

Upledger Institute Case Study

CranioSacral Therapy - Chronic Low Back Pain

By: Hsiang-Fei Hung

Personal: Lyn

Age: 52 y/o

Sex: female

History

1. Symptoms:

- Lyn had bilateral low back pain for more than one decade, which became worse and annoying in late 2018, especially when she rotated the trunk to the right/left end ranges and bent the trunk forward or to the right/left side. Morning stiffness was also noted in the past several months. (pain scale: 7 from 0 to 10)
- Having gastroesophageal reflux sometimes
- Sometimes having diarrhea after the cholecystectomy
- Having insomnia sometimes (usually triggered by psychological stress and anxiety)

2. Pertinent medical history:

- 1980- diagnosed with Scoliosis
- 2000- having a C-section
- 2006- diagnosed with Dysautonomia, Arrhythmia, and insomnia
- 2016- appendectomy
- 2018- diagnosed with Gallstones
- 09/2019- having a laparoscopic cholecystectomy because of the gallstones

3. How long treated by others; frequency and type

- Psychiatrist
 - 2006~2018- prescribed anti-anxiety and cardiological medicine for dysautonomia, arrhythmia, and insomnia on and off (Lyn took the medicine only when she had the symptoms.)
- Physiatrist
 - 2018- prescribe pain-killer and muscle relaxant to relieve the low back pain
- Physical therapy
 - 2018~early 2019- modality therapy including thermal therapy (hot packing), Transcutaneous Electrical Nerve Stimulation (TENS) and pelvic traction for several months irregularly

Evaluation

Findings:

1. Observation

- a. Lyn easily got nervous during the session and showed worry when talking about her family and the pet cat. She seemed to have some troublesome stuff in her mind but appeared tough enough to handle them.
2. Whole-body evaluation
 - a. Arcing:
 - i. The energy cysts (ECs) were in the left knee, bilateral lower abdomen (50%-70% of depth), right upper abdomen (near the cardiac sphincter of the stomach), left neck, the left temporal area, occipital area, and sacral area. Primary ones were in the left temporal area, the left pelvic area, and the occipital area.
 - b. Fascial glide: The fascial restrictions were from the left knee to left abdomen, the pelvic and respiratory diaphragms, the left neck and the left temporal area.
 - c. CSR:
 - i. The amplitudes of the listening stations of the left heel, dorsum and thigh, ASISs, the ribs, and the 2nd and 3rd vault holds significantly diminished during both the flexion/extension phases (especially for the frontal bone).
 - ii. The amplitudes of right heel, dorsum, and thigh, the 1st vault hold moderately diminished during both the flexion/extension phases.
 - iii. All the 3 vault holds were asymmetric. The amplitudes of the right temporal bone and the right greater wing of the sphenoid were smaller than the left sides. The amplitude of the frontal bone was smaller than the occipital bone.
 - iv. The under quality of CSR was about 2.5 from 1(lowest) to 5(highest).
 - d. Dural tube evaluation:
 - i. There were restrictions in the right upper and middle cervical spine, the left T-L junction and the lower lumbar spine.
 - ii. The facilitated segments were at the levels of C1, T12 and L1-2.
 - e. The Global Epicenter was in the right upper abdomen inferior to the border of the left rib cage about 1 cm and away from the midline about 3 cm; the depth was about 30%

Treatment:

Global Epicenter was utilized for treatment. The whole body dancing landscape began and gradually calmed down. The last spot which kept showing up was the left lower abdomen in the depth of the uterus. I treated the relationship between Global Epicenter and the major restriction here, then focused on treating the fascial restrictions of the uterus, the ileum and the sigmoid colon with the techniques of diaphragm release and Direction Of Energy (DOE) until the release signs happened.

The technique of direction of energy was used to treat the facilitated segment of L1, its end organ (the superior-medial part of the stomach area) and the relation between them. A sense of energy flow happened during the process and Lyn also felt warming up in that area. The 10-step protocol was also applied. A lot of self-corrective motions of sacrum were noted during the L5-S1 decompression.

