

The still point achieved by application of the technique to the subject's occiput is traditionally called a "CV-4" technique. CV-4 means compression of the 4th ventricle. In this case, 4th ventricle refers to the ventricle of the brain. Dr. Sutherland, the originator of this technique (SUTHERLAND 1939), believed that he was compressing the 4th ventricle of the brain and thus affecting all of the vital nerve centers located in and about the walls of this ventricle (ILLUSTRATION 4-2).

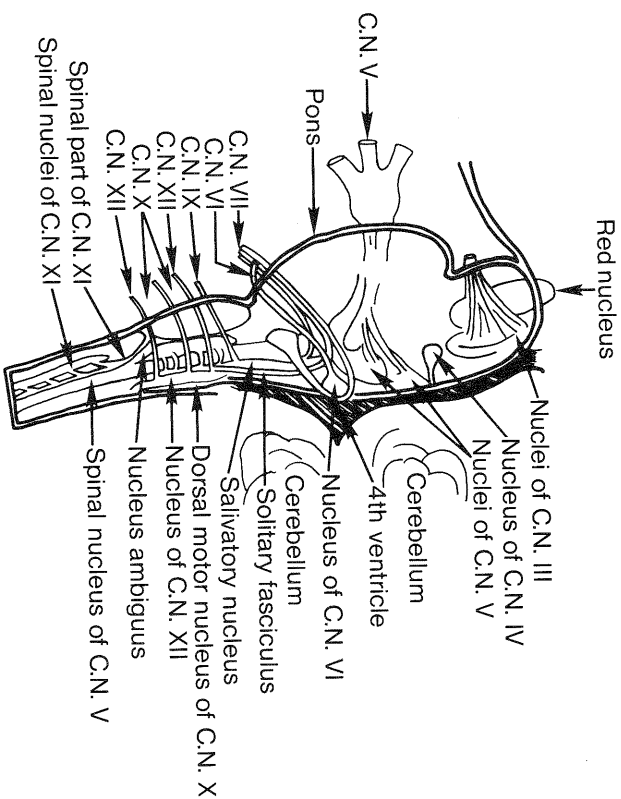


Illustration 4-2  
4th Ventricle and Related Structures

The occipital squama provide an accommodation to changing intracranial fluid pressures. The CV-4 technique significantly reduces the ability of these squama to accommodate. The intracranial hydraulic fluid pressure is therefore increased and redirected along all other available pathways when the motion of the occipital squama is extrinsically restricted. Thus, the CV-4 technique promotes fluid movement and hence, exchange. The enhancement of fluid movement is always beneficial except in cases of intracranial hemorrhage when clot formation is enhanced by stasis, and in cases of cerebral aneurysm where changing intracranial pressures could produce leaking or rupture.

The CV-4 technique affects diaphragm activity and autonomic control of respiration, and seems to relax the sympathetic nervous system tonus to a significant degree. I have often used this technique to reduce chronic sympathetic hypertonus

30-60 minutes. It relaxes all connective tissues of the body and therefore benefits acute and chronic musculoskeletal lesions. It is effective in degenerative arthritic processes, in both cerebral and pulmonary congestion, in regulating labor and as a means of reducing dependent edema.

The CV-4 technique is, quite simply, an excellent "shotgun" technique for a multitude of problems in that it enhances tissue and fluid motion and restores flexibility of autonomic response.

As the therapist, cup your hands so that the thumbs make a "V" (ILLUSTRATION 4-3).

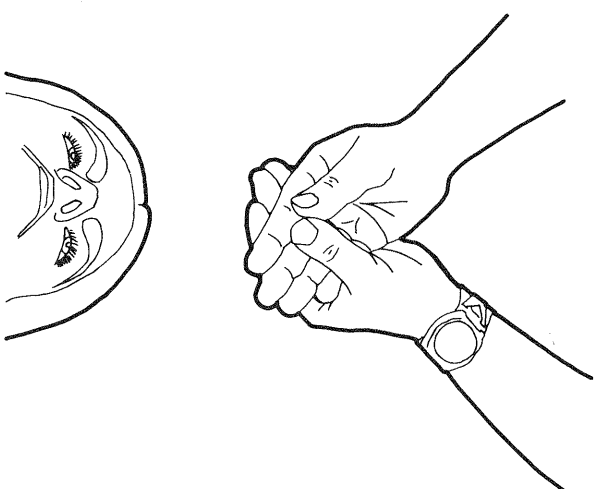


Illustration 4-3  
Hand Position for Occipital CV-4

The apex of the "V," formed by the thumbs, should be level with the spines of the second or third cervical vertebra. The thenar eminences are applied to the occipital squama medial to, and *totally avoiding* the occipitomastoid sutures (ILLUSTRATIONS 4-4-A and 4-4-B). As the subject's occiput narrows in the extension phase of the craniosacral system cycle, this movement is followed by the thenar eminences. As the subject's occiput attempts to widen during the flexion phase of the cranial cycle, you should resist this widening. *Your hands become immovable. You do not squeeze.* As extension phase narrowing of the subject's occiput recurs, take up the slack by following the narrowing of the subject's occiput. The occipital broadening of the flexion phase of the craniosacral system motion is again resisted. This procedure is repeated until the cranial rhythm becomes reduced and disorganized, then ultimately stops, tem-