

Upledger Institute Case Study

CranioSacral Therapy – Lyme Disease/Neurological Complications/Chronic Pain

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Personal Information:

Leigh is a 28 year old woman. She lives at home with her mother due to her inability work post a 2016 diagnosis of Lyme disease with neurological complications. She worked as a glass blower/artist and lived independently prior to her illness.

History:

Symptoms: Leigh reports feeling weak all the time due to inflammation and fibromyalgia. The chronic pain is focused mostly on her left side in her left hand, elbow, shoulder, sciatic areas, and knee. She also has tension headaches, internal tremors, and muscular atrophy (which is better post intensive treatment for Lyme's).

Pertinent medical history, including how long treated by others:

She recently completed a five week intensive treatment program for Lyme Disease and is being followed by a clinic from Reno, Nevada. Her program included homeopathic and immune therapies, lymph drainage, IV Drips and Transcranial Magnetic stimulation. She is seen by an acupuncturist several times a month.

Evaluation

Findings:

SQAR, Uneven symmetry, Right in extension and left in flexion consistently through each listening station. Quality, rigid. Amplitude, minimal, but slightly greater on right. Rate, decreased below 6-12 cycles per minute. Arcing revealed significant vector issues with legs, pelvis, arms and shoulders, torso and head. Energy Cyst in Thoracic Dural Sleeve/Sympathetic Chain C7-T-3.

Tools you used: Whole Body Evaluation, with arcing. Vector /Axis Integration and Alignment. Still point, cranial pump and DOE.

Objective results: Transverse Pelvic vector at approximately 15 degrees tilt with right side high. Right shoulder vector to arm discontinuous at shoulder joint. Left arm with axis vector medial to arm. Transverse shoulder vector high and outside physical body on left. Central vertical vector displaced to left. Head vector at 15 degree tilt to left.

Began working from ankles/free to straighten and balance pelvic vector, following right hip moving superiorly, with left leg lifted from table 20 degrees, slightly abducted. At maximum of motion, body went into a still point, as vectors aligned. Next therapist went to Energy Cyst at C7/T-3 with DOE through Dural sleeves/Sympathetic chain for a mostly physical release. Followed by O/A release with gapping, transverse spread, and minimal dural tube traction. Worked with Cranial Pump and again with DOE to enhance CSR to further clear dural tube and Dural sleeves. With another Dural Tube traction and continued Energy Cyst releases from C-7-T-3, vector at head to left corrected, followed by Central vertical Axis alignment return to center from left. For right arm disconnect at lateral shoulder, Attempted to reconnect by bringing arm to 90 degrees abduction, which did not work. Adjusted position to add 90 degrees flexion at shoulder, with DOE from head of Humerus to Glenoid fossa of Scapula, at which point the right arm melded energetically with the Scapula. Followed left arm vector using her left hand with middle finger as axis for internal/external rotation/abduction and adduction, vertical compression. Followed superiorly with compression to energetically engage with Scapula, then followed internal rotation of Humerus with adduction to reconnect vector.

Subjective results: Leigh reported significant feeling of relief from pain in her left shoulder and arm with greater mobility of hips and pelvis from the first session. Therapist has followed her for several sessions to treat recurrent minimal vector misalignment. With treatment of the Vector/Axis Integration and Alignment issues, her level of pain has remained at a lower level as symptoms from Neurological Lyme's Disease wax and wane.

Average length of sessions and number:

Cost of therapy prior to CST use: Unknown

Cost of CST therapy: \$110 per hour session.