

Anemia and CranioSacral Therapy

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Medical History

John is a 6 year old male who presents with PDD. He also has lead, mercury and cadmium poisoning. At 22 months old he developed a pica condition leading to anemia that resulted in repression in speech. He now has virtually no speech, hyperactivity and general low cognitive abilities. Mom says he has been in a fog and for the past 2 years is gradually coming out of it.

Current Level of Function

John's current level of function is age appropriate in some areas except for areas due to the symptoms of his diagnoses.

Patient/Family Goals

John's mom stated she would like him to stop banging his head and holding his ears; anything that will help further his progress.

Summary

"CranioSacral Therapy is a gentle, hands-on method of enhancing the flow of cerebrospinal fluid, blood and lymph. Thus, it facilitates the body's natural healing. Its positive effects are most apparent in the brain and spinal cord, the immune and hormonal systems and in the alleviation of chronic dysfunction and pain." John E. Upledger, D.O., O.M.M. Reductions in structural restrictions and imbalance contribute greatly to enhanced function.

John has made moderate progress in the reduction of adverse adaptive strain patterns of the craniosacral, musculoskeletal and lymphatic systems during the Intensive Program. There have been improvements in the following areas as well: John has made moderate improvement in the reduction of restrictions throughout his body. He is sleeping better and not banging his head and hands.

The enhanced motion and balance of the craniosacral rhythm contributes to improved structural, functional and integrative performance of bodily systems. It aids the creation of positive change by facilitating the mobilization of adverse patterns and by encouraging new levels of motion - - and balance to occur. The craniosacral rhythm is the key element used during treatment. It's motion and the body's response to the fluctuating pressure changes within the craniosacral system are used both by the therapist to help you facilitate change and by your body to continue creating levels of improvement. CranioSacral Rhythm has improved moderately.

Transverse fascial diaphragms are areas of the body that have a higher percentage of fascia that is transversely oriented than other regions. The fascial network of the body is an integrated full body connective tissue system that is found head to toe and superficial to deep. It covers all body structures from the large to the minute. It is designed to provide separation, support and ease of motion among structures. Compromise of motion caused by fascial restrictions may lead to diminished structural and functional levels due to the strain placed upon local structures. The effect of this strain may remain local and/or place strain upon distant regions of the body. Increased fascial mobility leads to heightened levels of structural integrity thereby enhancing function. Transverse fascial diaphragms have improved moderately.

There are five primary components which comprise the central nervous system: the osseous structures (cranium and spinal column), the meningeal system (cranial and dural components), the cerebrospinal fluid and related production and drainage structures, the vascular system (arterial and venous) and neural tissue (cranial and spinal). A restriction of mobility of any of these elements can easily translate force upon any or all of the related

elements. This may produce a wide range of negative effects upon the central nervous system, the autonomic nervous system, endocrine, musculoskeletal, vascular, lymphatic and respiratory systems. The cranium's integrity, freedom and balanced motion are necessary to allow optimal function among particular as well as interrelated systems. The cranial osseous structural interrelationship and mobility have improved moderately. The intracranial membrane system is the cranial component of the meningeal system. It forms the direct environment of the brain. Adverse strain within it may place harmful force upon neural tissue causing far-reaching dysfunction. This may have wide ranging negative effects throughout the entire body. It may also restrict the free mobility of the cranial bones as well as the dural and spinal components thus leading to dysfunction. The unencumbered motion of the intracranial membrane system greatly aids the structure and function of the components comprising the central nervous and related systems thereby positively influencing all body systems. The Intracranial membrane system mobility has improved moderately.

The dural tube is the spinal component of the meningeal system. It forms the direct environment of the spinal nerve tissue. Strain upon this component may place dysfunctional force upon nerve tissue. Expression of this strain may be in many forms such as referred pain patterns, spinal stenosis and facilitated spinal segments leading to end organ dysfunction. This force may also translate to the cranium, spinal segments, the sacrum or other parts of the body causing distortion and dysfunction. The Dural Tube mobility has improved excellently.

The facial bones, hard palate and teeth may place strain upon the craniosacral system thereby causing adverse tension and dysfunction within that system and/or others, i.e. restriction of the maxilla may cause scoliosis. Restriction in free mobility and balanced motion patterns may also lead to local dysfunction. The mobility of the facial bones, hard palate and teeth have improved mildly.

Cranio = cranium, Sacral = sacrum; the two ends of the CranioSacral system. The free mobility of the sacrum is critical to the optimal function of the system as a whole as well as its central role as keystone of the pelvic girdle. Sacral adverse adaptive strain patterns may negatively affect osseous and soft tissue structures as well as the craniosacral system and other fluid systems. The sacrum has improved excellently.

