

Upledger Institute Case Study

CranioSacral Therapy – Traumatic Brain Injury from a Gun Shot Wound

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Background:

This individual attempted suicide as a 19 year old girl in 1994. She shot herself through the roof of her mouth with a 22 caliber gun. Her father found her later that day. She was in a coma for 10 days. During this time an abscess developed and had to be drained.

The bullet passed through the left nasal sinus. Severing CNII before it hit the frontal bone. Then shattered into the multiple pieces. Bullet fragments are permanently scattered in the left frontal lobe. Therefore, she has permanent vision loss in the left eye. CNIII is still intact and it still tracts with the right eye. No one would know unless she said something about it. Mild atrophy to the left facial muscles has occurred over time.

For the first 20 years she suffered from daily migraines. The first 11 of those years she was diagnosed with “sinus issues”. It turns out that the “constant drippy nose” was actually a CSF leak. This was finally discovered when she developed meningitis from a small hole in the skull leftover from the bullet. At this time she suffered multiple seizures.

She then had a craniotomy. The skull was opened up from ear to ear. Primarily along the coronal suture. Her face was pulled forward. The frontal bone was removed, exposing the dura mater. Bone was grafted from the frontal bone to fill the hole. She then had 52 staples across the top of her head. This led to worse migraines and chronic low back pain. Her neurologist was excited for her to try CranioSacral Therapy (CST). He was hopeful that she found something to help her because he felt he was unable to do so himself.

She is an amazing woman that still manages to run a household, work a full-time job, and provide emotional and spiritual counseling to others who are suicidal. Her journey has made her stronger, healthier, and truly inspiring. She lives about 4 hours away. Therefore, I have worked on her intermittently over 3 years. In-between our sessions, she saw someone locally for CST a couple of times and worked with a chiropractor regularly.

Treatment:

The first session was approximately 2 hours long. Taking our time not to rush any releases and not to overwork the tissues as well. Her husband watched inquisitively the entire time. It was a full-body session. Following the basic 10-step protocol. While treating what I found along the way. There was an energy cyst (EC) at the superior frontal bone. The sphenoid was in a full compression lesion without any mobility. After decompression, her breath deepened and she reported, “a large shift in my entire body and being”. Notably, I spent about 45 minutes at the sub occipitals providing a modified Occipital Cranial Base Release (OCBR).

Once she got off the table, she immediately noticed that her low back was not hurting anymore. She later reported that the low back remained pain free for 2 years. She did not have another migraine for about 6 months.

The second session was approximately 90 minutes long. At that time, she reported no low back pain and that the migraines slowly came back to every day. The focus of this session was on her cranium. There was a significant amount of release again at the Occipital Cranial Base. C1 continued to not have a palpable CSR. The sphenoid was still compressed but there had been an improvement from the first session. The sphenomaxillary palentino complex took several minutes to release on the left hand side. There was atrophy to the left pterygoid muscle and left levator palentine muscle. Upon completion of the session, there was improved SQAR in all of the cranial bones.

She later reported that the migraines had ceased again. This time lasting 8 months. She continued to work on her self-care for C1. Using a combination of suggested stretches and exercise, CST back home a couple of times, and chiropractic. For her, improvement and stability of C1 was key for the migraines to dissipate. She has learned that when the migraines have returned it is time for more CST. Especially at the sub occipitals, C1, and occiput. She wishes that she lived closer and could make it a part of her regular life but is happy to come into town periodically for maintenance.

Conclusion:

What she likes the most about CST is simply being treated. Most everyone she encounters are too afraid to touch her. CST is gentle, effective, and she loves the notion of simply "treating what you find". For such a unique body to work with, it is amazing that it didn't take tons of treatment to help her find relief.