Craniosacral Therapy: Unblocking the Brain’s Plumbing System to Slow Alzheimer’s Transcript

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Introduction to Michael Morgan

Hello and welcome to the Reversing Alzheimer's Summit. I am super excited to have with me Michael Morgan. He is an educator and an innovator. He's been in the field of the healing arts for more than 25 years, and has been innovating in what it takes to help people with Alzheimer's and dementia.

And what we're going to do today is get a download from him about what he's been up to and the different ways in which this is relevant to you, whether you are on the path to Alzheimer's yourself, or whether you are a caregiver or whether you're just generally interested.

So, Michael, welcome to the summit. Welcome. Nice to be here. Thanks for inviting me. Thank you. I'm really excited to have you. So give us a little bit of the backstory here.

And, I'm particularly interested. You know, one of the things we have not spoken about the summit anywhere else is really the power of hands on medicine for, for, for people who are on the path of Alzheimer's, cognitive decline, dementia.

How did you sort of come to the conclusion that this might be valuable? And what have you done about it? Yeah, I kind of call cranial sacral therapy like the missing piece in terms of manual therapy, dealing with just a little bit of background, as I was saying before to you, is that I started this as with Dale Bryson, you know, 20 years ago, and I've been teaching cranial sacral therapy, which I'll talk about just a second for the last 20, 25 years around the world.

And I knew that it was useful very practically for people that had headaches and migraines. Even more recently, with NFL players, people that have had concussions or soccer injury, that kind of thing.

Craniosacral Therapy and Alzheimer's

And I started to think maybe it could have an application for Alzheimer's and dementia as well, because I had some staff relatives, namely my stepmother and sister in law that died of Alzheimer's.

And I thought, well, maybe this could have helped them as well. So I started doing research. And as a little background, if people aren't familiar, cranial psychotherapy, which is now taught around the world in at least 60 different countries, and we trained over 100, you know, a thousand practitioners around the world.

It's a very gentle, hands on technique to palpate or listen, as we say, to the body. So you know how doctors or nurses learn how to listen to the respiratory rhythm, right.

And they feel that periodic rhythm like an oscillation of the body. Then they also get trained to listen to the heartbeat. Right. Which can have a fluctuation.

Doctor, upload your doctor. John. Upload your my mentor. In the mid 1970s, he started at Michigan State University and then moved to Florida and created a worldwide clinic there.

He realized that there was another rhythm he discovered through a series of coincidences and operations, that it's a little slower than and certainly slower than the cardiac rhythms, slower even than the respiratory rhythm, but kind of at a similar rate, around six cycles per minute.

It's almost like breathing, but a slower rate. He realized he could palpate the body and the head, and he felt this

very gentle rhythm that kind of widens and narrows in the head and causes the body below the neck to go on to internal and external rotation.

So that's what we teach practitioners how to do, how to blend in with the body with a very light touch. This is like five grams. So people to do energy they need to actually use a little more force.

But people that are physios that are stronger, they need to lighten up. But what he found is when people listen to the body in a very light way, just by listening, the body can start to shift.

And basically what we do with cranial psychotherapy is we listen up and down the body, and we listen to places where things are moving well and freely, because the rhythm underneath the cranial sacral rhythm underneath the respiratory and cardiac is like a very gentle oscillation, like a breathing.

And it basically informs the whole neural skeletal structure, structure system. So it's as if, if you can tune in the cranial sacral rhythm, everything else starts to respond in kind.

So when you do that and you listen, you can listen in the body, as we trained practitioners to do, to feel where things are moving well and freely. And then we also can find places where things aren't moving so well and freely, where there's tightness in the body. Right.

And when we do that, when we find places in the body where things feel tight, we do a series of techniques to loosen things up. So that's step one. And then what we've found in our experimentation and observation, especially relating to Alzheimer's and dementia, is that what can happen?

