

# The Gillespie Approach Newsletter

## Spring 2017

by Dr. Barry Gillespie

*"CONTENTED BABIES AND HAPPY FAMILIES CREATE A MORE PEACEFUL PLANET."*

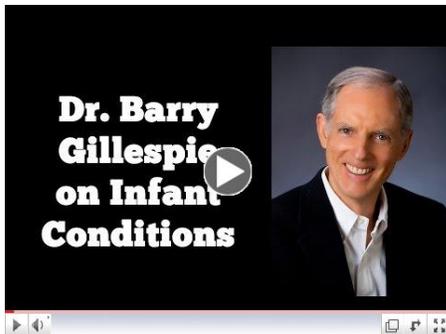
### VIDEO CHANNEL



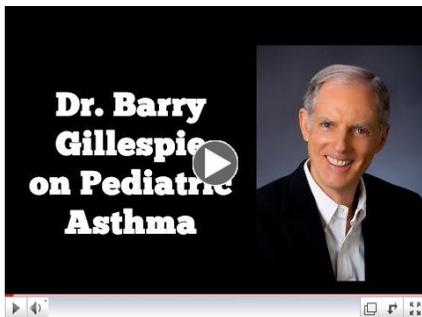
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#### NEW VIDEOS

Infant Conditions



Pediatric Asthma



Presenting CFT

## What's Happening in CFT

### The Origin of Infant CFT

People often ask me what is the difference between craniosacral therapy (CST) and craniosacral fascial therapy (CFT)? And how does myofascial release (MFR) fit into the mix?

I learned craniosacral therapy from the cranial osteopaths, chiropractors, and later from the Upledger Institute. No one mentioned the clinical importance of the fascial web in any of the trainings.

By 1979 I was finding that some people responded well to CST and others had no positive effect. I asked myself why?

In the summer of 1980 I found that a patient's neck wanted to move around during CST, so I just let it go. When she felt better, I believed I was onto something. When I started to incorporate this "work" into my CST, my results improved dramatically.

When I moved to Philadelphia in 1983, I found out through John Barnes' brilliant teaching that I unknowingly found myself in the fascial web. I felt the determining healing factor of my former patients was in this web. If the fascia had been free, the patient did well with CST; if the fascia had been tight, CST had little or no effect.

In my mind the fascial web appeared to rule the craniosacral system. I believed that the marriage of two great therapies, craniosacral and myofascial, into craniosacral fascial therapy was the ticket. When I added my periodontal oral/pharyngeal aspect, I felt something special was born.

Later, I discovered a direct connection between the craniosacral and fascial systems, since a research study showed that cerebrospinal fluid was found in the



## SEMINAR INFORMATION

**April 25 - 28, 2017**

CFT for Infants and Toddlers  
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**October 24 -27, 2017**

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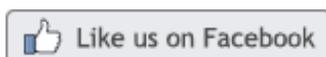
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Please email me with any questions  
about the seminars or if you have  
questions about integrating The Gillespie  
Approach and CFT into your practice at

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collagen tubules. In essence I was getting maximum clinical results because I was treating the entire cranosacral fascial system.

When the infant research started in 2006, Krissy, Mike, and I found that the fascial strain patterns in newborns/infants virtually overrode the cranosacral system. Thus, we do not do/teach any specific cranial or sacral techniques for newborns/infants.

Even more importantly, we found that if we truly listened closely to their full-body strain patterns and allowed them to drive their own motion/correction/healing, we obtained the best results. We found that each infant holds the memory of her/his in utero, labor, delivery emotional and physical traumas and knows innately what s(he) needs to do to heal her/himself.

Once we let go of our egos and surrendered to this knowing in our research, infant CFT became pretty routine. When the fascial web fully released, the cranial bones and sacrum amazingly seemed to correct on their own.

As we move forward in time, the goal in CFT is for every infant on the planet to have triple digit brain and sacral cycles with a free fascial web.



Hi Dr Gillespie -

How are you? I wanted to update you on the amazing success my daughter A is having (diagnosed with Selective Mutism). We finally got into CHOP, and after an initial evaluation appointment, A had her first full therapy session last Tuesday. The doctor was very impressed as to how quickly A was progressing within the therapy session. At the end of the session she said that she was introducing things that she typically would not be introducing until session number five! She wanted me to go into the school as soon as possible to start implementing the therapy there.

I went in on Wednesday and within an hour A was speaking to teachers. Thursday was a snow day, but on Friday we implemented another therapy strategy, and she started speaking to students. She then went to aftercare on Friday, and without therapy implementation, she spoke to both teachers and students!

A has previously been completely mute in the school setting for 1.5 years. This is truly AMAZING and never happens this quickly. In all of the networking I have done with other parents, their children's typical response time to therapy intervention is anywhere from 6 months - 4 years. The thought of waiting that long devastated me and I am so thankful she responded so quickly.

We go back to CHOP today for our 2nd therapy session and the doctor is going to be blown away. I cannot help but believe the core of her success is credited to CFT! Thank you so much for preparing A's mind/body to not only be therapy ready but capable of an amazingly quick success! All of her teachers were in tears and they, along with A, describe the experience as her "being happy". What more could I ever ask for as a mom? Thank you, thank you!!!

All my best,  
A happy mom

## VIDEO CHANNEL



Jana's Journey from Birth to Recovery -  
Pending Copyright



CFT on a 21 Month Old Baby



Roman's Craniosacral Fascial Therapy

CONTACT US AND REGISTER FOR SEMINARS



To learn more about The Gillespie Approach for babies, children and adults, contact Dr. Gillespie's office:

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