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An explorative study of the combined use of homoeopathy and  
craniosacral therapy and the therapeutic potential of integration

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# **An explorative study of the combined use of homoeopathy and craniosacral therapy and the therapeutic potential of integration**

**Donna-Lee Norton and Brian Isbell**

## **Abstract**

This study explores how homoeopathy and craniosacral therapy can be used concomitantly. A small-scale survey of practitioners from the south-east of England was conducted to gather qualitative data regarding their experiences and opinions. The ways in which these therapies are currently being used together are identified, the nature of the therapeutic relationship that facilitates their integration and proposals for future application in clinical practice are evaluated.

The results indicate a number of key themes as significant to enhancing the efficacy of homoeopathic and CST treatment while complementing the fundamental principles of homoeopathic cure. Aspects are identified for further enquiry such as the reliability of practitioner interpretations and the implications of introducing touch skills to homoeopathic practice.

## **Introduction**

The aim of this study was to explore the relationship between CST and homoeopathy, which has led some practitioners to integrate these therapies in clinical practice.

The objectives of the study were to compare and contrast the therapies and to make a valid contribution to the limited discussion that exists regarding the integration of CST and homoeopathy. It is the explorative process that is emphasised in this study, as opposed to firm conclusions. Areas needing further study are identified, and proposed applications of the integration of CST and homoeopathy in clinical practice are explored.

The potential relationship between homoeopathy and CST is indicated by some use of similar language in both therapies. In particular, references to potency and a life force as integral concepts in each therapy are of particular interest. It is understood in homoeopathy that health disorders will first manifest in the vital force (Kent). Kern describes the concept of the breath of life in CST as the subtle, yet powerful potency, which determines the expression of health. He goes on to compare CST to other healing systems that focus on encouraging a balanced distribution of the body's vital force. Potency is considered in CST as an inherent ordering force in the body (Sills). Homoeopathic remedies are potentised and matched carefully to the potency of the patients' vital force (Rawat). Kent states that the aim of the homoeopathic practitioner is to establish freedom, implying a promotion of an unhindered vital force. Similarly, in case-history taking, the patient's free expression of their experiences is encouraged. This is comparable to the notion of the craniosacral therapist creating space within which healing can occur (Kern). Coppinger considers the application of CST principles as largely diagnostic, in that the practitioner is listening to the expression of health within the body, and then trusting the innate wisdom of the vital force or breath of life to initiate healing processes. Shepherd and Lugo conclude that patients treated with CST and homoeopathy concomitantly, show significantly higher rates of success. The study presented here makes a contribution to establishing whether the use of CST and homoeopathy together in theory and practice may lead to improved efficacy.

## **Methodology**

As the use of CST with homoeopathy is largely undocumented, a purposive survey of four practitioners was carried out with two homeopaths, Marcus Fernandez and Colin Griffiths, and two craniosacral therapists, Tom Greenfield and Ged Sumner, who were known to have relevant experience. This was therefore a sample of willing and available practitioners. Interviews were conducted on a one-to-one basis to collect qualitative data pertaining to the perceptions, opinions and understanding of the participants' experiences of using the therapies in conjunction. Interviews were structured according to key questions about the background of participants, their personal experience and understanding of applying CST and homoeopathy in conjunction, the implications of proposed application and the potential problems.

The qualitative data was recorded in the participants' own words and then the following categories were used as codes for data analysis:

- Background of the participants
- Examples of what led the participants to combine homoeopathy and CST
- Reasons for using the two therapies in combination
- Ways in which the two therapies have been used together and participants' experiences
- Issues of efficacy
- Ideas for future use in clinical practice
- Potential problems of integrating these therapies in clinical practice
- Principles shared between CST and homoeopathy
- Relevant differences between CST and homoeopathy

All interviews were recorded on tape to avoid potential inaccuracies of note-taking. Field notes were used during the interviews to assist the interviewer in clarifying responses. Increased reliability of the data was achieved by cross-referencing taped discourse, field notes and existing literature (Denscombe). All participants were given the opportunity to review transcripts before data analysis commenced, but none felt it necessary, and all participants were happy to be named in this study.

### **Limitations of this research**

Qualitative research is not considered to be credible and reliable because the repetition of results relies upon controlled interpretations of meaning (Holloway and Jefferson). Admittedly, there are unavoidable implications associated with even the most basic approaches to data analysis, which have direct effects on repeatability (Denscombe). Nonetheless the credibility and reliability of the data obtained here is satisfactory with regard to informants being qualified to comment with authority on the subject of enquiry (Denscombe). Since Ged Sumner and Marcus Fernandez are close colleagues, it is possible that they would have similar views on this topic therefore reducing the breadth of data obtained. However, the results showed that they

contributed some differing concepts to the understanding of how these therapies may be used together.

Discourse analysis has not been applied to the data of this survey because it does not suit the descriptive emphasis of this study. Analytical approaches are designed with specific hypotheses in mind (Oppenheim) and would detract from the exploration intended. Furthermore the information has been obtained from qualified professionals and so it is to be valued and respected at face value.

Practical limitations are implicit in the nature of this topic as a largely undocumented area and with a restricted number of practitioners who have relevant specialised knowledge available to the researcher. Therefore it was not practical to carry out pilot interviews or rely on literature references to improve the credibility of data obtained.