And we kind of research this over time, starting with doctor all pagers commentary in the early 2000 is he found that people that had Alzheimer's and dementia, their brain starts to dry up in either day. Two.

We call it a body disorder. The brain dries up and only if we could put some moisturizer on our head, it could seep into the brain. But it takes a little more of a light touch to do that.

So what we found is that people with senile dementia, one of my nursing friends, had started our original study, and or Silvio found that people with senile dementia have about 75% less flow of cerebral spinal fluid than the normal adult.

So basically, there's a turnover of cerebral spinal fluid at any one time. There's about 125ml in the body. About four fluid ounces. Not a lot. But there's a turnover of 5 to 6 times a day.

So there's like a washing action of cerebral spinal fluid. But people with dementia as they age and it gets more severe. There's less and less. And there can be as much as 75% less CSF in the body.

CSF Flow, Glymphatic System, and Plaque Clearance

And what happens then? It's like a river that dries up, as I used to say in one of my Ted talks. It's like, you know, a river can be flowing freely, and as the water table dries up, all the mud and sludge and still start to collect.

Well, by analogy, that's what happens in the brain, in the spinal column. What happens is all these amyloid plaques, which is like the smoking gun of Alzheimer's, dementia start to accumulate.

All the toxins accumulate in the brain, in the body. And then when that happens, that seems to correlate with cognitive problems, cognitive problems and memory problems.

And so what we found is if you can speed up the volume through some simple techniques of cranial psychotherapy called a still point. In other things, you can start to wash away.

As researchers at University of Rochester and University of Copenhagen found, you can start to wash away those

toxins and clear things up. So that's what we've been doing.

We've been teaching people to do some simple manual therapy techniques and more advanced techniques to help clear the body from toxins. So that's a long answer.

It's a great it's a great answer. So give us an idea of like where is the extra fluid living? Where does it come from? How do you get it into motion? That's beautiful. That's a good question.

So what I'm going to be showing you is a picture of the skull. And then what's called the gong fat system, this network of about 100 billion neurons and about 100 billion glial cells inside the body that was discovered about ten years ago through research from the University of Rochester and the University of Copenhagen.

It's a very intricate system, and that speaks to and explains just a bit. Can you see this here? The cast and glial limited membrane system? Not quite. This is the. Okay. Good.

So let's see I'm going to go back now I see it. All right. Good. So when you look at the periphery and the light blue, that's where we teach people how to palpate the bones of the head.

And there's a very thin layer called the meningeal system. I don't know if you can see my arrow, but it's that that's little line underneath the blue.

And it's only about a millimeter thick. And that's where CSF flows. However, and scientists had known this but not been able to verify it. What happens is that there's a series of little structures called aquaporins that are like little tiles on the underside of the membrane system that allows cerebral spinal fluid to flow basically ever into every nook and cranny of the brain.

And there's about a hundred billion astrocytes or glial cells and about 100 billion neurons. And for the last hundred years, what scientists have been researching is the neurons.

But for the last 10 or 15 years, the glial system, glial means like glue and lymph means lymph. They found out there's this very intricate system inside the brain, which explains a lot of how cerebrospinal fluid is flowing and processed in the system.

This is called for little more information. These aquaporins and that light blue up on top is the membrane system, only a millimeter thick. And then there is underneath the structure of the membrane something called the pia mater.

And these little one way valves called aquaporins actually conducts extracellular fluid down in every nook and cranny of the brain. Now, what's interesting if you see this slide, is that this is a picture of the neural vascular unit.

It's only about 20 to 40 nanometers, like a billionth of an inch wide. And over on the left are the neurons. So about 100 billion of those. And over on the blue is a glimpse system.

There's about 100 billion of those. And over on the right is these microvascular systems. There's about 400 miles or 1000km inside of the head of this vascular system.

And every nook and cranny of the brain. Now the blue, the aqua forms, see those little end feet at the top? They're like little feet. And if you imagine this is a three dimensional structure, you can see how they like to nuzzle around each other and nuzzle around the neurons and nuzzle around the vascular system.

