Hypothalamic-pituitary stimulation technique.**

The aim is to stimulate the hypothalamic-pituitary axis (limbic system, which regulates emotions).

**Patient:** On the stretcher in the supine position

**Osteopath:** lateral to the stretcher. With the caudal hand (use of a glove), position the second finger intrabuccally at the level of the intermaxillary suture at the junction of the palatines; The other hand is positioned on the vertex.

*First step:* gentle pressure is applied to the intermaxillary suture.

*Second stage:* gentle pressure (5gr) is applied to the vertex to induce mobility of the pituitary gland and thalamus.

"Prior to performing this maneuver, it is necessary to have previously freed the upper jaw, palatines, ethmoids, vomer and sphenobasilar symphysis."

### **Technique for normalizing the epiphysis or pineal gland.**

Performing techniques on the epiphysis leads to emotional relaxation along with stimulation of melatonin secretion.

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside. The first fingers are located on the metopic suture , the hypothenar eminences on the lateral angles of the frontal, and the second, third and fourth fingers on the malars. Anterior and frontal traction is performed until release is perceived.

### **THERAPEUTIC TECHNIQUES PROPOSED BY DR. PHILIPPE DRUELLE**

#### **Normalization of the posterior fossa.**

These techniques allow the normalization of the elements that make up the posterior fossa: mainly the brainstem in which psychological traumas are believed to be recorded, housed, stored and developed.

**Patient:** On the stretcher in the supine position

**Osteopath:** At the patient's bedside, position the little fingers on the inion, the thumbs on the mastoid and the other fingers on the occipital. By placing the mastoid as a fulcrum, longitudinal and transverse traction is performed simultaneously up to the still point.

### **3. CONCLUSIONS AND RECOMMENDATIONS**

#### **3.1 About Documentary Research**

The literature research reveals that most of the experts who address the topic of emotional release in the context of osteopathy come from the United States, Spain, France and Germany. Specialized osteopathic books that address emotional release are primarily written by prominent authors such as Dr. Upledger, Dr. Barral, Dr. Fajardo, and Dr. Liem, who in turn reference classic figures in the field such as Dr. Sutherland and Dr. Fulford. In these works, you will find theories and, more specifically, osteopathic techniques related to emotional release.

#### **3.2 Reflections on Emotional Release.**

Emotional release in the context of osteopathy is approached from various perspectives by several authors, who highlight its importance in the treatment and improvement of patients.

Dr. Upledger introduces the term "Somatoemotional Release" and develops theories such as the "Tree Model" and the "Brain Generator", as well as coining the concept of "Energy Cysts"

based on his clinical experiences, especially with autistic patients and those with post-traumatic stress.

Dr. Fajardo discusses the energetic influence proposed by Upledger in the treatment of emotional release.

Dr. Barral's theories focus on how emotions impact visceral dysfunctions.

Dr. Liem broadens the focus on osteopathy and emotions, exploring various practices such as yoga to treat psychological trauma.

Despite its relevance, the teaching of emotional release in osteopathy is limited, which is reflected in the scarce indexed literature available.

The need to strengthen research on emotional release osteopathy is highlighted, given that it can be an important cause of ineffective treatments, as suggested by several authors.

### **3.3 Considerations on Osteopathic Techniques for Emotional Release.**

Most of the osteopathic techniques identified are described in osteopathy books, with the main authors being Dr. Upledger, Dr. Barral, Dr. Liem and Dr. Fajardo. These authors often incorporate techniques from other classical osteopaths such as Dr. Sutherland into their protocols.

Among the authors mentioned, Dr. Upledger and Dr. Fajardo are the ones who describe the most techniques for emotional release. Dr. Fajardo explores various techniques proposed by Dr. Upledger and other authors, such as Dr. Fulford, as well as proposing his own techniques, such as the "Pericardium Technique."

Dr. Barral's techniques focus on diagnosing emotions contained in the patient and releasing them through induction maneuvers, including visceral and peripheral nerve techniques. For his part, Dr. Liem proposes craniosacral and heart-centered techniques for the release of emotions, especially in patients with psychological trauma.

It is essential to continue researching, teaching, and characterizing the experiences of different osteopaths in relation to emotional release and associated techniques. This will contribute to the strengthening of knowledge, acceptance and learning in the field of osteopathy. The exploration of emotional freedom in the context of osteopathy reveals a fascinating and relevant field of study for clinical practice.

Finally, from the analysis of the theoretical perspectives and osteopathic techniques associated with emotional release, several significant conclusions can be drawn:

**Importance of Emotional Release in Osteopathy:** It is evident that emotional release plays a crucial role in the osteopathic approach of patients, being considered by various authors as a fundamental aspect for the improvement of emotional and physical symptoms.

**Diversity of Approaches:** There is a diversity of approaches in the way different authors approach the relationship between osteopathy and emotions. From Dr. Upledger's perspective, the concept of "Somatoemotional Release" is posed, while Dr. Barral and Dr. Liem explore the connection between emotions and visceral and craniosacral dysfunctions.

