Wade Wellness Center

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The Cranial or Head Injury

You hit your head on something or you were hit on the head and may have suffered a nasty bruise or your scalp was split open and there was a lot of bleeding and/or had a big bump on your head. You were in an accident and didn't hit your head but instead suffered a 'whiplash' type injury. Whatever the circumstances, the bruise or laceration healed, the stiff neck and other muscles seemed to relax and everyone, including your doctor, assumed that everything was okay. Everything healed up, didn't it? The injury was so long ago or very recent, but you are walking around doing your everyday chores so you must be all right. Right? Wrong!

Somehow, since the injury, you haven't been just right, you somehow can't function as you did before, you don't have the confidence you had when going downstairs or even sometimes stepping off a high curb. You don't see things along side of you or under your feet so you bump into them or trip over them. Think about it.

You may have any of a number of chronic health, emotional or structural problems. You get headaches more frequently, you forget things more easily, you can't seem to concentrate, you can't seem to organize yourself or things as easily, you lose time awareness, you lose your patience easily or experience mood or personality changes, you become argumentative, you don't sleep well, you grind your teeth, you find it difficult to finish reading anything, you can't make decisions, your gait has changed, your sense of taste or smell may change, you tend to drift in traffic when driving and cut off other cars because you did not know they were there, etc. All of these symptoms and more are recognized as the result of severe cranial injury. These very same symptoms are just as prevalent in the lesser head or whiplash injury but they are not likely to be associated with the 'minor' head injury. It wasn't that bad, everything healed didn't it? Wrong!

The cranial or head injury complex is probably the single most undiagnosed and, therefore, untreated physical problem on the face of this earth. Let's look at the record. Except for the more severe head injuries, the obvious problems of cranial injury go undetected and untreated. There is little real information in the literature on the aftercare of a head injured person under any circumstance and almost no discussion for the lesser injuries which most of us experience.

In the recent book, "Total Recall" by Joan Meninger, Ph.D., a report of a study done at the University of Virginia Medical Center revealed some startling statistics. Of the 424 post-traumatic cranial injury patients in the study who were released as neurologically normal, a survey indicated that within three months 79% had daily headaches, 54% suffered memory loss and 34% could no longer maintain their jobs.

The Lesser Injury

What about the average person with a lesser variety of injury? Most people hit their head on something or were hit on the head at one time or another in their lifetime. Most did nothing about it because it wasn't considered important at the time. Another interesting fact is that, if we 'see it coming' so to speak, our defense system can be somewhat prepared to lessen the effect of the blow and, depending on the extent of injury, may have little permanent effect on us. In more primitive times, this injury would most likely have been during a fight or flight situation. The ensuing physical activity of running away or staying and fighting would have probably cleared the neural circuits and no residual effects would have prevailed. Today, this does not happen and the effects from these so called minor injuries can imprint in the nervous system and go totally undetected. Any deficit is usually attributed to something else, or accepted as a chronic condition one has to live with. Wrong!

Cranial Bones Move

It is now accepted that the cranial bones have a specific and synchronous respiratory motion. This movement is essential, not only to maintain the circulation of the cerebrospinal fluid which nourishes and cushions the brain, but also for the balanced circulation of blood in the brain and skull. Any disturbance to that rhythm can cause neurological, physiological and/or psychological dysfunction. If the bones do move then they can be moved, either by a blow to the skull to disrupt the harmony or by a corrective force of a doctor's hand to restore the harmony.

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The Defense System for Survival

We were created to survive in a primitive and hostile environment. When a dangerous situation or possible injury presents itself the body's reflex system must react to protect it from serious injury, if it can. The first order of business is to protect the central nervous system from damage and to hold the head on the body.

The nervous system is encased in a movable bony housing called the skull and spine. Being movable, this bony protection mechanism is subject to damage or derangement.

The body has three primal systems designed to hold it together and to minimize damage as much as possible.

1. A reactive muscle system designed to hold the bones of the skull and spine together and to literally hold the head on the body in defense situations. If the rhythm of the cranial bones signal a dysfunction, this system remains in place until signaled to do otherwise. The first symptoms noticed are usually chronic posterior neck tension, headache, eye and special senses problems and chronic muscle weakness in other parts of the body and as a result we lose the stability of the spine and pelvis on activity.
2. The temporomandibular joint (T.M.J.) muscles lock the jaw externally, to prevent dislocation and hold the skull together. If these muscles do not get the proper signals they remain in tension and facial and dental pains, scalp and head pains, ringing in the ears, dizziness or loss of equilibrium and a host of other symptoms may result.
3. This activity causes the fascia, the covering of the body, to contract to hold the body and the joints together, restrict peripheral blood flow and hold the head on the body. If this system is not released, circulation, joint problems and endocrine problems may ensue.

If the defense system is not neutralized because of the continued cranial distress signals, bowel, digestive and sexual problems will become chronic health problems which no one will place in proper perspective.

Successful Treatment

A cranial injury disrupts the synchronous motion of the cranial function which activates the reactive muscle, dural and fascial defense systems to protect and hold the body together. Usually after an injury of this kind you feel a rush of adrenaline designed to allow the individual to run away from danger or to fight, if necessary. Any vigorous physical activity which uses this increased adrenal activity immediately after the injury will activate deeper respiratory activity which will help the body restore the motion and balance of the cranial bones automatically. This is normal fight or flight system activity. We can see this fact in action in the athlete who is knocked down, hits his head, gets up and continues to play the game. He stays in the 'heat of battle' and uses this adrenal activity and has little or no residual problems after the game. For the rest of us, however, this cannot or does not happen. The protective system is unable to release and outside help is then necessary to restore this cranial balance and function.

Your doctor, trained in this Neural Organization Technique (N.O.T.) treatment protocol, researched at The Ferreri Institute, will clear the defense system and restore the structural and functional integrity of the skull, neck, spine and pelvis. With the correction of the confused signaling, the structural and functional problems and neurological integrity can be restored and most, if not all, of the chronic problems related to cranial injury can be eliminated. This is particularly true of the subtle head injury. If there is profound head injury without brain damage, the progress is slower but most, if not all, function can eventually be restored. In the case of brain damage, there are additional cranial and other N.O.T. protocols which can be employed to enhance and/or restore normal neural and physiological function.