

Ovarian Surgery and CranioSacral Therapy

By: Shyamala Strack

Personal Information: I.W., age 26; sex: female

History: I.W. had had ovarian surgery to remove cysts. The procedure left her with one half functioning ovary on the left, right remained intact. She had had an abortion at 21 years old and feared that she would be unable to bear children. I.W. had not had a menstrual period for one year following the rape by gunpoint of her friend; the rapist had shot the friend's family dog to make his point against any resistance. I.W. had been babysitting the friend's two children when their mother came home disheveled, hysterical, crying, clothes torn, following the rape. The patient knew the rapist as well and was fearful, nervous that he would come after her. The authorities did not incarcerate the man for unknown reasons. The patient was unable to have a long term male relationship until recently. She was extremely thin, had issues about "taking up space", and "standing her ground"; as well as stated issues related to food. Previous therapies had included traditional medical practices related to medications; different types of alternative therapies i.e., Rolfing, Alexander Techniques, psychotherapy, massage.

Evaluation: CranioSacral Rhythm amplitude diminished and rate slow throughout body especially in pelvis and lower extremities. Her occipital cranial base was restricted, greater on right. Thoracic, respiratory, and pelvic diaphragms restricted with corresponding visceral restrictions noted in areas of spleen, lungs, ovaries, stomach. Dural tube compromised in C 2, 3; T5 - 7, 9-11; L5 - S1.

Treatment: Treatment involved a combination of therapeutic modalities. CranioSacral Therapy increased the integrity of the patient's overall system and released energy cysts and blocks related to same. Visceral manipulation techniques were utilized to release restrictions and tension patterns in the abdominal cavity and pelvic area. Myofascial release techniques were utilized to release fascia1 restrictions and sheer patterns. SomatoEmotional Release with Dialogue and Imagery techniques were done which contributed to releasing patterns long held in the patient's belief system as they related to familial patterns, personal integrity, body awareness, as well as physical presence. Dural tube mobilization desensitized facilitated spinal segments thereby increasing the system's overall integrity and mobility.

Objective: Patient's menses started following the third treatment session. She had more flexibility without pain.

Subjective results: She was able to share her fears and thoughts with her new boyfriend as regards their relationship and her needs. She was more confident and able to 'take a stand' on issues that were important to her.