

Easing Seizures

By John Upledger, DO, OMM

To many health care practitioners, seizures are a particularly puzzling phenomenon. They occur when hyperexcitable nerve cells in the brain fire abnormally. No one knows quite why this happens, and the types of seizures vary. Epilepsy generally is considered the condition when seizures reoccur, even if they stem from any number of chronic processes that disturb normal neuronal activity. If the seizure occurs once or is correctable, then it's considered non-epileptic.

Whatever the source, seizures in some people respond very well to the gentle approach of CranioSacral Therapy. Here are two letters from therapists that highlight this beautifully.

A Mother Cares for Her Son

Dear Dr. John,

I've started this letter at least once a year for the last 10 years. Rather than give you a long history of my son and me, let me share with you briefly what I have discovered.

A still point* will stop a seizure. My son "Brian" has benign rolandic seizures. He seizes only in his sleep. By bringing him to a still point, I can stop a seizure in two minutes. Yes, I've timed it. In the 10 years I've been using it, it has never failed.

It is absolutely amazing to watch a seizure unwind. My son goes from arms ridged, legs kicking and head pounding on the floor to near-normal sleep. At first, I used a technique I learned from the Holistic Nurses Association to soothe his pulse and breathing. Since it's energy work, I had to go on faith that it was really doing something.

Shortly after I began using this technique on Brian, he was taken to the ER in seizure. I began to work on him while he was hooked up to the monitors and watched his pulse drop from 120 to 95 in under five minutes. This happened before I discovered that the still point would stop a seizure more efficiently.

There is only one negative aspect of using the still point: The person performing it comes away feeling like they have just been hit by lightning. You have to understand, Brian's seizures generally start after 1:30 a.m., so you jump out of a sound sleep and put your hand on a body wildly discharging energy. It seems as if there is a backwash of energy, and you're lucky to get back to sleep three hours after the event.

Last spring, Brian fainted on a bus going to school (he's a university student) and went into a seizure. The bus driver panicked and called EMS, who rushed him to the hospital. The treatment he received in the hospital almost bordered on barbaric.

Sorry, this is my soapbox. I had stumbled onto something so profoundly simple that it really is unbelievable. But do you know what surprises me even more? Not one doctor has asked me how I do it. They just give me a blank stare. Your work is so important. Your still-point technique has changed the lives of my family. Before I made the connection, I felt totally helpless watching my then 11-year-old son as his seizures got worse.

You know what they say, no prayer goes unanswered. I went from Henry Ford Community College to Irene's School of Myomassalogy in Michigan, where your book jumped off the shelf at me. I began my coursework with The Upledger Institute before I started massage school. It took me almost a year to make the connection between the still point and seizures. That was my prayer answered.

You can do the still point anyplace on the body that is socially acceptable, but I have found the breastbone or the center of the back to be the safest. Brian almost kicked my head off one night, so I stay away from his feet and legs. When the seizure has stopped, the breathing will still be fast and the pulse very high. Then the energy work will restore the breathing and pulse to near normal within a few minutes.

Sincerely,

S.K., Myomassage Therapist

P.S. Since I first penned this letter, my son has been back in the ER. Now, thankfully, his doctors are asking me point-blank how I stop his seizures. Of course, I'm more than happy to demonstrate. I look forward to

the day when I can take my soapbox apart and toss it out for good.

Editor's note: In CranioSacral Therapy, a "still point" refers to an extended pause in the rhythmical activity of the craniosacral system, which can occur either spontaneously or be induced by the therapist. To induce a still point, the practitioner uses very delicate tissue techniques to restrict the flow of cerebrospinal fluid through the craniosacral system until it stops completely. This interruption causes a momentary buildup of fluid. When the tissues are released and the fluid begins to flow again, it gently "flushes" the system, causing the membranes to stretch a bit more to release any inherent restrictions or adhesions.

Case of Mystery Seizures Solved

Dear Dr. John,

About a year ago, a mother brought her 2-and-a-half-year-old son to me to be evaluated. He had suffered seven epileptic-like seizures in the previous month - almost two per week. The concerned parents had taken their son to specialists, but tests found no cause for these terrible seizures. The last seizure, worse than the previous ones, had resulted in the boy losing control of his bladder functions. The only recommendation was to put the child on anti-seizure medication. The parents did not want to do this.

In town from Georgia, the couple asked a relative for someone in the alternative field who might help their son. They were told to call me and see what I could do. An evaluation of the sphenoid bone movement showed a strong side-bending motion. I worked to correct this imbalance. This was very difficult to do on a young child who did not want to stay still.

What worked was for the mother to lie on the table and put the child face down on her stomach. In an hour, we probably got in about 15 minutes of actual movement therapy. Working on him during his regular nap time helped, since he went to sleep. Though I had just three days to work with him, it was apparently enough to stop the seizures.

This was a child who had not experienced any big falls. His birth had not been difficult. There had been no forceps or suction delivery. There was no obvious reason for an incident of this severity to occur. What worked was plain CranioSacral Therapy.

Sincerely,

P.B., LMT



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