Cerebrospinal Fluid  1/2

“Another period of observation appears to the PHILOSOPHER...His mind will explore the bone, the ligament, the muscle, the fascia, the channels through which the blood travels from heart to local destiny with lymphatics and their contents...It...does obtain blood abundantly from the heart, but the results obtained are not satisfactory, and another leaf is opened of why no good results are obtained and where is the mystery, what quality and element of force and vitality has been withheld?”

Cerebrospinal Fluid  2/2

A thought strikes him that the cerebrospinal fluid is the HIGHEST KNOWN ELEMENT that is contained in the human body, and unless the brain furnishes this fluid in abundance, a disabled condition of the body will remain. He who is able to reason will see that this great river of life must be tapped and the withering fields irrigated at once, or the harvest of health be forever lost.”

A.T Still, Philosophy of Osteopathy, pp. 38/39
PRIMARY RESPIRATORY MECHANISM

Articular Mobility of the Cranial Bones
Mobility of the RTM (Meninges)
Fluctuation of the Cerebrospinal Fluid
Articular Mobility of the Sacrum between the Ilia
Motility of the CNS (Brain, Spinal Cord)

PRM…Unity of Function

“We cannot say whether the bone moves the membrane or the membrane moves the bone because the membrane is part of the bone—it is the inner lining of it. In addition, the whole dura mater, including the spinal portion, is filled with a fluctuant cerebrospinal fluid and a motile nervous system. It is the total unit that is in motion, although in our palpation, we may focus on one part or another”

Rollin Becker, The Stillness of Life, p. 125

Potency of the CSF

“This potency is an invisible ‘fluid’ within the cerebrospinal fluid. The potency of the Tide is what we have to consider.”

Sutherland, TSO, p. 31

Respiratory Mechanism

“All the physiological centers including that of respiration, are located in the floor of the fourth ventricle.”

“The same text referred to the medulla oblongata as the ‘floor’ and the cerebellum as the ‘roof’.

“So, in accordance with the cue of gathering information, I reasoned: If one were able to enter within the cranium and compress the cerebellum…it would effect motility in the walls of the fourth ventricle with subsequent motion of the cerebrospinal fluid…I also reasoned that the compression would affect physiological centers in the medulla oblongata, and in consequence, the secondary physiological activity throughout the body systems.”
**Sutherland: Self CV4**

Obtaining KNOWLEDGE versus information

“The release was immediately followed by a sensation of warmth at the area of the cistern magna and fourth ventricle and a remarkable movement of fluid became noticeable up and down the spinal column, throughout the ventricle and surrounding the brain. I interpreted this movement of fluid as a respiratory fluctuation of the cerebrospinal fluid...”

COT, pp. 230/231

**CV4 - Indications**

Physiologic Centers in the Floor of the 4th Ventricle:

- Cardiac
- Respiratory
- Vasomotor

CV4 Normalization of Function

Circulatory Stasis-Blood, Lymph, CSF

- Venous Congestion
- Infectious Disease with circulatory disturbance
- Shock
  - Increased capillary permeability, decreased blood volume, anoxemia,
  - Lowered blood pressure

Hypo-Pituitary States

CNS Disease of Unknown Etiology
Hypertensive States

Disturbed Body Function

No one is too sick for a CV4

“If you don not know what else to do...compress the 4th ventricle”

Comprehensive and Effective

Rheumatoid Arthritis

Weekly treatment clears thickened fluids, normalizes immunology

A Treatment of Secondary Lesions

Therefore perform CV4 early in treatment to correct as many secondary lesions as possible. The remaining lesions can then be treated easily.

**CV4 - End Point**

“When you learn to control the tide by compressing the fourth ventricle, you can secure immediately a rhythmic balanced interchange between all the fluids of the body, AND I MEAN ALL.”

W.G. Sutherland, D.O., Contributions of Thought, p. 336

**CV4 - Effects a Balanced interchange of all fluids of the body**

CSF, Lymphatic, Venous Stasis is overcome

Vital Centers in Medulla, along Aqueduct, and in floor of 4th Ventricle are detoxified, nourished, stimulated

CNS Vital Functions are normalize and restored

Body Metabolism, Disease Resistance and Immunity is improved

Pituitary Hypothalamic Complex is normalized

Lysis occurs in Fibrositis
CV4 - **Contraindications**

Cerebral Hemorrhage

Severe Head Trauma

Severe OccipitoMastoid Compression

Severe Extension Mechanism

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CV4 - **Other hand positions**

Using Exhalation phase of PRM

- Parietals
- Frontals
- Sacrum

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CV4 - **Technique**

Patient Supine, Operator at head of table

Evaluate the patient. Rule out sever OM suture compression.

Overlap your hands (or interlock your fingers) and place your thenar eminences under the supraocciput of the patient.

ON THE LATERAL ANGLE OF THE OCCIPUT BELOW NUCHAL LINE

Between Inion and Opisthion

MEDIAL TO THE OCCIPITO-MASTOID SUTURES

Inferior half of interparietal occiput is beveled externally

Lateral borders of the supraocciput are lateral facing
Synchronize with the cranial motion

Using the flexor profundus digitorum muscles only. Gently ‘compress’ or spring the supraocciput medially. This encourages extension of the occiput. Gently resist the lateral expansion of the lateral angles of the occiput during flexion. Think of gently changing the shape of the saucer of the supraocciput.

Wait. The amplitude of the motion will gradually decrease.

STILLPOINT. Physiological effects move to normal.

Observe physiological changes in the patient.

- Warmth and softening in the occiput.
- Moisture on the forehead or on the occiput.
- Gentle diaphragmatic breathing.

Wait for a few cycles of inhalation/exhalation to return.

Recheck the patient.