Dr Chikly's "Brain 1" Desensitizing Technique on RSD Pain

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"Ann" was diagnosed with RSD March 1999. Diagnosis occurred after initial incident producing pain, an EMG performed. It is hypothesized that either the EMG caused or triggered an underlying historical trauma, producing pain immediately. "Ann's" pain is described as occurring bilaterally, elbow to wrist, with right arm hypersensitive to light touch and includes burning pain in the soft tissue and bone, left arm is described as hypersensitive to light and deep touch with burning pain in soft tissue. Treatments that are utilized for pain management currently include rehabilitation psychology and over 10 pharmacological drugs for nerve pain, psychological pain, and muscle tension. Last bodywork session was in 2004 with applications of orthopedic massage and craniosacral therapy. "Ann" has also tried acupuncture for pain relief.

Reflexive Sympathetic Dystrophy (RSD) was officially recognized and given an ICD-9 code (337.2) in 1993. It is described as an intense, severe burning pain, usually with swelling, color changes to the skin, and intense sensitivity to touch and temperature. Dr. Bruno Chikly's "Brain" curriculum includes a Desensitizing Technique, meant to down regulate the sympathetic nervous system's response within the autonomic nervous system. The "upregulation" or "downregulation" of the nervous system assists in promoting homeostasis and reducing pain. This case study shows the effects of one Desensitizing Technique application to RSD pain. The effect was a significant reduction of pain along with a positive change in sleep pattern.

Upon presentation for treatment December 2011, "Ann" reported a pain level 8/10 in her right arm. Due to time constraints we focused on right arm exclusively for treatment. Guarding behavior of arms was present as "Ann" held both arms up from touching anything. Gentle back massage was applied to relax and increase circulation through back and shoulder girdle musculature. This had no effect on pain levels in her RSD pain. In supine position, "Ann" received desensitizing technique for approximately 40 minutes, directed toward 2 regions of her right arm; region 1 from elbow to mid-forearm and region 2 from mid-forearm to wrist. I kinesthetically sensed an area approximately two feet off of the right forearm to be an energetic barrier. As I held this area, I began to "shake" my hand to "stir" up the energy and begin disrupting the sympathetic nervous systems input.

As I continued, the barrier began to soften and my hand was allowed closer toward the arm while I maintained mental contact with the physical interface of the barrier and my hand's surface. As the distance between my hand and her forearm reached approximately 6 inches, "Ann" was able to describe changes to her sensation. She noted a "strange sensation that is warming, from within my arm to the outer surface" and the pain was reducing by approximately 25%. As I continued, my hand's surface connected with the physical surface of "Ann's" forearm and I continued to "meld" and allow her sympathetic nervous system to down regulate

itself. “Ann” noted the warmth increasing, the pain reducing further and a “strange” yet pleasant sensation that felt like fluttering or shaking inside her forearm. Continuing this connection until pain was 100% eliminated, we moved onto region 2, with the same process, hopeful that the outcomes would be similar. Time only permitted region 2 to reduce by 50%, though we were confident it would continue to process post session. “Ann” had a look of complete relief and astonishment at what was occurring. She noted that her left arm felt “angrier” and more intensified in pain level. Craniosacral occipital atlas release was applied to complete the session. We talked about the possibility that the left arm pain felt intensified due to complete reduction of right arm pain. I instructed her to continue to process any “waves” of felt-sense anxiety or pain through gently “shaking” out her arm and focusing her mind on allowing the desensitizing to continue. Region one was down in pain level to 0/10 and region two was down in pain level to 4/10 after one-hour total treatment time at a cost of $100.

“Ann” has a prescription for 6 sessions from her anesthesiologist and is supported in processing her bodywork treatments with her rehabilitation psychologist. This report is after one exceptional session and will be followed with 90-minute sessions every other month. Our goal is to improve sleep cycles and continue desensitizing so pain levels reduce in intensity and increased time periods of pain free living are experienced.

“Ann” showed an increase in warmth throughout affected soft tissues and elimination of pain in her right arm post session after one application of desensitizing technique from Dr. Chikly’s brain curriculum. Patient reported sleeping 6 continuous hours w/o any sleep aid; prior sleep history was 2-3 hour intervals with sleep aid. The pain reduction effects from this application were reported as a period of 12 hours; prior pain reduction had not been experienced at this level since onset of symptoms.

References

Chikly, B. (2008) Manual from Brain Curriculum Workshop. SF, CA. January 2008.

Complex Regional Pain Syndrome, from ABC TV Science.
RSDSA | http://rsds.org/2/what_is_rsd_crps/index.html, retrieved January 2, 2010
http://www.acupuncturetoday.com/archizes2000/nov/11priebe.html?no_b=true
Retrieved January 2, 2012.

Keira Lynn is a licensed massage therapist in Arizona and California. Since 1991, she has been assisting individuals of all ages, developmental abilities and in all stages of life transition toward greater health and wellbeing. She holds a BA in Interdisciplinary Studies concentrated on Consciousness Studies. Keira is certified in craniosacral therapy and classical yoga teaching. She is trained in Dr. Chikly's brain curriculum, writes, hikes and cooks.