

Upledger Institute Case Study

CranioSacral Therapy - Chronic Insomnia

By: Hsiang-Fei Hung

Personal: Anne

Age: 55 y/o

Sex: female

History

1. Symptoms:

- Having difficulty falling asleep, easily waking up during the night (often at 3-4 am) and having trouble going back to sleep again almost every day for eight years
- Chronic left buttock pain, especially when bending the trunk forward or prolonged sitting (pain scale: 8 from 0 to 10)
- Right neck and upper back pain (pain scale: 7 from 0 to 10), especially when combing the hair
- Right knee pain (pain scale: 6 from 0 to 10)
- Constipation

2. Pertinent medical history:

- The 1980s ~ 1990s - two C sections
- 2011 - diagnosed with chronic insomnia
- 2018 - diagnosed with grade 1 L4-L5 spondylolisthesis, L5-S1 disc degeneration (the intervertebral space narrowing)
- 2019 - PT for complaints of right neck and upper back pain

3. How long treated by others; frequency and type

- Psychiatrist
 - 2011~2012- prescribed Melatonin for insomnia on and off (the effects were inconsistent and not significant)
- Traditional Chinese Physician
 - 2013~2014- prescribed chinese medicine for insomnia on and off (the effects were inconsistent and not significant)
- Physiatrist
 - 2018- prescribed medication to relieve the left buttock pain on and off for about 3 months
- Physical therapy
 - 2018- modality therapy including thermal therapy (hot packing), Transcutaneous Electrical Nerve Stimulation (TENS), cervical traction and lumbar traction 1-2 times per week for six months
 - 2019- usual manual therapy once per week for about six months

Evaluation

Findings:

1. Observation: Anne easily got nervous, presented with mild anxiety most of the time and always kept alert in sessions.
2. Whole-body evaluation
 - a. Arcing:
 - i. The energy cysts (ECs) were in the right knee, right pelvic cavity, right shoulder, and neck, right sphenoidal/temporal area, left TMJ area, the frontal area, the occipital area, left lower back and sacral area. Primary ones were the ones in the right pelvic area (50% of the depth), the right sphenoidal/temporal area, the sacral area, and the occipital area.
 - b. Fascial glide: The fascial restrictions were from the right knee to the right pelvic area, the pelvic and respiratory diaphragms, bilateral upper back, the right shoulder, and the left pelvic area.
 - c. CSR:
 - i. The amplitudes of the listening stations of heels, dorsums, thighs, ASISs, ribs, shoulders and the 1st vault hold significantly diminished during both the flexion/extension phases, especially in the stations of ASISs, Ribs and the right side of the 1st vault hold.
 - ii. The amplitudes of the listening stations of the 2nd (the frontal bone) and the 3rd vault hold moderately diminished.
 - iii. The under quality of CSR was about 2.5 from 1(lowest) to 5(highest).
 - d. Dural tube evaluation:
 - i. The facilitated segments were at the levels of T12, L1, and L5.
 - e. The Global Epicenter was in the right upper abdomen just below the xiphoid process and next to the midline, the depth was about 30 %.
3. The range of motion (ROM) of neck and right shoulder decreased.

Treatment:

Global Epicenter was utilized for treatment. The whole body dancing landscape began and went to many parts of the body. When everything calmed down, the last spot which kept showing up was the right pelvic area. I treated the relationship between Global Epicenter and the major restriction here, then focused on treating it (the right pelvic area) with the techniques of diaphragm release and Direction Of Energy (DOE) until the restrictions and EC here was released.

The 10-step protocol was also engaged. A lot of self-corrective motions of sacrum were noted during the L5-S1 decompression and dual tube traction. When I released the OCB, the SD occurred. Simultaneous, Anne went into SER with spontaneous head movements (rotating and side-bending to the left side), she paused in the position for a while and a big EC was released from the occipital area with a lot of rapid eye movements and a few deep breaths. At that moment, she was in a deep SD, so I didn't choose to start a dialogue.

When the treatment went to the sphenoid bone, it showed a right torsion lesion. I treated with the indirect technique and a SD occurred again, an EC was released with a lot of rapid eye movements and a sense of the crescendo and decrescendo of therapeutic pulses. There was

also an energy release when I released the frontal bone with the crescendo and decrescendo of therapeutic pulses.

The mouth works were applied to release Anne's TMJ, the soft tissues of the left side were much tighter than the right side which was also tight. I released the soft tissues and the articular sutures of the zygoma bones.

Tools you used:

1. Whole-body evaluations
2. Global Epicenter/Regional Epicenter
3. 10-step protocol
4. The concept of the Sutherland cranial base lesions
5. Protocol for hard palate evaluation and correction (mouth works)
6. CST and SER
7. Positional tissue release
8. Avenue of expression

Objective Results:

1. Observation: In the follow-up sessions, Anne appeared relaxed most of the time and seemed happier and more energetic.
2. Whole-body evaluations:
 - a. Arching: The total number of energy cysts decreased. The primary ECs in the right pelvic area and the frontal area have disappeared, and the others became minor.
 - b. Fascial glide: The original restrictions have been better and the primary restrictions were in the left pelvic area and left upper back.
 - c. CSR: The amplitudes of most of the mentioned listening stations improved by about 50 %. The under quality of CSR was about 3 from 1(lowest) to 5(highest)
 - d. Dural tube evaluation: The facilitated segments were at the level of L5,
 - e. The global epicenter was still in the right upper abdomen but moved down about 3 cm, closer to the umbilicus. the depth is about 30 %.
3. ROM of neck and right shoulder increased.

Subjective Results:

1. Anne felt pleased because the frequency of waking up during the night went from every day down to 1-2 times per week.
2. She noticed that the breath became deeper than before. She stated "I suddenly felt that a lot of air went into my chest when you released my OCB"
3. The pain scale of the left buttock was from 8 down to 1~2 and only happened at a very specific movement. Anne stated "I almost felt nothing in my daily life unless I fully focused on it, then I might feel it was a little tighter than the right side"
4. The pain scale of the right neck and upper back was from 7 to 2~3. She stated "I felt that my right upper back became lighter and don't feel pain anymore when combing my hair."
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5. The pain scale of the right knee was from 6 down to zero.

The average length of sessions: 1 hr
Number of sessions: 16
Cost of therapy prior to CST use: unknown
Cost of CST therapy: 1120 USD