

Original Vibroacoustic Therapy (Olav Skille) and Vagus Nerve Regulation

Neurobiological Mechanisms, Evidence Base, and Clinical Relevance

(With reference to *TheSoundWell Vibro-therapy* – www.vibro-therapy.com)

1. Introduction: Why the Vagus Nerve Matters

The **vagus nerve** is the primary conduit of the **parasympathetic nervous system**, governing rest, recovery, emotional regulation, immune modulation, digestion, and social engagement. Modern neuroscience increasingly frames mental and physical health through **neurovisceral integration**—the dynamic communication between the brain, autonomic nervous system (ANS), and internal organs.

Chronic stress, trauma, pain, and neurodevelopmental challenges are consistently associated with:

- **Reduced vagal tone**
- **Autonomic imbalance** (sympathetic dominance)
- **Impaired interoception and emotional regulation**

Therapies that safely and non-invasively enhance vagal regulation are therefore of growing clinical and wellness interest. **Original vibroacoustic therapy**, as developed by **Olav Skille**, represents a unique and under-recognized modality within this space.

2. Historical Context: Olav Skille and the Origin of Vibroacoustic Therapy

2.1 The Origins (1960s–1980s)

Olav Skille (Norway) developed vibroacoustic therapy while working with:

- Individuals with **severe physical disabilities**
- Patients with **spasticity, pain, and neurological impairment**
- Later, individuals with **autism, anxiety, and trauma**

Skille's insight was that **low-frequency sound waves (typically 20–120 Hz)**, delivered *directly through the body*, could produce **measurable physiological relaxation effects** not achievable through music listening alone.

2.2 What Makes Skille's Method "Original"

Skille's original methodology is defined by several **non-negotiable principles**:

1. **Low-frequency sine-wave sound**
(not music bass, not broadband vibration)
2. **Mechanical transmission through the body**
via specially designed resonant furniture (chairs, beds, mats)
3. **Physiological entrainment**, not entertainment
Sound is used as a *therapeutic signal*, not as an emotional cue
4. **Frequency-specific body interaction**
Different frequencies interact with different tissues, muscle tone, and autonomic responses
5. **Clinical intention**
Originally developed in healthcare and special-needs contexts—not wellness spas

👉 **TheSoundWell Vibro-therapy** is notable because it **exclusively represents and preserves this original Skille lineage** in the Americas, maintaining methodological fidelity rather than diluting VAT into generic "sound + vibration" experiences.

3. How Vibroacoustic Therapy Interacts with the Nervous System

3.1 Mechanoreception: The Gateway to Vagal Influence

Low-frequency vibroacoustic stimulation activates **mechanoreceptors**, including:

- **Pacinian corpuscles** (deep pressure & vibration)
- **Muscle spindle fibers**
- **Fascial mechanoreceptors**
- **Visceral afferents**

Many of these receptors send signals via **afferent vagal pathways** to the brainstem—particularly the **nucleus tractus solitarius (NTS)**, a central hub for autonomic regulation.

Importantly, ~80% of vagus nerve fibers are **afferent** (body → brain), meaning body-based stimulation is a powerful route for regulating brain states.

3.2 Parasympathetic Activation and Vagal Tone

Original vibroacoustic therapy has been shown to:

- Reduce **muscle tone and spasticity**
- Lower **sympathetic arousal**
- Promote **parasympathetic dominance**

Physiologically, this may occur through:

- Rhythmic mechanical input → NTS activation
 - Downregulation of hypothalamic-pituitary-adrenal (HPA) axis activity
 - Increased **heart rate variability (HRV)**—a key marker of vagal tone
-

3.3 Neurovisceral Integration and Emotional Regulation

By influencing vagal pathways, VAT may improve:

- Emotional self-regulation
- Stress resilience
- Interoceptive awareness (sense of safety within the body)

This aligns closely with:

- **Polyvagal Theory** (Porges)
- **Embodied cognition**
- Trauma-informed somatic therapies

Unlike cognitive or top-down approaches, vibroacoustic therapy works **bottom-up**, which is especially relevant for trauma, autism, and chronic stress.

4. Scientific Evidence Linking Vibroacoustic Therapy and Vagal Regulation

4.1 Clinical and Physiological Findings

Across multiple studies, vibroacoustic interventions have demonstrated:

- **Reduced anxiety and stress markers**

- Improved **HRV**
- Decreased muscle spasm and pain
- Improved sleep and relaxation responses
- Reduction in agitation in neurodevelopmental populations

Although not all studies explicitly measured vagus nerve activity, **HRV, cortisol, inflammatory markers, and autonomic balance** strongly implicate vagal mechanisms.

