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EARLY STEPS OF CRANIAL THERAPY IN ISRAEL

A News Article

By

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A B S T R A C T

In this article, a case of a child who was cranially treated for damage to the skull caused by a past accident, and the substantial improvement that has since taken place, are described.

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Introduction

Cranio Osteopathy - a subspeciality of the Osteopathic Profession finds its roots in the work and publications of William Garner Sutherland whose first book on the subject entitled "The Cranial Bowl", appeared in 1939. Since that time an increasing number of Osteopathic Physicians have developed interests and skills in the field of cranial osteopathy. Lately, more concern has been given to the better understanding of the physiological process which takes place during and after the cranial treatment. Since cranial osteopathy is a mechanical therapy and the input of the physician to the patient are - stresses and deformation, an investigation into the mechanical aspects of brain physiology must be pursued. Problems such as the mobility of the skull bones, the deformability of the cranium, the circulatory motion of the cerebrospinal fluid (CSF), internal pressure distribution and the intercompartmental permeability and transfer effects, have evolved and are presently the subject of a more intensive study (1,2,3). More attention is also being given to the input-output correlation of treatment to certain physiological effects by the monitoring of some electromechanical parameters recorded over the body. The latter are in one-to-one correspondence with definite mechanical cues that the physician sensitively picks up with his hands as a measure and indication of treatment progress. These cues serve as a basis for the physician's subjective impressions and act as guidelines in the treatment (4).

The collaboration between cranial osteopaths from the College of Osteopathic Medicine at Michigan State University (MSU), Lansing, Michigan, and bioengineers from the Department of Biomedical Engineering at the Technion, Israel Institute of Technology, which started in the summer of 1975 at the Department of Biomechanics, Michigan State University, has been prolonged and extended to a binational and bi-institutional activity upon the return to the Technion of its members after three years of work in the United States. Moreover, since there has been no osteopathic activity in

Israel, the initiation of cranial therapy had to be based on the visit of a distinguished member of the community of cranial therapists to the United States.

Dr. John E. Upledger, F.A.A.O., an Associate Professor at the Biomechanics Department, College of Osteopathic Medicine, Michigan State University, Lansing, Michigan, made a recent summer visit to Israel as guest and Visiting Professor of the BioMedical Engineering Department of the Technion Israel Institute of Technology. Presently, he is a leading figure in cranial osteopathy in the United States. In the past few years, Dr. Upledger's primary activity has been in the treatment of brain dysfunctioning children, particularly autistic. Dr. Upledger's summer visit was devoted to the treatment of injured children, to meetings with members of the TIKVA, Association for the Treatment and Rehabilitation of Brain Injured Children and Adults in Israel, and to a cranial survey of the longtime coma cases hospitalized in the country's principal rehabilitation hospital--Loewenstein Hospital, Ra'anana. In view of the encouraging preliminary results seen at the time of this first visit, continuation of the activity in this field in Israel has been planned and will hopefully be carried out in the near future in collaboration with the organizations mentioned above.

In the following, we describe in detail the case of L.M., a seven-year-old child, who was treated by Dr. Upledger first on two occasions in Europe, while on his way to Israel, and later during his stay in the United States. Results from study at the Loewenstein Hospital form a subject by itself and will be reported separately.

The Case of L.M.

L. is seven years old, graceful and very pretty. As she goes off to school each morning her parents feel all the joy of her enthusiasm and motivation. Maybe this year L. will learn to read at her special school and in two years be integrated back into the regular school system.

Four years ago L.'s troubles began after she fell from a swing and hit her head severely. Within a month, L. developed grand mal seizures, which progressed to petit

mal and to the petit mal syndrome. After about six months of illness, she made a spontaneous recovery and was completely well for several months. Thereafter, she fell ill again with periodic attacks for which she was treated with a combination of anticonvulsant drugs for three weeks. Her allergic reaction was so severe that her parents could not continue, with a clear conscience, to give her drugs. After a brief visit abroad to the Kingston Clinic in Edinburgh, the child remained well for about a year. However, L., a very robust athletic child, managed to climb and fall a second time, jarring the base of her spine. Her convulsions returned and the medication given did not control her seizures, and even aggravated her condition.

Two years ago, a graduate student of osteopathy, who as a tourist, visited Israel, met the family, examined L. and briefly worked on the child's spine which, according to his findings, had sustained some damage due to the accident. His opinion, however, was that the child also needed cranial osteopathy, in which field he was not qualified. Shortly after the osteopathic treatment, L.'s condition improved considerably. Her sleep was much quieter and her body seemed to gain more strength. Her attacks, whenever they occurred, no longer involved the loss of breathing power and the child now remained conscious during seizures. This was a clear indication to the parents that continued treatment along these lines was imperative and could lead to a cure for the child or at least to a significant improvement in her condition. Economic considerations, however, did not permit pursuance of the treatment at that time.

Several months later, a new drug became available in Israel which proved helpful for L. but did not solve the problems which had developed over the four years of her illness. L. had become high strung and was easily enervated. Her powers of concentration took a sharp dip downward and displayed a hyperactive tendency which made a normal school framework impossible for her. It was thought that she also suffered from some organic disability, though the child seemed otherwise intelligent and gifted.

At this stage, the parents contacted Dr. Upledger at Michigan State University to whom they were referred to as an expert in cranial osteopathy. To save the parents and child the long and arduous journey to Michigan, Dr. Upledger agreed to see and examine the child while on a lecture tour in England and France before his planned arrival to Israel. Immediately examining L., Dr. Upledger found that the child had sustained damage to the skull. This injury is usually amenable to the type of treatment he specialized in.

The treatment, normally a 30 to 60 minute long session of CranioSacral manipulative therapy to bring about adjustments, had an immediate effect on the release of spinal fluid blockage and the regulation of the CSF pulse. The parents had expected that the treatment might shock the child and drive her into further convulsions, but the opposite occurred. The following improvements became apparent within a short period:

1. L.'s phlegmatic handgrip turned into a strong, firm grip.
2. A slight waddle, noticeable in the child's walk, disappeared completely and the child became the graceful walker she used to be.
3. Sleep became sounder and the child no longer jumped up to run about the house with nightmares.
4. Overall quieting of the nervous system with far less sensitivity to sudden noise, loud bangs and strong lights.
5. The intellectual facilities took a sudden swing upward, the child's eliciting interest in books, ability to hear a children's story to its end, and no lack of concentration in school.
6. Improved sense of poise and relation to her surroundings.
7. Aggressiveness to other children greatly diminished, L. now seeking her own peer group and able to keep newly-made friends.
8. Greater vocalization and far less mental confusion in moments of distress.

Undoubtedly, L. has made a substantial progress following the recent CranioSacral treatments but the road to normalcy is still ahead. The child still requires drugs and there are significant side effects due to them. Furthermore, in the autumn, her seizures returned during a two-week period of cutting new teeth. Nevertheless, the overall effect of the cranial treatment still persists and is noticeable by the parents, friends and family. L. should, of course, be kept under continued cranial therapy. It is hoped that a solution to this will be found in the near future preferably by the establishing of a continued activity of cranial therapy in Israel rather than arranging for the patients to be transferred to the United States.

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