Vectors form the major energetic structure of the body (akin to an energetic stick figure). Distortions in the form such as acute angles, twists and breaks may have severe negative impact in the area of the distortion, distant from it or on the body as a whole. Increased vector integrity will energize and integrate deficient and dysfunctional regions of the body as well as the body as an interrelated whole. The vector system has improved moderately. Energy cysts are areas of the body that are using vital energy to encapsulate energy that the body has deemed as harmful and/or chaotic. It is the body's attempt to isolate disruptive energy so that it does not have a full body negative affect. This may be due to many causes such as physical trauma, emotional trauma, bacterial or viral infection - even some medications have been found to create energy cysts. The release of energy cysts allows the body to use the energy it has been consuming in maintaining the energy cyst for other positive purposes. It also allows the strain the energy cyst has been placing upon adjacent and/or distant structures to abate. The energy cysts have decreased moderately. There exist in the body a higher percentage of fascial fibers possessing a longitudinal orientation (in relationship to the transverse fascia mentioned above). This is part of the same network as the transverse fascia and carries with it the capacity to compromise structure and function. The longitudinal fascial mobility has improved mildly.

CranioSacral Therapy views the body as a tremendously intelligent, conscious and interrelated whole possessing an enormous capacity to change and to heal. The avenues of change are known within the body/mind/spirit of each of us as individuals. The changes that you have created while in the Intensive program will continue to produce higher levels of change leading to increased function and an enhanced natural ability to heal and adapt.

Treatment

Services provided included: CranioSacral Therapy, Neuromuscular Re-education, Myofascial Release, SomatoEmotional Release, Visceral Manipulation, Kinetic Activities, Osteopathic intervention, Lymphatic Drainage

Recommendations:

To continue with your CST therapist at home It is suggested that in 4-6 weeks that your OT, PT or Speech Therapist re-evaluate your current program Return to the IP as needed

Clinical Observations/Assessment

CranioSacral Rhythm

Initial: Symmetry: symmetrical; Quality: moderately sluggish and thick; Amplitude: moderately low with restriction in flexion and extension; Rate: 5 cycles per minute

Post: Symmetry: symmetrical, Quality: mildly sluggish, less thick; Amplitude: stronger with mild restriction in flexion and extension; Rate: 5 cycles per minute

Transverse Diaphragms

Initial: Pelvic: mild right torsion; Respiratory: mild compression; Thoracic: moderate compression; Hyoid: severe restriction; OCB: moderate-severe compression

Post: Pelvic: no restriction noted; Respiratory: no restriction noted; Thoracic: mild restriction; Hyoid: moderate-severe restriction; OCB: moderate compression

Dural Tube

Initial: Restrictions: moderate L5-S1, C7, C2, C1; Facilitated Segments: T8

Post: Restrictions: C1, C2; Facilitated Segments: none noted

Intracranial Membrane System Initial: severe medial compression tentorium severe posterior compression falx cerebri

Post: moderate compression tentorium moderate posterior compression falx cerebri

Cranial Vault

Initial: Frontal: severe compression; Left Parietal: severe medial compression; Right Parietal: severe medial compression; Sphenoid: severe compression, inferior vertical strain; Left Temporal: severe compression; Right Temporal: severe compression; Occiput: moderate compression

Post: Frontal: moderate compression; Left Parietal: moderate medial compression; Right Parietal: moderate medial compression; Sphenoid: moderate compression; Left Temporal: severe compression; Right Temporal: severe compression; Occiput: moderate compression

Facial Bones/mandible/Palate/Teeth

Initial: Left Zygoma: severe compression; Right Zygoma: severe compression; Left Maxilla: moderate extension lesion; Right Maxilla: moderate extension lesion; Vomer: moderate extension lesion; Left Palatine: no restriction noted; Right Palatine: moderately superior; Left Nasal: moderate posterior compression; Right Nasal: moderate posterior compression; Mandible: moderate compression; TMJ: moderate compression;

Post: Left Zygoma: mild compression; Right Zygoma: mild compression; Left Maxilla: moderate extension lesion; Right Maxilla: moderate extension lesion; Vomer: moderate extension lesion; Left Palatine: no restriction noted; Right Palatine: no restriction noted; Left Nasal: mild compression; Right Nasal: mild compression; Mandible: mild compression; TMJ: mild compression

Sacrum

Initial: moderate left torsion

Post: no restriction noted

Energy Cyst(s)

Initial: throat, cranium

Post: cranium

Fascial Glide Restrictions

Initial: moderate-severe through upper thoracic region

Post: moderate restriction in thoracic region