When there's inflammation in the brain, which is one of the things we address with the perennial psychotherapy, these blue structures swell up and get thicker, so they narrow the channel.

And in the light yellow this is a structure called the perivascular space. These are like the micro rivers inside the brain. So when you really get a problematic structures I've talked about a problem as I talked about Doctor Rennison.

What happens is that when you have inflammation and you actually have the accumulation of flack because you have less flow of cerebrospinal fluid, imagine that you could fill all these little yellow structures with little dots.

That would be the accumulation of plaque. So when that happens, the brain literally gets clogged up. And over time, as you know, when you do an autopsy and so on, this whole area becomes nonfunctional or desiccated.

It's like the whole structure of the body goes through, almost like an auto immune response. It gets more and more inflamed. So what we studied a lot is the structure of the auto immune response inside the brain.

Now the good news is if you could palpate the brain and pump up the volume, kind of like what we do in cranial psychotherapy, you could speed up the deposition of these plaques and these proteins and wash it out of the system.

And what we found anecdotally, and as with this search and I'll talk more about biomarker research in a minute, we can actually chart that as we clear these micro structures in the brain with these unwanted proteins you get improvement in cognition and improvement in memory.

I'm really glad we're covering this because, Doctor Christine Burke, who's my partner and one of the other hosts here, you know, she's become one of the best in the world.

She's part of this, the new trial. She's not a neurologist. She's actually an internal medicine doctor. But she was a vascular specialist. And I think it's the vascular connection that you're.

McKnight. Yeah. That is that's, you know, critical to brain function. And it's great to see it visualized here. Yeah. And there's one other piece, if I may.

And that is and I really agree with Doctor Bateson about this. There's five different vectors to Alzheimer's right. There's a vascular piece. But it could be toxicity like heavy metals.

It could be hormonal. It could be because there's an impact externally from close head injuries or concussions like that. It could be inflammatory like maybe you see, you know, a lot of a lot of functional medicine.

Doctors talk about Alzheimer's as tide three diabetes. So any one or combination of those factors can contribute.

Treatment Benefits and Early Results

So is doctor reticence says one size doesn't fit all. That's why the medications don't necessarily work. And as a point in that microvascular system, if the medication did work and or something with the keto diet or other pieces or exercise could help, if those substances can't get into the microvascular space, they can't really be effective, or we think we can make them much more effective. If we can palpate.

So I'll stop there. But that kind of gives you an idea of that, that structure and that that approach. Are there any, self-directed things that can aid in that journey, or is it always have to be done by someone trained in the methodology?

Well, what I've done, because my real passion is to significantly reduce the deaths from Alzheimer's worldwide in the next five years. Of course, I'm on my second five years, but there are some simple techniques we teach in a two day virtual class, and basically I teach this online so I can get to more people because I've taught people in Australia, New Zealand and India and all over is that we can teach people how to do some simple techniques called a still point.

Even between our treatments, caregivers at home and loved ones and other therapies can treat people in between treatments to continue that momentum. Because our whole theory, which is kind of like another question I gave you about could we reverse?

I found out it's a little bit of a sequential problem because reversing. Absolutely. But it's kind of like a car coming out

of a driveway. Right. First you need to kind of slow it down.

So we want to document that piece, which we've done. Then you want to stop it. And then once the car has been in reverse, you want to put it forward. Then you want to document how you can bring things forward.

And typically it's a sequential process we've been documenting as to how that process occurs. Interesting. Wonderful. Well, so then let me ask you this.

So like for the people who are listening, what would be the benefit in in and how quickly could you see a benefit and going to see one of these practitioners that you've trained and how would you experience the benefit?

So one of the quick classic answer to that, James, is it depends because as you know, when someone's progressing through this disease process, they might be just for prevention.

