

## Pediatric Chronic Constipation and CranioSacral Therapy

**By: Donald Gerken, DC, DACCP, CST**

### **Abstract**

**Objective:** To describe the care of a patient with chronic constipation and additional symptoms of low back pain and dyschezia.

**Clinical Features:** A 12 year old girl was provided CranioSacral Therapy at the request of her mother for complaints of low back pain, constipation and dyschezia. Prior to starting CranioSacral therapy, OTC laxatives and dietary changes were performed with no results. The diagnosis of Irritable Bowel syndrome was made by her pediatrician, who recommended continuing the use of OTC laxatives and said that she would grow out of it in a few months.

**Intervention and Outcome:** The patient received CranioSacral therapy to the regions of the pelvis, abdominal and mid thoracic spine, to relax the dura and soft tissue structures surrounding the intestines and colon. The patient's response to care was positive and after four treatments her symptoms abated completely.

**Conclusion:** There are indications that children suffering from constipation and dyschezia, as presented in this case, may benefit from Craniosacral Therapy.

### **Introduction**

A 12 year old girl was brought in by her mother who reported that she had constipation for two months. She said that sometimes she would only go once in 4 or 5 days, and that it was always painful. She had also been experiencing low back pain which increased steadily until she actually had a bowel movement. The mother reported that she had tried several over the counter laxative remedies and nothing changed. The patient changed her diet to include more vegetables and fruits, but started to have a breakout of acne shortly thereafter on the back of her arms, chest and face. Her pediatrician recommended that she continue with the over the counter laxatives and to return if her symptoms did not improve. Due to the pain and discomfort she refused meals and started becoming apathetic and lethargic. Her mother said that she didn't want to go to school or do anything with her family. The mother also stated that her daughter began to be withdrawn and aloof. Her emotional changes prompted her mother to schedule a counseling appointment with a psychologist.

### **Examination**

General evaluation of the 12 year old girl showed a relatively healthy girl, slightly overweight, mild acne on her face, chest and on the back of the arms, otherwise skin and nails looked normal. Orthopedic tests were all negative and none of the range of motion exercises reproduced the low back pain. Abdominal sounds were diminished and the abdomen palpated tender to the touch with both light and deep pressure. The Appendix presented normally. CranioSacral assessment revealed abnormal symmetry and quality of movement in the abdominal region and restriction of the pelvic floor muscles. General tightness over the transverse and descending colon was felt in the left upper and lower quadrant. The Spleen, Kidneys, Uterus and Bladder palpated normal.

### **Management plan**

Treatment began with releasing the pelvic and respiratory diaphragms by following the fascial strain patterns to relax soft tissues and bring about symmetrical movement of the lower abdomen. The patient felt a deep therapeutic pulse over the L3-4 region of her lower back along with moderate warming sensation throughout the entire abdomen. Borborygmi started within three minutes of beginning therapy and increased to once or twice a minute

during the remainder of the therapy. At the conclusion of the first therapy she felt complete elimination of her low back pain. That afternoon the mother called to report that she had had a bowel movement three hours after the treatment, and that it was still painful, but not as painful as prior to care. The next day the second treatment showed reduction in tenderness of the abdomen with most of the discomfort over the transverse colon, with an increase in bowel sounds. Again, treatment focused on releasing the pelvic and respiratory diaphragms. The fascial strain patterns were followed to the posterior liver and lower three right posterior ribs. The patient again felt a warming sensation and a therapeutic pulse over the L1-3 region of her lower back. She felt the need to go to the bathroom immediately after the treatment and stated that it was the first time in months that it was not painful. Her mother called later that day to report that she was more like her self and was eating again. During the third treatment the girl reported that she slept well and when she went to the bathroom in the morning she had forgotten that she had experienced problems for the last two months. That day we worked the entire abdomen, respiratory and pelvic diaphragms, following the strain patterns and dural tightness to the upper thoracic spine and Occipital and C1 region. We spent time to release these areas and finished with a CV4.

### **The Role of CranioSacral Therapy**

CranioSacral therapy in this case provided the necessary movement to the specific areas restricted in the abdomen and around the colon. Each of the three sessions lasted between 35 and 45 minutes. The patient and the mother of the patient reported subjective and objective benefits following each treatment session. The patient was thrilled with CranioSacral therapy, and stated that it was less invasive and more effective than what she had tried before. She loved the warm sensation during the treatment and wanted to continue with more care. The cost of therapy prior to CranioSacral Therapy is unknown, the mother stated that she tried several OTC remedies but never reported which ones and never mentioned the cost of the remedies. Cost of CranioSacral Therapy was \$195 over a three-day period. Results were seen following the first treatment.

### **Conclusion**

Case management of a 12 year old girl with chronic constipation and additional symptoms of low back pain and painful bowel movements was successful and she reported a complete resolution of all symptoms after three CranioSacral Therapy treatments. CranioSacral care was provided based on the restrictions in the diaphragms and following the strain patterns within the body. Prospective research into the efficacy of this approach to health care is encouraged. The possible role of CranioSacral evaluation and treatment of children with gastrointestinal problems should to be explored.