

Bilateral Face Pain and CranioSacral Therapy

By: Donald Gerken, DC, DACCP, CST

Abstract

Objective: To describe the care of a patient with a three year history of unrelenting bilateral face pain.

Clinical Features: A sixty-eight year old women utilized CranioSacral Therapy for unrelenting bilateral face pain. Prior to starting CranioSacral Therapy, she was subjected to extensive dental work, several rounds of steroid injections and aggressive stretching; all with negative results. No formal diagnosis was made, however, the dentist and the general practitioner told her she was being treated for TMJ dysfunction.

Intervention and Outcome: The patient was cared for with CranioSacral Therapy to the regions of the cervical and upper thoracic spine, along with the cranium to relax the dura and soft tissue structures surrounding the occiput, jugular foramen and the zygoma. The patient's response to care was positive and after five treatments her symptoms abated completely.

Conclusion: There are indications that adults suffering from facial pain as presented in this case may benefit from CranioSacral Therapy.

Introduction

A sixty-eight year old female who had been experiencing face pain for just over three years experienced a CranioSacral Therapy session while on vacation in Germany. She enjoyed the session and the therapist recommended that when she returned home she should look into receiving more care. She reported to our office with ongoing bilateral face pain which she described as a deep dull ache, with an intensity of 7-8/10, which sometimes kept her from sleeping. Her pain did not change with head position or jaw movement, however, times of increased stress made the pain worse. She had worked with her general practitioner for a year and had undergone three different types of medications and steroid injections to the face with no change. She was referred to a jaw specialist who gave her exercises and then injections into the Temporomandibular joint. She had noticed no change or improvement with the exercises, drugs or injections.

Examination

Posture evaluation showed anterior head carriage, slight head tilt forward and to the right. Her cervical range of motion was 50% limited in rotation and lateral flexion bilaterally. Motion palpation showed subluxations in her cervical spine at the levels of Occ-C1-C2, and C5-C6. The majority of her cervical flexion and extension was coming from C3-C4. Palpation of her thoracic inlet, shoulders, neck, head and face showed restriction of her thoracic, hyoid and occipital diaphragms. The Temporomandibular joints palpated normal bilaterally, without restrictions, clicking or popping. Asymmetrical movements were palpated between all paired cranial bones with restriction of both Zygomatic arches. General CranioSacral movement of the body was fair to poor in terms of symmetry, quality, amplitude and rate (SQAR). The SQAR of the cranium was limited in the last 113 of flexion and the first 213 of extension. Her CranioSacral rhythm was steady and regular at a rate of 6 cycles per minute.

Management plan

Treatment began with releasing the respiratory diaphragm and the thoracic inlet by following the fascia1 strain patterns to relax soft tissues and bring about symmetrical movement into the chest, shoulders and neck. The patient felt a deep therapeutic pulse

over the T3-4 region of her upper back, along with a light warming sensation throughout her upper chest. The strain pattern was followed to the occipital diaphragm and the C1-C2 region. These areas were released, which produced a strong warming sensation across the C1- Occiput area. The first session was concluded by focusing on balancing the temporal bones, which were moving better, however still not moving symmetrically. At the start of the second treatment she reported that the face pain was the same on the left but reduced to 3-4/10 on the right. After clearing the thoracic inlet and the Occiput, work was done to balance the temporal bones, matching quality, symmetry, amplitude and rate of movement. She reported a decrease in her neck and face tension as well as an increase in general wellbeing. This was followed by decompression of the sphenoid and the session was concluded with a CV4.

She reported the pain to be 2-3/10 on the left and even less on the right just prior to beginning her third treatment. Work on the cranium was done focusing attention on the Temporals, Sphenoid, Occiput and C1. After movement was brought to normal in each of these areas work inside the mouth began. Standard protocol was followed in order to release each of the structures in the mouth, improvements were made by bringing structures back into balance. While working on the hard and soft pallet she felt much improvement and a general sense of wellbeing. The session was concluded with a CV4. At the beginning of her fourth session she reported that the right side of her face was without pain, however she felt that she was slightly sensitive to the touch over the cheek area. The left side was 2-3/10 and felt better as well. A productive session followed by working with and releasing the Occiput-C1, Zygoma, maxilla and frontal bones. Mouth work was repeated focusing on the soft tissues. The patient had several physical releases followed by an emotional release that she revealed brought back feelings centered around her sister's death. The session was concluded with a CV4.

The fifth session began with a hug and vigorous shaking of the practitioner, followed by the news that it was the first time in 3 years that the patient's face had been pain free. She reported some sensitivity over the TMJ and zygoma. Work was done over the entire cranium and within the mouth balancing symmetry, quality amplitude and rate of each anatomical area. Next releasing the thoracic, hyoid and occipital diaphragms, produced a general feeling of comfort and overall better movement within the fascia. The session was concluded with a CV4.

Discussion

During the 4th session the patient had several physical releases followed by an emotional release that she revealed brought back feelings centered on her sister's death. These feelings were visited and explored during an open dialogue session with the practitioner. Feeling of loss, grief, and loneliness were felt and released by viewing her sister's death with a new perspective. This process provided the most dramatic change in the soft tissue structures. Somato emotional release is often a major component of CranioSacral Therapy. In this case the patient was feeling better and making progress from the beginning of the first treatment, but the biggest and most significant change came after the emotional release. This emotional release appeared to facilitate a deeper level of healing, and allowed her a more complete healing experience.

The Role of CranioSacral Therapy

CranioSacral Therapy in this case provided the necessary movement to the specific areas restricted in the upper chest, neck and face. The patient had 5 CranioSacral Therapy sessions over a week and a half. Each session lasted between 40 and 50 minutes. The cost of all the therapy sessions totaled \$525. The cost of therapy prior to CST is unknown, because the patient paid an insurance co-pay for each visit and procedure. The patient was thrilled with CranioSacral Therapy and stated that it was less invasive and more effective

than what she had tried before. She loved the warm sensation during the treatment and wanted to continue with more care. Results were seen following the first treatment.

Conclusion

Case management of a 68 year old female with chronic face pain for over 3 years reported 100% resolution of all symptoms after 4 CranioSacral Therapy treatments. Craniosacral care was provided based on the restrictions in the diaphragms and the fascia1 strain patterns within the body. Prospective research into the efficacy of this approach to health care is encouraged. The possible role of craniosacral evaluation and treatment of an individual with ongoing face pain unaffected by a conventional medical approach should to be explored.