They might be at risk, they might be at the early, middle and late stages. So that's part of the dependency. Typically what people find even in the first couple of sessions is they get more relaxed.

One of the things that we studied in our initial study in nursing homes, with people that had early to mid stage dementia, even though we found some had more advanced stage, is that they get to be more relaxed.

One of the things we found in the Con Mansfield Agitation study is typically people feel like with clothes and injuries, they're more agitated and they're hard to manage in nursing homes when they are.

So we can do first of all, there's still point if you can calm them down, that means there's less agitation, there's less on and omic response. People are able to moderate easier.

And because of that, probably their sleep is better, which is a big factor as well. Right. And they're able to manage in a better way. So the first level of that is probably almost straight away.

They're going to feel more relaxed typically. And then as we found in our initial study in nursing homes where we did a study over six weeks, is that people it takes, interestingly enough, jumps about three weeks for sometimes people to see with treatment once daily.

The effect and a first I thought, oh my God, what's going on? And then I realized, we're doing this. We're actually titrating naturally the body at such a rate it can accommodate that change, especially if there's been accumulation of problems and toxins because as you know, somebody doesn't wake up one day with Alzheimer's, you know, it's like it's probably been brewing for 10 or 20 years.

It's just been subclinical. Right. So what happens is that after about three weeks, we started to notice that other people started to notice. They repeat, they actually catch themselves repeating like, wow, I've been repeating.

And then they may notice that, oh, I start to recognize my caregivers or other therapists, or we had 100 year old lady started to be able to feed herself and they have more and more mobility.

So we have some reels of tape of people we treated, and they see these things incrementally. So that's one piece of first order. And then what we've done in experimentation, which is kind of like a key thing that we do, is not only do we have individual one on one treatments and doctor up, I do my mentor pine there's down in Florida at a clinic years ago is we do these many intensives where we get several therapies together in one setting so we can treat people for two hours, three days in a row.

Because understandably, people may have accumulated insults over time. So I'll give you an example. We just did an intensive in Baltimore, Maryland, and we had a fellow that came and threw this biomarker testing, which we have Tom, I can touch on.

His numbers were pretty high, right. So one would think he has a lot of neuroinflammation in the brain in the head

and restrictions, which indeed he did.

Finding Practitioners and Training Options

But the other piece, which is not obvious, is he had all these spinal insults. He had fallen off a, a garage. He'd actually, bruised and hurt some ribs.

And he had all this restriction up and down his spine and about 30%. This is part of the lymphatic system of all the drainage. Infiltration was blocked.

So we realized from that because we're unknowingly discovering this, that there was more concentration of particulates in his CSF because of that. And we're realizing, because cranial sacral is really an osteopathic technique, that if we can deal with structure and function and increase the filtration, probably his numbers are going to lower.

So we're in a whole study. This year of saying we can do biomarker testing, look at the numbers, and then tell 6 to 12 months later and go, hey, have the numbers actually improved?

So that's what we're about in a very vigorous right now. We're we're very, very busy and doing that. But it just shows that structure and function. It's not only the head but it's in the whole body.

There might be in salt. So we just find that it's useful to acknowledge that people typically in their 60s, 70s or 80s, that developed these conditions, we can do something to kind of ameliorate or smooth out, so to speak, structural insults from the past.

And when we do that, automatically, the brain and spinal cord, they just begin to function better. Beautiful. Yeah, I love that. So how does someone who's listening to this, you know, find one of your practitioners?

And what's the best way to to get engaged? I would say the simplest way, and you can put this in the chat, is to email us at support at Preventing Alzheimer's dot com.

My website is preventing Alzheimer's dot com. You can see interviews I've done in my Ted talks. People can find out how to connect with the practitioner and if they're really interested in this biomarker testing, which is a new way to test three different levels of testing Peter 217 and NFL and GFP.

