

Pelvic Pain and CranioSacral Therapy

By: Christopher Slate

Personal Information: 53 year old female

Symptoms: Post-operative pain in pelvic region and lumbar spine. Slight inflammation and swelling in pelvic region. Difficulty urinating. Painful to walk. Three weeks previous, client had surgery to insert a "sling" to support her bladder, which had been severely prolapsed.

Pertinent medical history: Three pregnancies, one miscarriage. Tubal ligation. Bladder prolapse with incontinence. Previous treatments, bio-energetics and cortical field reeducation. Both of these are ongoing (for six months and two years respectively) practices in her life. Treatment sessions are intermittent occurring every two to three months.

Evaluation: Swelling in the urogenital region. Lymphatic congestion in inguinal regions, down through legs. Body still in post-op recovery mode, but progressing well. Visceral structures adjoining surgery site carrying disorganized energy (shock from surgical trauma), and lumbar and pelvic musculature hypertonic, in protective mode. Hypertonia in cervical musculature. Occipital Cranial Base (OCB) compression. Compensatory strain patterns in intracranial membrane system.

Tools used: Initially used regional tissue release and diaphragm releases to affect tissues related to lymphatic circulation. Worked (using LDT) from periphery to drain fluids around surgery site. Used stillpoints at strategic locations and silent discussion with various organs to invite system to re-organize and balance in the process of releasing shock from surgery. This also helped system to integrate new configuration of bladder in relation to other tissues and structures.

Progressive sessions used Direction of Energy (DOE) and diaphragm releases (particularly pelvic diaphragm), with specific attention to structures: relationship of bladder with parietal peritoneum, small intestines, uterus, sacral-uterine ligaments etc. L5/S1 decompression, S-I joint release and dural tube traction were used to create space, realign neural structures and facilitate improved functioning. Regional tissue release (RTR) used with legs to clear energy from pelvis through legs and feet. This was accompanied by use of meridians to facilitate energy flow.

Positional release and soft tissue work to cervical area. OCB decompression and dural tube rock and glide were used to integrate "core link". Cranial bones and intra-cranial membranes were also treated and balanced.

Over one month period, body systems normalized, swelling and pain were eliminated, and client "felt great". However, she was unable to urinate properly, with adequate force. Use of Therapeutic Imagery and Dialogue and SER, brought out energy of molestation trauma from childhood, and feeling of helplessness. SER process brought release of traumatic energy and "programming" in tissues regarding helplessness. This cleared the way for new "resolute and empowered" awareness (particularly in pelvic tissues). Client found appropriate images to represent new empowerment in her body, and to bring it forth into her life.

Objective Results: Treatment hastened client's recovery time from surgery in terms of normalizing fluid circulation, reducing inflammation, minimizing scar tissue, removing traumatic energy from the body and facilitating balanced placement of structures in relationship to repositioning of bladder with sling.

Surgery appeared to be very successful for client in holistic terms: overall body function, alignment, energy flow etc; as well as facilitating mental/emotional/spiritual well being.

Client lost extra weight, is more physically active, has a lighter, more youthful presence and appearance.

SER work helped shift core beliefs (and physiology) from self-defeating patterns to self-supporting intentions. This appears to have helped normalize urinary function.

Subjective results: With progressive treatments, client reported gradual improvement in terms of pain and swelling, accompanied by improved ability to walk. She applied her own self-healing skills and intentions to the content that arose in her sessions. She stated this was instrumental in her steady and relatively rapid recovery. Acute flare-up complication, due to her attempt to walk too far, too soon. Inflammation was acute for two days, and then dissipated over the period of a week.

Other complication was her lack of function urinating. This was very troubling to her. She reported being discouraged at times. Even though our sessions were helping her recover and feel better, she was deeply concerned about regaining her ability to urinate normally. Over several sessions this was a place where she (and I) were challenged with a "mystery" - she was feeling really good, but urination flow was weak and too prolonged.

SER experience represented a major breakthrough for her. She was highly relieved to have "faced" this traumatic memory, not have to carry around the energy of it in her body. She was excited with the new sense of pelvic empowerment, and was feeling ready to be sexual again.

Her urinating began to improve markedly after SER session. While most often, function is close to normal, she still has periods where it becomes weak. Though aware there's still a need for improvement, she is quite happy with her overall ability to urinate, and the results of surgery and follow-up treatment. She wants to continue CST treatments in hopes of strengthening her urinary function and overall well-being.

Average length of sessions: 90 min.

Number of sessions: 10 (she remains a client, who I see every few months)