In a session when I was releasing the occipital-mastoid sutures, the system showed a very high "rev" as I was applying a gentle posterior-lateral force on the ears, especially on the

left side. There was a significant EC in the left temporal area also noted. I applied the force as gently as possible and a SD occurred during the release. Retrospectively, Lyn said the feelings of the ear being pulled reminded her that her ears were uncomfortable in a similar way because of the sudden change in atmospheric pressure when she took a plane abroad last time. She felt a sense of relief after the restrictions were released. The frontal lift and the parietal lift also showed there were some restrictions on the vertical membrane system. A massive amount of energy was released during the process. After the session, Lyn felt her body was unwound to some degree, especially in the low back area which she usually felt pain before, and she also had a sense of energy flow as if she just worked out.

In another session, when I was releasing the OCB with the superior traction of the dural tube, a SD occurred. At the same time, Lyn embarked on the SER with the head spontaneously side-bending to the right side. She had an image that her pet cat that meows a lot seems to want to tell something to Lyn. However, Lyn couldn't understand what the cat would like to say to her at that moment and she decided to try it again at another time. Lyn's head stayed in that position for a while, I followed the self-motions of the occiput and kept the intention to apply a very gentle superior force on the occiput. The EC in the occipital area was released with a sense of the crescendo and decrescendo of therapeutic pulses. A certain amount of energy was released during the process and Lyn had a sense of relief.

In the same session, A sphenoid left torsion lesion was also noted and released by 50%. Lyn felt a little dizziness during the process. The mouth works were also applied, there were more restrictions on the left zygoma than the right and the feelings of mouth works reminded Lyn that she felt uncomfortable on her teeth from time to time.

The avenue of expression was also released to encourage Lyn to speak out and connect with her feelings and emotions.

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. Avenue of expression
8. Positional tissue release

Objective Results:

1. Observation:
 - a. In the follow-up sessions, Lyn appeared happier and more relaxed. She was pleased with the improvement of the low back pain and the sense of relief. She had taken the "Pet communication class" before, but she felt frustrated and stopped trying to communicate with her cat for a while. The CST sessions seemed to motivate her to start to try again.
 - b. She was also more willing to talk about the troublesome stuff on her mind.
2. Whole-body evaluations:

- a. The number of energy cysts (ECs) decreased, and the primary ones became more minor than before.
- b. Fascial glide: The primary restrictions were still mainly in the left side of the body, but they were mitigated by about 50 %.
- c. CSR:
 - i. The amplitudes of the listening stations of the heels, dorsums and thighs, ASISs, the ribs, and the 3 vault holds all improved by about 50 %. Generally, the amplitudes of the listening stations on left L/E were still smaller than the right L/E.
 - ii. The 1st and the 3rd vault holds were still asymmetric. The amplitudes of the right temporal bone and the right greater wing of the sphenoid was smaller than the left side. The amplitude of the frontal bone was smaller than the occipital bone. However, the asymmetry degrees of the 3 vault holds have decreased.
 - iii. The under quality of CSR was still about 3 from 1(lowest) to 5(highest).
- d. Dural tube evaluation:
 - i. There were restrictions in the right upper and middle cervical spine, the left T-L junction and lower lumbar spine.
 - ii. The facilitated segments were almost at the same segments, but L2 was calm and the others have improved.
- e. The Global Epicenter was away from the midline of the abdomen about 2 cm and superior to the umbilicus about 3 cm; the depth was about 30 %.

Subjective Results:

1. Lyn stated “I felt some restrictions which had been inside my body for a long time have been partially unwound. I felt better about the low back pain. The muscles there were softer and did not hurt that much when I moved my body. The pain I felt recently was mainly on the left lower back and the tightness feeling on the bilateral low back was almost gone.”
2. In addition, Lyn also felt a bit more confident of trying to communicate with her cat although she still couldn’t get clear messages from her cat at that moment.
3. The pain in the lower back decreased from 7 to 2~3 and the frequency of the pain decreased also (mostly on the left lower back). The end-range rotations of the trunk and bending trunk forward didn’t induce the pain any more. It only hurt at bending the trunk to the right/left side.
4. Regarding the morning stiffness on the low back, Lyn stated “I felt more comfortable in the morning because the low back muscles have become softer than before.”

The average length of sessions: 1 hr

Number of sessions: 5

Cost of therapy prior to CST use: unknown

Cost of CST therapy: 350 USD