

Upledger Institute Case Study
CranioSacral Therapy – Working with a Spontaneous CSF Leak

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A 46-year-old woman sought CranioSacral therapy in late July 2020 for relief of constant head and neck pain on the level of 5/10 (neck) to 7/10 (head), and an inability to do concentrated focused activity without having to lie down and rest for several hours before re-engaging.

Her symptoms had begun 25 days earlier with a sudden rush of intense head and neck pain that began in the morning when she sat up, accompanied by a change in hearing that sounded, she said, "like a tunnel of fans." She was unable to sit for more than 30 seconds because of the pain, but if she lay down, the pain went down to zero. CT scans in the hospital's emergency room found no evidence of lesion, tumor, stroke, or meningitis at that time.

Over the following 3 days, she increased her ability to sit from 30 seconds to 5-10 minutes. Because her symptoms occurred during the COVID-19 pandemic, she could work remotely if she was constantly lying down, but even then, had trouble sustaining her mental focus. She was taking over-the-counter medication for her headaches. One month after onset, she began taking the prescription pain relievers Tramadol and gabapentin.

During the first two months after onset, the client's overall pain levels gradually decreased, and her mental focus improved. Because she was worried that her symptoms might become permanent, she pressured her neurologists to find a cause. Two months after onset, she was diagnosed with having a spontaneous cerebrospinal fluid leak.

This is the most significant aspect of this case: that a healthy person had developed a meningeal tear and CSF leak with no obvious cause. A CSF leak due to stroke, head injury, aneurysm, spinal tap, or birth defect is one of the few strict contraindications against doing craniosacral therapy with any client. We never work with patients in whom a slight elevation of CSF pressure might cause or worsen a fluid leak. But neither the patient, her doctors, nor the CS therapist knew of this at the time of her early appointments.

For the CS community, it's important to point out the significant symptoms of spontaneous CSF leak, which include:

*a woosh of head pain when the client rises from horizontal, and

*pain relief when lying down.

There may also be vision and/or hearing changes, nausea and vomiting, and/or pain in the neck or upper thoracic spine (between the shoulder blades).

The medical treatment prescribed for this client was bed rest. Because it was unknown where her meninges had torn, her doctors could not attempt any treatments to heal the leak.

This client had 14 CST sessions over the course of 4.5 months.

Fortunately, early CS treatments involved lymphatic facilitation to move the edema in her neck and at the base of her skull, trigger point release in the muscles of her neck (which she said felt good), and spontaneous positional release of her head. At no time did the client receive dural traction or the C1-occiput platform technique, which interestingly points to the client's Inner Physician guiding therapy away from such techniques.

After the client's diagnosis, the therapist did a significant amount of glial work to help lymphatic flow and aid in cellular repair of torn meninges. Her symptoms slowly resolved until at the last session, she reported feeling normal, had no headaches, and was no longer taking prescription painkillers.