

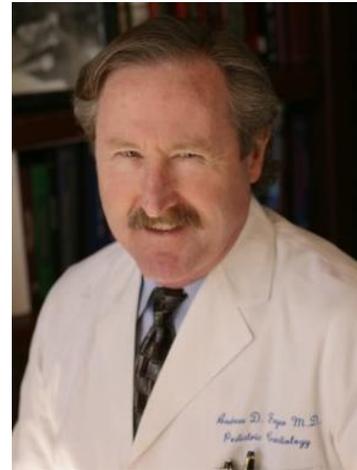
A Doctor with a Heart

By Patricia Kirby

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A cardiologist in Texas uses craniosacral therapy to help his young patients heal. Andrew Fryer, M.D., has been studying craniosacral therapy since 1999, and began incorporating it into his pediatric cardiology practice last year.

Although he considers himself firmly grounded in Western medicine, Fryer couldn't help but notice the profound success his wife, a pediatric physical therapist, was having using craniosacral therapy to help children with sensory-integration problems. "I was seeing it firsthand in her practice," Fryer said. "Some of the kids I knew personally, were coming back with big changes. Kids with seizures and ADHD were improving, kids with migraines and dizziness were having that disappear, with no change in medical regimen. She just did the craniosacral therapy and the problem went away."



With the encouragement of his wife, Fryer began taking craniosacral courses from the Upledger Institute in West Palm Beach, Florida. He practiced what he learned on his family and friends, and then when he felt proficient, he began adding it to his practice. In particular, he has used craniosacral therapy on patients with neurocardiogenic syncope, an autonomic dysfunction that causes sudden fainting due to inadequate flow of blood to the brain, often while the children are at school or playing team sports. "The sympathetic nervous system, the flight-or-fight mechanism, is on overdrive in these kids," he said.

As a cardiologist, Fryer first rules out any soft of heart arrhythmia, or irregular heartbeat, that might cause the fainting spells. If it isn't a structural problem, it is diagnosed as a neurocardiogenic syncope. To help control the dysfunction, children are commonly given medication, including mineral corticoids or beta-blockers, which inhibit the transmission of signals from the sympathetic nervous system, Fryer said.

It is at this point of diagnosis that Fryer offers parents the option of craniosacral therapy for their child as a last approach before turning to medication. "Every parent jumps at craniosacral therapy," said Fryer.

"Craniosacral therapy down-regulates the sympathetic tone in these patients," he said, adding that after three or four sessions of craniosacral therapy, patients become more asymptomatic.

Fryer also uses craniosacral therapy on children with chest pain, palpitations and dizziness, and on heart-surgery patients, all after standard medical diagnosis is completed.

One of Fryer's surgery patients, a 3-year-old boy, had an atrial-septal defect, a hole in the upper chamber of his heart. The boy went through surgery with no complications. At the six-week checkup, his mother told Fryer that the boy had changed since his surgery. He was afraid to fall asleep, and when he

did finally sleep, he had nightmares. And although the incision was healed and was not causing the boy pain, he protested any contact with his chest area.

“There was nothing physically wrong with him,” said Fryer. “So, we used craniosacral therapy on him with an aspect of somato-emotional release, and he got better after the second session.” The day after the second session, the child gave his mother a detailed account of the surgery. Fryer said, “He was anesthetized, but part of you records everything that happens. Your conscious mind is appropriately protected from that knowledge. It takes energy to put that knowledge away, and if it takes too much energy, it hurts you, which accounted for the emotional state of the patient.” With craniosacral therapy, the memories were brought up in a safe way and released, and the child was back to normal, Fryer said.

“My feeling is, these kids should be introduced to this before and then after surgery,” said Fryer. He hopes to conduct research one day to demonstrate the effectiveness of craniosacral therapy in helping pediatric heart-surgery patients. ■

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