

## Diabetes and CranioSacral Therapy

**By: Gloria Flores**

**Age:** 82 Year Old Female

**Treatment Start Date:** July 2005

**History:** At the age of 62 this patient was placed on medication for diabetes. The patient's condition has progressed over the last 20 years and the patient, although on insulin therapy, finds it difficult to control her blood sugar levels. As a result, the patient, upon the start of CranioSacral therapy was suffering from moderate neuropathy of the feet and swelling in the feet and ankles. She also had mild skin ulcerations on her lower legs. The patient didn't mention it at the onset of treatment but I later learned that she also had an obsessive-compulsive nail habit since childhood. She also suffered from mild memory loss problems and low overall energy. At the onset of treatment the patient was complaining of sciatic pain.

This patient was told by her medical professional that the peripheral neuropathy she suffers from would continue to progress with time and that nothing could be done medically to stop the progression. The patient sees her medical professional only on occasion for check-ups or when she is ill. Other than CranioSacral therapy, she does not see any other practitioners for any type of therapy on a regular basis.

**Evaluation:** When I first began treating the patient, her feet and ankles were very sensitive to touch. She had a few small ulcerations on her lower legs along with painful, sensitive tissue on her lower legs. I noticed that these sensitive areas were hot to the touch. During evaluation and treatment the patient presented with and a slow, hard to detect Craniosacral rhythm along with dural tube restrictions in the lumbar area.

**Treatment:** CranioSacral Therapy on this patient began at the end of July, 2005. This was only weeks after I had taken my first CST I class. She received regular once-weekly 10-step protocol sessions. A few months into her treatment (after I had taken a CS2 class) I began to treat the patient's sphenoid lesions. I learned about cranial pumping in CS2 and began to use that technique to increase the amplitude and rate of the patient's craniosacral rhythm at the beginning of her sessions. In addition, I used Direction of Energy on the areas of the patient's lower legs that were hot and painful. The patient received regular therapy for a period of over a year and a half. The average length of time spent during the sessions was about 45 minutes. The patient responded to treatment with positive results immediately after her first session. After I began treating her sphenoid lesions, with each ensuing sessions it became obvious that the sphenoid lesions were less frequent, less severe and easier to correct.

**Outcome:** A few days after the first 10 step protocol session the patient was very happy about the fact that her back pain was gone and her energy level had improved. She was especially excited about the fact that she no longer had the compulsion to bite her nails. At the onset of treatments, the patient felt a ticklish sensation if her feet were touched. I gradually noticed that with each treatment, the patient's feet were less and less sensitive to touch. After 4 to 6 sessions I was able to touch and hold the patient's feet without her feeling uncomfortable. At that time the swelling in her feet was noticeably improved. After 8 sessions the patient was able to enjoy the foot massages that I added before beginning her craniosacral session and the swelling in her feet and ankles had disappeared. A year after beginning of weekly CranioSacral Therapy, the client was rarely experiencing skin ulcerations. About 2 months after regular, weekly sessions began the patient no longer

suffered from swelling in her feet and lower legs. She also noticed a gradual increase in her mental alertness along with improvement in her memory. She had the energy to attend a 3 day religious convention in 2006. Something she had not been able to do for at least four years prior to beginning CranioSacral Therapy.

**Conclusion:** The sphenoid compression-decompression technique was sufficient to correct the client's sphenoid lesions, causing her nail biting compulsion to disappear. Her memory improved as a result of regular treatment since CranioSacral therapy increases production and distribution of cerebrospinal fluid. This helps nutrients reach the client's brain, increasing brain function. The painful swelling and ticklish sensations in the client's feet and ankles disappeared because of increased blood circulation to the periphery of the body (also a result of CranioSacral Therapy). For this same reason, skin ulcerations on the legs of this client became a rare occurrence. The client's energy level noticeably improved because of increased overall vitality as a result of regular, weekly CranioSacral Therapy sessions.