

Cranial laser reflex technique: the point of light

FOR SOME TIME I have been interested in the use of light to augment osteopathic techniques. If, as research shows, light can deliver information needed for repair and pain control, then surely it should be part of our toolbox, adding to what we already do, to speed recovery. A few osteopaths in this country already use low level laser light directly on the body part for muscle release, pain control and nerve regeneration, but debate on this in the UK is limited, compared to the US. This is despite the fact that there are thousands of research studies showing the ability of light to facilitate cell to cell communication, safely, quickly and easily.

Electrical and chemical interactions are far too slow to account for the speed of information flow in the human body. In numerous research studies, Fritz Albert-Popp shows that our cells communicate by emitting and receiving photons of coherent, or laser-like, light. A cellular communication system based on light delivers the tremendous amount of processing power and flexibility needed to run such a complex system. Our information biofield, our biohologram, is projected by our DNA molecules as they change shape. The springy DNA coil winds or unwinds due to signals from the environment (see Bruce Lipton PhD), and this conformational change squeezes out single-photon 'laser beams', which carry vibrationally encoded information easily decoded by the receiving cells.

James L. Oschman writes that 'living matter is highly organised, and exceedingly sensitive to the information conveyed by coherent signals. ...that integrate repair, defense and the functioning of the organism as a whole.' (Oschman, *Energy Medicine: The Scientific Basis*, Churchill Livingstone, 2000). Summarising many research studies, it is now known that the intensity and spatial effect of the light emission is dependent upon the health of the individual. Healthier subjects emit less light with greater coherence, and stressed, diseased or very ill subjects show greater intensity, but less coherence. Those that practice transcendental meditation (TM) or Qi Gong have a lower overall biophoton emission.

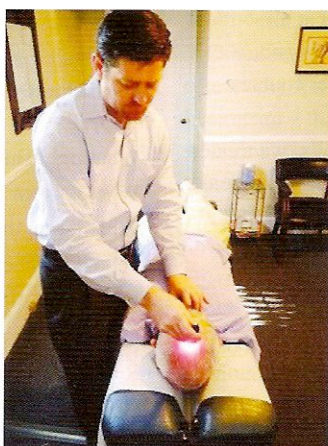
As a profession that is organised around touch, it is interesting to know which parts of the body emit the most light. According to research, they are the hands and the head.

Cranial Laser Reflex Technique (CLRT) is a new development for reducing musculoskeletal pain and dysfunction, involving a brief low level ('soft' or 'cold') laser stimulation of specific cranial reflex points. Although I have only been using this technique in my practice for the last eight months, I have found that it adds to what I already do, in significant ways. The efficacy of using light in CLRT is based on the finding that microtubules act as 'light pipes' or fibre optic cables allowing biophotons to travel, and information to spread, through the body at the speed of light. (Conduction pathways in microtubules, biological quantum computation, and consciousness, *Med Hypotheses* 2004, 63(4):633-46).

It seems that the information generated by abnormal biomechanics, stress and soft tissue injuries is recorded as changes in the vibratory continuum, and over time they develop into palpable cranial stress patterns. Taking the example of an acute ankle sprain, a soft tissue problem causes the anterior leg muscle cranial reflex to 'blow out' like a fuse. Over time, this injury should heal properly, but if the

reflex is still active, then it takes longer to heal and has a much higher chance of becoming a chronically unstable ankle, prone to more twisting. Correcting the ankle cranial reflex as soon as possible causes an immediate reduction in pain and a significant speeding up of the healing process.

Dr Nicholas Wise DC, the originator of CLRT, has written up the following case of severe sciatica in his blog (<http://crt.blogspot.com>) It involved a serious accident at work, with pain rated 9/10. This illustrates what CLRT can do, and powerfully resonates with my own experience of using it. J. had a twisted/posterior L5 on the right on X-ray, extreme tenderness, oedema and heat in the lumbosacral junction, decreased sensation in the calf area, a positive straight leg raiser test, a positive Braggard's, Valsalva's and Kemp's Tests, absent Achilles DTR, and an inability to squat and rise.



Dr Nicholas Wise

Rather than do an adjustment straight away, Dr Wise palpated for the L5 cranial reflex point on the top of J's head. He found a relatively large depression in the space between the L5 and the S1 reflex points, at the disc point, which was extremely tender to even a

light touch. Using a red soft single diode laser (200mW) on that point, after a few seconds J's breathing slowed down significantly. After half a minute Dr Wise re-palpated the cranial depression, and J. reported that the tenderness was about 50% better. Tenderness over L5 was also about 50% better.

After using light on a few more cranial points, this time with green light, the patient was able to stand fully upright. He was no longer bent over at the waist. On his own, he squatted down and came up instantly. He even jumped in the air a couple of times, landing on his toes, saying the pain had gone 90%. He reported all the sensation had returned in his legs and feet and now just his low back was 'a little sore.' Walking around the office did not cause it to return.

Upon rechecking all the ortho/neuro tests, Dr Wise found they were now negative. Three days later J. reported remaining about 90% better. J. was monitored over the next 3 weeks. Even with twelve hour shifts of heavy lifting at work, he only reported some soreness and stiffness in his low back through this period - no sciatica, radiculopathy or neurological symptoms of any kind. Throughout he missed only one day of work.

Since introducing CLRT into my practice I have found that I can treat symptoms, especially those in extremely acute patients, easily and quickly without causing any extra discomfort. Children love CLRT, and I find I can treat the elderly, especially those with osteoporosis, severe arthritis or perhaps contra-indications to manipulation, safely and quickly, without the fear of 'stirring things up' or litigation.

CLRT is merely another tool to add to what we already do. Its advantage is that it is easy to learn and integrate into whatever osteopathic approaches you favour. As an introduction to the power of light to heal this would be a good way to test it out.

John Taberman-Pilcher

johnnt-p@tiscali.co.uk