## Back Pain and CranioSacral Therapy

## By: John T. Jackson, EMP, CST

Name: Jane (for narrative purposes only) Age: 46 Sex: Female

**History:** Motor Vehicle accident two years prior to our first meeting. The Patient/client had been suffering from low back, neck, hip and Right shoulder pain continuously since the accident. Most recently she complained of increasing headache pain. She had been seeing her chiropractor for two years and was referred to me by him. Also, she had neurological testing from a neurologist which included MRI and drug therapy. She had received massage therapy. All of these approaches provided temporary relief for her but none had addressed her problems directly. During this two year period she had gone through a divorce and had been denied contact with her daughter by marriage.

**Evaluation/Observation:** Jane was a very pleasant woman. She seemed very excited but a little nervous when I first introduced myself. She was very short in stature and very obese. She was very talkative. I felt it appropriate to listen for awhile as she spoke realizing that this was her way of becoming at ease with a new situation and therapist. I suggested to her that since she had been through chiropractor care, massage and drug therapy without satisfactory results over the course of two years maybe we could try a little different approach. She was agreeable to my suggestion and we proceeded with CranioSacral Therapy. Upon initial observation her 0-A was compressed as was her L-5 - S-1. There were some CSR asymmetries in her pelvic region along with an energy cyst in her right hip. I noticed that her amplitude was weak and it did not go very far into flexion or extension. Her hyoid restrictions were significant.

## Current medications: Synthroid, Serzone, Clariton

**Treatment:** CranioSacral Therapy, SER, positional release, MET **Length of Tx:** Referral basis Rx by D.C. 8wks @ lx per wk

**Subjective results and discussion:** Jane's subjective comments were of immediate headache pain relief after the first treatment session. She was very happy about that fact but stated that her pain symptoms were shifting to her right hip. By the third session she was complaining of "whirling in her head" and the feeling of not being totally together. After the fourth session, she stated that this therapy was nothing like any thing she expected. Her whole body was now hurting. She was having difficulty walking and feeling like something was definitely happening. She was okay with being reminded that sometimes things intensify as change happens.

She stated that she didn't think there was any emotional attachment to her pain. As a matter of fact she stated that it was the furthest thing from her mind. Sessions five, six, and seven, were the most intense according to her and changed any assumed notions of pain just being the result of bio-mechanical dysfunction.

**Objective results and discussion:** Although CST was the primary treatment approach, there were times when some bio-mechanical assessment and treatment in conjunction with CST was appropriate. These were addressed as they presented. Jane's Somatoemotional Release sessions allowed her to clear up some latent issues around abandonment. Her

mother had died when she was a young girl. Before she died she was very demanding upon the young 12 year old Jane. As a result, Jane harbored feelings of resentment and guilt towards her mother even though she was sick. She had issues around "not feeling that anything she did was good enough." After her mother died and "left her", she had to take care of her father who was now a widower and very hard to please. This compounded her feelings of not feeling good enough. She ate for comfort and satisfaction. She was holding that guilt in her right hip as an energy cyst. When that cyst released, a flood of emotions and "weight lifted" off of her. She was then able to integrate her life experience and understand how her weight, self image and expectations had evolved into her present life experience. Finally, she was able to negotiate a way to begin change within her body/mind. Her pain symptoms did not completely resolve but they lost their priority according to her and the feeling of empowerment and self worth felt much better than the remaining physiological pain. She was not able to go any further with CranioSacral work due to her financial situation but I trust she is on her way to wellness and health.