They can actually, prior to this if they wish, if their concern look at where are they on the spectrum. And this is exciting because, you know, it's it's kind of like you go to a doctor and you know, your, your A1, C level might be high or your triglycerides and you look at your numbers and you go, oh my God, what do I do?

Well, you can do something to change. And then re monitor to see our numbers have been changed. So now for the first time, we're able to marry our subjective assessment of the body and the mechanical structure of the body with this neuro testing and say look at cause and effect.

So we have an objective way to monitor what we're doing subjectively. So not only can we monitor it, this makes sense behavioral changes and mobility.

But we can see in terms of the biomarker testing with very sensitive testing how we can do that. So we're offering that as well. And we think it's a great complement to what you might be doing and what people are doing with diet.

What people are doing exercise. So we can actually say we're moving in the right direction on the fall. And for people who are interested in finding out more about how to learn how to do this, well, it's a good next step for that.

Again, go to Support and Preventing Alzheimer's dot com, and we'll put you on our waiting list for our next two day training. We just did one a couple of months ago.

We had people from all over the world were training, and then we do follow up for them as well. And then we could connect them with their local therapist also.

Wonderful. So we're very excited because. See, again. We are training certified longevity specialists in every major area. So right now we do these mini intensives in Southern California, Chicago, Baltimore, Boston, Iowa, a beautiful hot springs, and Montana in the summer.

So we cover mostly every major area. You know, there's thousands of therapists when we're training them and more specialized. So if anyone emails us, we can put them in touch with a local practitioner or find a way to develop a treatment program and protocol for them.

Wonderful. Well, you said at the beginning, something that really resonates with me is that you feel like this is the missing link. And I think, you know, all the way through this summit, we've heard of, you know, interesting biomarkers, interesting, you know, transformation that you can do both individually and collectively.

We've heard of group and connection. We've talked about different drugs that are on the pipeline, but we haven't had anyone really talk about the power of hands on therapy.

And I think that there's something really special here. And, I'm grateful, for sharing the wisdom. What do you think?

Reversal Potential and Closing Remarks

I mean, you you obviously your site is preventing Alzheimer's. What is your experience of, of the reversal of symptoms in the other direction? What we found is for sure we already have enough anecdotal evidence to say we can see slowing.

That's the first thing. And we've seen a lot of good evidence of stopping. And then reversing takes longer. So these mini intensives that we do, we may need to do more than one or several, which is part of our program to dig into the deeper area where there's been even more insult.

And like Dale Bradford has found, is that if someone is right on the edge of at risk or early stage, that's when we've seen the greatest shift. As in, it's kind of like with kids with autism, right?

You know, when someone's on the spectrum in their high functioning, you're going to see a better change as they're further along. It's a little harder.

But we've been even found that people in mid-stage going to later, we found improvement and improved quality of life. So we're kind of like practically monitoring to see what stage you're at.

And if somebody does have high numbers, especially with all seeing markers, we say this is something, you know, we don't want to dally, you know, we want to have time to kind of more aggressively show it.

But we have seen definitely slowing stopping. And depending on the stage where people are at, we've seen more and more improvement. And like Heather Sanderson has found and, you know, in her clinic and I work with a lot of these folks that I've been talking on.

So it's like this is that, hey, if we can do something to change even inflammation and diet that's going to complement and improve our numbers with people using manual therapy as well.

Wonderful. Well, Mike, I know this is the very beginning of our relationship and I look forward to what's next. I've already got lots of ideas for synergy and partnership here, so thank you very much for being part of the summit.

And thanks for your support. And, we're really excited to build these health centers in the future. And I think, the Emmanuel therapy could be at the middle of it.

So thank you so much for tuning in. Throughout the summit. We're going to have great speakers. We got more information here coming up today. If this interview inspired you, make sure to send it out to people who might want to be on the path towards becoming a practitioner, so might want to throw this into their, their regimen.

Thanks so much for tuning in, and we'll see you next time. All right. Thank you so much.