**Authors' Contributions:** The authors analyzed, including Dr. Fajardo, Dr. Upledger, Dr. Barral, and Dr. Liem, have made important contributions to the field of osteopathy in relation to emotional release. His theories and techniques have enriched the understanding and clinical practice of osteopathy in this field.

**Need for Research and Continuing Education:** The need to continue researching and teaching about emotional release in osteopathy is highlighted. The scarce literature found suggests a low interest and knowledge in this field, which highlights the importance of strengthening knowledge, acceptance and learning in the osteopathic profession.

Taken together, these findings highlight the relevance and potential of emotional release in the context of osteopathy, underlining the importance of continuing to explore and develop this field to improve clinical practice and patient well-being.

#### **4. REFERENCE LIST**

- 1) Penney, N.J. (2010). The biopsychosocial model of pain and its relevance in modern osteopathic practice. *International Journal of Osteopathic Medicine*, 13(2), 42-47.
- 2) Sempere, A.R. (2007). *Osteopathy: Fundamental osteopathic principles*. Kineos Center.
- 3) Korotkov, K., Shelkov, O., Shevtsov, A., Mohov, D., Paoletti, S., Mirosnichenko, D., et al. (2012). Evaluating stress reduction through osteopathy using GDV Electrophotonic Imaging: Impact of Osteopathic Treatment. *Journal of Alternative and Complementary Medicine*, 18, 2517.
- 4) Dugailly, P.M., Fassin, S., Maroye, L., Evers, L., Klein, P., Feipel, V. (2014). Impact of comprehensive osteopathic treatment on body satisfaction, self-perception, and anxiety: A randomized study among asymptomatic female students. *International Journal of Osteopathic Medicine*, 17(2), 94-101.
- 5) Upledger, J.E., Kaplan, B.S., Russell, A., Bourne, J., Zonderman, R.B. (2000). The impact of Upledger craniosacral therapy on PTSD symptoms in Vietnam war veterans. *Subtle Energies and Energy Medicine Journal Archives*. Available from: <https://journals.sfu.ca/seemj/index.php/seemj/article/view/302> (Accessed January 6, 2022).
- 6) Upledger, J.E. (1990). *Somatoemotional Release and Beyond*. UI Publishers.
- 7) Upledger, J.E. (1991). *Your Inner Physician and You*. North Atlantic Books.
- 8) Sutherland, W.G. (1900). *Teachings in the Science of Osteopathy*. Rudra Press.
- 9) Castle, P.B. *Principles of Craniosacral Therapy: A Literature Review*.
- 10) Martinez, M. (2009). *Sutherland's Cranial Osteopathy*. Bogota: Colombian Comprehensive Osteopathic School. (Vol. 1).
- 11) Fajardo Ruiz, F. *Osteopathy in Service of Emotions*. Spain: Dilemma.



- 12) Liem, T., Neuhuber, W. (2020). Osteopathic Approach to Psychoemotional Trauma via Bifocal Integration. *Journal of Osteopathic Medicine*, 120(3), 180-189.
- 13) Upledger, J.E. (1987). *Craniosacral Therapy II*. Eastland Press.
- 14) Barral, J.P. (1991). *The Thorax*. Eastland Press. (Vol. 3).
- 15) Barral, J.P. (1989). *Visceral Manipulation II*. Eastland Press.
- 16) Barral, J.P., Croibier, A. (2009). *Manipulating Peripheral Nerves*. Elsevier Masson.
- 17) Upledger Institute International, Inc. Our Founder - Dr. John E. Upledger. Available from: <https://www.upledger.com/about/johnupledger.php> (Accessed May 11, 2022).
- 18) EverybodyWiki. Torsten Liem. Available from: [https://en.everybodywiki.com/Torsten\\_Liem](https://en.everybodywiki.com/Torsten_Liem) (Accessed May 13, 2022).
- 19) Craniosacral Echo. (2021). Who was Dr. William Garner Sutherland? Available from: <https://ecoscraneosacral.com/quien-fue-el-drwillian-garner-sutherland/> (Accessed May 14, 2022).
- 20) Liem, T. (2003). *Cranial Osteopathy*. 2nd ed. United Kingdom: Elsevier.
- Magoun, H.I. (1976). *Osteopathy in the Cranial Field* (2nd ed.). Kirksville, MO: Journal Printing Company.
- 21) Liem, T. (2004). *Cranial Osteopathy: Principles and Techniques for Practitioners*. Edinburgh: Elsevier Health Sciences.
- 22) Fajardo, F. (2010). *Emotional Osteopathy: Integrating Body and Mind in Healing*. Madrid, Spain: Ediciones I.
- 23) Becker, R. (2001). *Life in Motion: The Osteopathic Vision of Rollin Becker*. Seattle, WA: Eastland Press.