### **Key features evident from the study**

The participating homoeopaths practice according to specific methodologies, and so their understanding and appreciation of using the two therapies in conjunction may differ from homoeopaths practising according to the classical method. It was implied by the participants that classical homoeopathy may be limited by estimations involved in the prescription of potency, and by less attention being given to physiological understanding of symptoms. The general opinion of the participants in this study is that CST may counteract this by providing a means of experiencing the vital force and physical changes in the body of the patient. The classical homoeopath would perhaps need to be welcoming to the idea of integration and touch skills.

Currently referral or recruitment systems for mutual patients are being used to apply the benefits of integration, in particular with patients who have proved difficult to treat successfully with either therapy alone. Proposals are made for future application, but it was also suggested by Ged Sumner and Tom Greenfield that one practitioner trained in both therapies may have advantages over two practitioners working alongside each other. This would address issues raised regarding the reluctance to share that was reported by Colin Griffiths, the potential for disagreement that Marcus

Fernandez referred to, and the increased expense for the patient, which Ged Sumner, Tom Greenfield and Marcus Fernandez identified as potential problems of integration. However, this also raised other issues concerned with the willingness of homoeopaths to learn craniosacral palpation skills.

Other potential problems identified are important to consider, in particular an issue put forward by Tom Greenfield and Marcus Fernandez of sufficient experience and qualifications to make effective use of combining these therapies. A point raised by Marcus Fernandez of not overusing this approach should also not be overlooked. Although Colin Griffiths stated he liked to work as often as possible in this way there may be contra-indications to consider with regard to the combination of two energy-based therapies. It seems the participants of this study would agree with Shepherd and Lugo that the efficacy of CST can be improved when combined with homoeopathy. In addition, the prescription of homoeopathic remedies can be assisted by a craniosacral interpretation of either the problems palpated within the body or the perceived reaction produced by a remedy. It was considered that the remedy itself and its potency can be precisely matched to the patient's totality of symptoms. A key difference identified between CST and homoeopathy, namely the degree to which attention is given to the physical body, is raised as a key reason for needing to combine these therapies. It is noted that the craniosacral therapist's perception of body responses facilitated an additional understanding of the homoeopathic treatment required. Other reasons given were: the possibility of reducing trial and error or having a means of confirmation, assisting with the improvement of 'stuck' patients, and the ability to follow the need for changes of remedies and their potencies. All these are important factors in improving efficacy. These could be precisely the kind of refinements that Vithoulkas perceives as needed to achieve greater accuracy.

There is also an element of refining implied as being important in the process of learning how to combine CST and homoeopathic techniques successfully, in order to meet with the fundamental principles that underlie both therapies. Ged Sumner and Tom Greenfield both talked of identifying the subtlest remedy effects that are compatible with the acknowledgement that each individual has their own intrinsic healing forces, which need to be eased into action, rather than pushed too strongly.

This relates to Hahnemann's understanding of the highest cure, and exemplifies Colin Griffiths's understanding of Hahnemann's first three aphorisms as a theory of how CST and homoeopathy can be used together. Both Tom Greenfield's provision of a gentle transition period for a client anxious about proving remedies and the faster rate of cure that becomes possible with reduced trial and error adhere to the aphorism which states:

The highest ideal of therapy is to restore health rapidly, gently, permanently; to remove and destroy the whole disease in the shortest, surest, least harmful way, according to the clearly comprehensible principles. (Hahnemann)

Perhaps the most important themes identified as underlying, shared principles that support the integration of these therapies were the parallels drawn between the concepts of the vital force and the breath of life, and recognition of these as ordering forces in the body and well-being of all individuals. Recognition of the power of intrinsic healing forces and the expressed needs of the patient, either verbally to the homoeopath or via palpation skills to the craniosacral therapist, is fundamental to both therapies. It is then essential to consider points raised concerning reliance on individual practitioners' interpretations with regard to the question of efficacy: is it possible that different craniosacral therapists would come to different conclusions about the same patient? It is only fair to note that this is already an issue of uncertainty regarding homoeopathic prescriptions. In homoeopathy however the emphasis in case-history taking is on what the patient actually says rather than practitioner interpretations (Roberts), so perhaps a third party (the craniosacral therapist) adds more risk of subjective interpretation.

This and many other themes presented in this article deserve and require further considerations that extend the intentions of this study.

### **Implications of this study**

Improved efficacy is implied as possible through the combined application of homoeopathy and CST. However it is difficult to define standard measures of efficacy



that could be applied to the combining of these therapies. In this study, measures depend entirely upon reports and opinions of the participants. It does appear however that a therapeutic relationship is possible between CST and homoeopathy owing to the similarities of principles in both therapies, as well as the ability for one to complement the other in practice.

It has not been possible here to give sufficient attention to all issues raised or to complete the abundance of discussion that would be required to consider this topic fully. Nonetheless the opinions of the participants show concomitant use of CST and homoeopathy practice to be of obvious benefit in the creation of enhanced treatment. This is especially true with difficult cases where one or other therapy may require additional means to be successful. With this in mind it is only fair to conclude that this is an integrative approach that is worthy of continued research.

The following questions have been identified and require further investigation:

- How can the phenomenon called a positive remedy reaction by homeopaths be assessed by a craniosacral therapist?
- How would the interpretation of one craniosacral therapist differ from another?
- How can efficacy be measured practically?
- Does the preferred methodology of the homoeopath have a subjective impact on the results of a survey of this kind?
- How willing would homoeopaths in general be to learn and apply palpation skills?
- Are there potential contra-indications in combining two energy-based therapies?

These factors require study within a significantly larger scale project and the utilisation of other methodologies, such as grounded theory, to elaborate on and substantiate the findings of this study.

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