



The Gillespie Approach Newsletter

Summer 2017

by Dr. Barry Gillespie

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

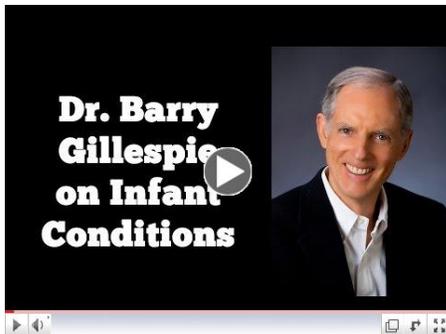
VIDEO CHANNEL



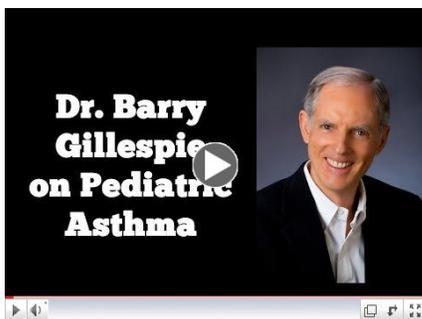
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The Gillespie Video Channel

NEW VIDEOS

Infant Conditions



Pediatric Asthma



Presenting CFT

What's Happening in CFT

Some Favorite Facebook Posts

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 collagen tubules. In essence I was getting maximum



SEMINAR INFORMATION

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October 3 - 6, 2017

CFT for Infants and Toddlers
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CFT for Children and Adults
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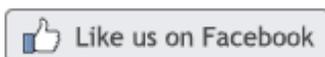
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website for more
information.

www.gillespieapproach.com

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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clinical results because I was treating the entire
craniosacral 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 craniosacral
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.

#

The Gillespie Approach specifically revolves around the
evaluation and treatment of the patient's craniosacral
fascial system. This system has three important aspects:
craniosacral, fascial, and oropharyngeal.

By 1975 Dr. Gillespie had completed four years of dental
and two years of periodontal and TMJ specialty
education, which gave him a firm scientific background
in the oropharyngeal area. In the late 1970s Dr. Gillespie
began his cranial training in applied kinesiology with Dr.
George Goodheart. He then studied the cranial
osteopathic principles under Dr. Viola Frymann who
learned directly from Dr. William Sutherland, the
discoverer of cranial motion.

When Dr. Gillespie moved to Philadelphia in 1983, he
worked with John Barnes P.T., the creator of myofascial
release, for about ten years. In the 1980s Dr. Gillespie
saw the great value of combining the craniosacral,
fascial, and oropharyngeal concepts into one approach.

Some people do great craniosacral work, which treats
part of the craniosacral fascial system. Some people do
effective myofascial therapy, which treats part of this
system. Some dentists do fine TMJ work, which treats
part of this system. The Gillespie Approach evaluates and
treats the entire system.

The GA recognizes the importance of the
expanding/contracting brain, unrestricted fascia, and
healthy oropharyngeal physiology. To fully understand a
nursing issue as a lactation consultant, a speaking
condition as a speech therapist, a malocclusion as an
orthodontist, or a TMJ problem as a dentist, you must

understand the oropharyngeal aspect of the craniosacral fascial system.

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VIDEO CHANNEL



Jana's Journey from Birth to Recovery - Pending Copyright



CFT on a 21 Month Old Baby



Roman's Craniosacral Fascial Therapy

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

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