

Upledger Institute Case Study
CranioSacral Therapy – Hirschsprung's Disease
By: Andrea Winzer, MSc., MSW (cand), LMT, CST-T

Client: Sophie

Age: 3

Sex: Female

Date of Initial Tx: 8/21/2021

History

Symptoms: Cannot pass stool/chronic constipation
Whiny
Clingy to mom, didn't want to be on the table
Cognitive delays
Speech delays
Motor delays

Pertinent Medical History:

Client has diagnosis of Hirschsprung's disease from birth. This condition of the large intestine (colon) involves missing nerve cells in the muscles of the colon (wall) and leads to difficulties passing stool / chronic constipation. Client had surgery as baby to bypass the affected part of the colon. Most of the colon was removed. Client receives regular Botox injections into the anus to release the sphincter and help with bowel movement. Botox injections are given under anesthesia and most of the time a colonoscopy is performed at the same time. Intervals between Botox injections vary but are given usually every couple of weeks. Client experiences cognitive, speech and motor delays. Client has hip problems, cannot walk or crawl and is also non-verbal.

Evaluation:

Whole body evaluation, arcing, listening stations at feet, thighs, hips, and ribs. Client sat on mother's lap during the whole treatment. SQAR examination revealed: flexion and

extension symmetrical throughout whole body, quality of CSR labored, amplitude restricted and rate 8 cycles/minute. Overall low vitality. EC in lower abdomen, overall low muscle tone in LE.

Findings: Low muscle tone in LE
Restricted CSR amplitude, low quality, rate 8 cycles/minutes
EC in frontal lobe
EC in lower abdomen
Low vitality overall in entire body

Treatment:

Main treatment focus on abdomen and digestive tract. Pelvic and respiratory diaphragm techniques resulted in increased digestive activity (gurgling, gas, etc.). Tissue releases in entire abdominal cavity. Client became more relaxed as treatment proceeded and tolerated touch better. Thoracic inlet release resulted in deeper breathing. Client didn't allow me to touch her hyoid or her cranium. Evaluation and treatment of the brain was performed from the back of the client. Dural tube rock was performed towards the end of the treatment and dural tube released some restrictions in lumbar area. Treatment concluded with still point at ankles.

Techniques/Tools used:

Listening stations, whole body evaluation, arcing
Still point induction
Diaphragm releases, Dural Tube Rock from 10-Step Protocol
Brain work from Brain Speaks class
Palpating the Thorax from Immune Curriculum

Objective results:

Client was always very fuzzy and whiny during the sessions and refused to lay on the table. She sat on her mother's lap and the only way she would keep quiet was by watching cartoons on the cell phone. Her body was very receptive to the treatment,

however. Client's digestive system responded well to the diaphragm releases and there were audible noises of gurgling, passing gas as well as profound tissue releases in all layers of the abdomen. Client refused to have her head touched and work on the cranium and the brain was done with direction of energy and intention from the abdominal area of the body. I educated the mother on possible physical or emotional effects of the treatment including increased sleepiness, fuzziness or changed behavior over the next two or three days.

Subjective results:

Mother reported that after three sessions, client started having spontaneous bowel movements and the next scheduled Botox injection and colonoscopy were cancelled. This was a great relief for the family who had reservations against the frequent Botox injections. Mother also reported that client was more upbeat and less tired overall.

Length of session: 30 minutes

Number of sessions: 6, over a two-month period

Cost of therapy prior to CST use: none/unknown

Cost of CST Therapy: USD 300