

Upledger Institute Case Study

CranioSacral Therapy - Breast Cancer Chronic Pain

By: Vivien Henderson LMT, CST-T

Therapy: Craniosacral Therapy

Date: 9/10/2019

Patient: Female

Age: 66

History Symptoms

- Shoulder pain.
- Chest pain.
- Tenderness of right breast.

Pertinent Medical History

- Breast Cancer (4 weeks prior)
- Malignant Tissue removed and 1 treatment of radiation at the same time (3 weeks Prior).

Evaluation – Session 1 (60 mins) 3/16/19

Whole body evaluation revealed tight neck and shoulder muscles. Arcing revealed numerous restrictions/energy cysts (ECs). Primary ECs in the Thoracic Inlet and Respiratory diaphragms.

Findings

- Primary EC Respiratory diaphragm.
- Restriction in the Respiratory and Thoracic Inlet diaphragms.

Treatment

During the Respiratory diaphragm release, there was a loud gurgling sound followed by a therapeutic pulse. Unwinding was felt at T7-8, this led to a release of an EC. Direction of Energy/V-spread was utilized at this time. A slow Craniosacral Rhythm was detected at the Thoracic Inlet diaphragm. Through dialogue with the patient, it was revealed that the Thoracic Inlet wanted to be left alone and asked the therapist to continue with the other diaphragms. During the Occipital Base Release, the Atlas took a long time to disengage from the Occiput.

Tools Used

- 10-Step Protocol
- CST/SER
- Unwinding
- Arcing
- Dialogue

Objective Results

Releasing the Thoracic Inlet and the Respiratory diaphragm helped to decrease shoulder and chest pain.

Subjective Results

The patient stated that during the malignant tissue removal, a metal plate/sheet was placed under the skin but over her ribs (T8-9) for protection from the radiation (same area the therapist reported unwinding tissue). The client also confirmed that the Dr said there would be a slight pulling of the fascia during that procedure. The client stated, "I feel less stressed about the cancer diagnosis".

the radiating pain she felt from C4 to the right bicep had been relieved completely.

Follow Up Appointment - Session 2 (60 mins) 9/10/19

The patient stated that 6 months after the biopsy on the right breast, small specks of calcium deposits were found so they were removed with a type of technology at the same time as her scheduled mammogram. The patient also stated that after sitting for 20 minutes, leaning forward, head turned to the left she experienced chronic pain on the right hip.

Evaluation

Whole-body evaluation revealed, tight neck and shoulder muscles with decreased ROM. Arcing revealed numerous restrictions and EC's. The Primary EC was on the right hip (Tensor Fasciae Latae muscle) and chest area.

Findings

- Chest area near right breast contained Primary EC
- Restrictions in the Pelvic and Thoracic Inlet Diaphragms
- Decreased ROM of neck and shoulder muscles

Treatment

Regional Tissue Release was applied to the upper, right extremity which helped release restrictions in the Thoracic Inlet diaphragm. Direction of Energy/V-spread utilized to release EC in Pelvic diaphragm and chest area. The primary EC on the chest was the same area where the client previously had the biopsy 6 months prior.

Tools Used

- Arcing
- 10-Step Protocol
- Regional Tissue Release

Objective Results

Applying the Regional Tissue Release to the upper right extremity helped to increase ROM of the neck. Decreased shoulder tension.

Subjective Results

The patient stated that during the Pelvic diaphragm release, she felt the EC releasing on her hip. The patient stated, "as soon as I stood up, the pain was gone immediately".

Length of sessions - 1- hours

Number of sessions – 2

Cost of therapy prior to CST use – unknown

Cost of CST therapy - \$260.00

Discussion

It is not uncommon to experience pain symptoms while being treated for Breast cancer. Recommended intervention for Breast Cancer ranges from biopsy, radiation, Chemotherapy to surgery (tumor removal) and immunotherapy. There are many stages and choices of treatment, there can also be side effects and pain in the process. Some patients choose Complementary Holistic Medicine to help them with side effects and pain. Chronic pain problems seem to respond well to a combination of Craniosacral/and related techniques. This case report reflects the benefit from Craniosacral Therapy for relief of Chronic pain associated with Cancer/treatment. In this case it reveals the connection of pain to the biopsy and to the position of sitting during treatment procedures. This report is not intended to reflect benefits to all individuals with Breast Cancer and Chronic pain but to recommend further case studies, documentation and research into the benefits of Craniosacral Therapy for Cancer associated pain.

References

- Upledger, John E., D.O., O.M.M. (2010). Cell Talk Transmitting Mind into DNA. Berkeley, CA: North Atlantic Books, Palm Beach Gardens, FL: UI Publishing, Inc.
- Upledger, John E., D.O., O.M.M. (1997). Your Inner Physician and You. Berkeley, CA: North Atlantic Books
- Upledger, John E., D.O., F.A.A.O. (1983). Craniosacral Therapy. Seattle, WA: Eastland Press.
- Upledger, John E., D.O., O.M.M. (1987). Craniosacral Therapy II Beyond the Dura. Seattle, WA: Eastland Press.
- Upledger, John E., D.O., O.M.M. (1990). SomatoEmotional Release and Beyond. Palm Beach Gardens, FL: UI Publishing, Inc.
- Article retrieved from https://www.breastcancer.org/treatment/side_effects
- Published study retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4894825/>