4.2 Representative Research Themes

a. Vibroacoustic Therapy & HRV

- Increased parasympathetic indicators
- Reduced sympathetic dominance

b. Inflammation & Immune Modulation

- Vagus nerve involvement in the **cholinergic anti-inflammatory pathway**
- Low-frequency vibration shown to reduce inflammatory responses in animal and human models

c. Autism & Neurodevelopmental Conditions

- Reduced sensory overload
 - Improved regulation and calm states
 - Increased body awareness without cognitive demand
-

5. Vibroacoustic Therapy vs. Other Vagus-Targeting Interventions

Intervention	Mechanism	Advantages	Limitations
Breathwork	Top-down vagal stimulation	Accessible, free	Requires cognitive engagement
tVNS devices	Electrical vagus stimulation	Targeted	Cost, discomfort, medicalization
Music therapy	Emotional & cognitive pathways	Emotionally rich	Indirect vagal effects

Somatic therapies	Touch & movement	Relational	Practitioner-dependent
Original Vibroacoustic Therapy (Skille)	Direct mechanoreceptive + afferent vagal stimulation	Non-invasive, body-based, passive	Requires specialized equipment

Key distinction:

VAT does *not* require effort, belief, verbal processing, or emotional interpretation—making it uniquely suited for populations with limited cognitive or verbal capacity.

6. Clinical and Wellness Applications

Vagus-focused vibroacoustic therapy may be especially relevant for:

- **Trauma & PTSD**
- **Anxiety and chronic stress**
- **Autism spectrum conditions**
- **ADHD and sensory dysregulation**
- **Chronic pain and fibromyalgia**
- **Sleep disorders**
- **Early-stage dementia**
- **Burnout and nervous system exhaustion**

TheSoundWell’s application of Skille’s methodology is particularly aligned with **long-duration nervous system regulation**, rather than short, stimulatory experiences.

7. Current Gaps and Future Research Directions

7.1 Gaps

- Limited large-scale randomized controlled trials (RCTs)
- Inconsistent terminology across studies
- Under-measurement of direct vagal markers
- Confounding of “vibration,” “music,” and “VAT” in research

7.2 Future Directions

- Standardized protocols based on **Skille-derived frequencies**

- HRV-focused and vagus-specific outcome measures
 - Neuroimaging studies (fMRI, EEG)
 - Longitudinal studies in trauma and neurodevelopment
 - Comparative trials vs. tVNS and breath-based methods
-

8. Why Original Methodology Matters (TheSoundWell Perspective)

Many modern products label themselves “vibroacoustic” while:

- Streaming music through subwoofers
- Using broadband vibration without therapeutic intent
- Ignoring frequency-specific physiological effects

TheSoundWell Vibro-therapy stands apart by:

- Preserving Skille’s **original clinical logic**
- Maintaining **low-frequency sine-wave integrity**
- Positioning VAT as **nervous system medicine**, not entertainment

This distinction is crucial when discussing **vagus nerve regulation** with scientific credibility.

9. Key Takeaways (Concise Summary)

- The vagus nerve is central to emotional, physical, and social regulation
 - Olav Skille’s original vibroacoustic therapy offers a **direct, bottom-up pathway** to vagal activation
 - Mechanoreceptive stimulation influences autonomic balance via afferent vagal pathways
 - Scientific evidence supports effects on HRV, stress, pain, and regulation
 - TheSoundWell uniquely represents the **authentic Skille lineage**, avoiding methodological dilution
 - Vibroacoustic therapy holds strong promise as a **non-invasive vagal regulation modality**
-

10. Sources for Further Study

Vibroacoustic Therapy & Olav Skille

- Skille, O. *Vibroacoustic Therapy* (clinical papers & early research)
<https://www.researchgate.net/profile/Olav-Skille>
- Wigram, T. (1996). *The Effect of Vibroacoustic Therapy on Clinical and Non-Clinical Populations*
<https://www.researchgate.net/publication/285638469>

Vagus Nerve & Neurovisceral Integration

- Thayer, J.F. & Lane, R.D. (2000). *A Model of Neurovisceral Integration*
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756088/>
- Porges, S. (2011). *The Polyvagal Theory*
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3108032/>

HRV & Autonomic Regulation

- Shaffer, F., McCraty, R. (2014). *Heart Rate Variability*
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624990/>

Vibration, Mechanoreception & Inflammation

- Liao et al. (2018). *Mechanical Vibration and Autonomic Modulation*
<https://www.frontiersin.org/articles/10.3389/fphys.2018.00622/full>
- Tracey, K. (2002). *The Inflammatory Reflex*
<https://www.nature.com/articles/nature01321>

Autism & Sensory Regulation

- McGinnis et al. (2013). *Vibroacoustic Therapy in Autism*
<https://pubmed.ncbi.nlm.nih.gov/23963299/>

TheSoundWell Vibro-Therapy Mats, pillows, sonic pets and [Vagus Shawl](#) are effective ways to activate the Vagus Nerve. www.vibro-therapy.com/shop

For my information, contact
Avigail Berg,
CEO & Founder
TheSoundwell Vibro-therapy

avigail@vibro-therapy.com