

Constant Lower Back Pain and CranioSacral Therapy

By: John Hoernemann

PERSONAL INFORMATION: 26yo, Male

HISTORY:

Symptoms:

The presenting problem was a pain in his left lower back that become more severe when he was under various types of stress - such as working too hard, staying up long hours, etc. The recurring pain was beginning to interfere with his work, social and recreational life. He could not determine the reason for the pain and this concerned him.

Pertinent Medical History:

He was very clear in stating that he had no known medical problems. He had had no major physical trauma except for some minor sprains, strains and bruises. He had never injured his back. Over the past year he had tried various types of treatments such as chiropractic adjustment, acupuncture and massage. At times he would get short-term relief. He occasionally took aspirin to help with the pain.

EVALUATION:

Findings:

The client seemed to be a normal adult man with no strongly noticeable restrictions or blockages.

The initial evaluation showed the client's system to be strong both physically and energetically. His CSR was fairly well balanced with no major restrictions. There was a fascia1 restriction on the left side of L4 found during dural tube evaluation with an accompanying energy cyst.

Tools Used:

The initial session was mainly evaluative with some diaphragm releases and dural tube work (rock, glide and traction from both the occiput and sacrum). Much of the session was discussion, answering the client's questions about CST, what was being found, etc.

The second session continued with positional tissue release work. The client was able to get into a position that seemed important to him and which gave him some relief from his back pain. The position seemed as if it should have some meaning but the client had no images or ideas. Some days after the session, I happened to talk to a nurse about that particular position. She thought it might be the position that a baby is tied onto a board in order to perform a spinal tap.

During the next session, when the client assumed that same position, I asked if he had in remembrance or knowledge of being sick or of having been hospitalized when he was young. He said he had heard stories that he had been very sick as a baby. I asked him to call his mother to see if she had any information.

At the beginning of the fourth session, he said that his mother had confirmed that he had been very sick when he was 2 months old and had had a spinal tap. We then did a SER session with imagery and dialogue of him going to that place in him, with the help of his inner physician and healing it - realizing that he can be strong in that place also. The client and his inner physician arrived at an agreement with the pain. They agreed to have the pain serve as an indicator to the client as to when he was under too much stress or had started to ignore his body again. The pain agreed to be less intense if the client would pay attention to its warning signs.

Objective Results:

The client's system took in the physical and energetic work well. The client had some initial difficulties with dialoguing but eventually got into it. Although the dural tube restriction around L4 lessened it was still present after the fourth treatment.

Subjective Results:

After the sessions, the client reported reduced pain in that area. He said that he continued to 'tune into' that area and was using it as a warning to him that he was becoming stressed.

Average Length of Sessions: 60 minutes

Number of Sessions: 3