YOU ASKED...

I know your clinic does a lot of work with post-traumatic stress. Are you involved in any relief efforts for September 11th victims?

Therapist Response: Yes, we are. Our UI HealthPlex clinic is working with The Upledger Foundation to provide ongoing therapy for those directly affected by the recent tragic events in our nation. The Upledger Foundation has established The September 11 Healing **Touch Fund: Providing CranioSacral** Therapy to Trauma Victims.

Donations will be directed to select CranioSacral Therapy practitioners who will serve as authorized representatives of The Upledger Foundation in providing hands-on therapy to those who have been traumatized.

Donations are fully tax-deductible. For more information, call the Foundation at (561) 624-3888. To make a contribution, please make your check payable to The Upledger Foundation (reference Sept. 11 Healing Touch Fund on the bottom), and mail to: The Upledger Foundation, attn: Sept. 11 Healing Touch Fund, 11211 Prosperity Farms Rd., Suite D-223, Palm Beach Gardens. FL 33410-3487.

Send your questions to UpClose Editor, The Upledger Institute, 11211 Prosperity Farms Rd, D325, Palm Beach Gardens, FL 33410-3487, or to debbie@upledger.com. Questions are answered by UI staff therapists and appear on a space-available basis.

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For most of Steven Shumelda's professional life, stress was a dominant factor. As a Naval hospital corpsman assigned to the Marine Corps in 1978, he survived a helicopter crash. Later, as a medical deep-sea diver with the Navy, he was given three to six months to live following what was believed to be a "toxic dive" that left his liver irreparably damaged. Life as a civilian continued the pattern of stress. His career took him from paramedic to operating room technician. To hear that Steven Shumelda made it through those years may be surprising. To hear that he developed Post-Traumatic Stress

Disorder is not.

The official diagnosis of "panic disorder" came in 1984 after Steven began experiencing a racing pulse and was shown to have high blood pressure. The treatment prescribed at the Dept. of Veterans Affairs hospital included medication — many varieties in an unending supply — designed to keep the body sedated. Steven opted for a different approach: an optimistic attitude, sheer determination, and the Eastern healthcare modalities he had begun studying after his helicopter crash. (These studies eventually led him to change his career focus in 1989 to massage therapy. He has been in private practice in Palm Beach Gardens, Fla., since 1993.)

Steven was able to survive many years this

way — until January 2001, when his body's coping mechanisms could no longer compensate. A 40-pound weight loss and tremendous pain in the area around his liver left him virtually unable to work.

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PRACTITIONERS

JOHN E. UPLEDGER,

DO, OMM

GAYLE "MYA" BREMAN,

LMT, MSW, CST-D

CLOÉ COUTURIER.

LMT/CO, CST

ROY DESJARLAIS, LMT, CST-D

JIM GREEN, LMT, CST-D

DAVID HALFON, LMT

FRANCINE HAMMOND,

LPN, LMT, CST-D

REBECCA HUNT, OTR, SCP

SHERYL MCGAVIN,

MBA, OTR/L

RONALD MULLEN, AP, LAC

LEE NUGAN, MA

CHAS PERRY, PhD, CST-D

LISA UPLEDGER, DC

NANCY WESTPHAL, LMT, CST

UI HealthPlex Hours

8 AM - 7 PM, MON - THURS

8 AM - 6 PM, FRI

9 AM - 1PM, SAT

CRANIOSACRAL THERAPY BREAKS 20-YEAR CYCLE OF PTSD

Tests revealed that Steven's liver enzymes were highly elevated. Doctors at the VA Medical Center diagnosed pancreatitis and gave Steven three options "that weren't very good," he says. "Surgery, drugs forever, or a liver transplant." Once again Steven turned instead to complementary therapies — even though "doctors continually told me I was going to die."

It was during this time that Steven heard about CranioSacral Therapy and decided to take a class. After four days of experiencing the hands-on work, he says, "My pain stopped."



This photo of Steven Shumelda, taken Christmas 2000 with wife, Barbara Ellen, shows the effects of his facial trauma. Notice how his left cheekbone protrudes the result of his hard palate being pushed up into his jaw at the time of his helicopter crash.

Continued inside

THE ROLE OF CRANIOSACRAL THERAPY IN TREATING POST-TRAUMATIC STRESS DISORDER

When I wrote this column, the tragic events of September 11, 2001, had not yet transpired. Never could I have imagined that the topic I had chosen would become so eerily apropos. With trauma of the magnitude our nation has experi-

enced, we can expect to see an exponential rise in the incidence of Post-Traumatic Stress Disorder in the years to come.

Since starting our PTSD program for Vietnam veterans more than eight years ago, it has always been our desire to make the program available to all victims of trauma who may suffer from this disorder. Up to this point, the funding simply has not been available. In light of everything

that has happened, it is apparent that the time has come to expedite the outreach of this program. We hope you will help us in these efforts in the davs ahead.

As we begin the healing process, individually and as a nation, our thoughts and prayers remain especially with all those directly affected by this tragedy: the survivors of the attacks...the loved ones and colleagues of those taken...the witnesses to the carnage...and the firefighters, police and other rescue workers who put themselves in harm's way.

Throughout human history, those who have undergone or witnessed a traumatic event have often experienced ongoing and uncontrollable fear, anxiety, depression and other life-altering emotions following the occurrence. It has only been in recent times, however, that these symptoms have gained recognition, validation, and a name.

It was in 1980 that Post-Traumatic Stress Disorder (PTSD) was first officially recognized by the American Psychiatric Association in their Diagnostic and Statistical Manual of Mental Disorders, Volume III (DSM III). Prior to that, the condition existed only under titles such as "shell shock," "battle fatigue," "dissociative amnesia" and "physioneurosis." It was the rather high incidence of PTSD in Vietnam veterans that finally prompted inclusion of the condition as a mental disorder in the DSM III.

Although combat veterans comprise a significant percentage of PTSD sufferers, combat should not be considered the singular cause of the disorder. It can result from any experience a person feels is life-threatening, terrorizing



to years after the related event. Once begun,

the symptoms occasionally go into remission and then return. The disorder we now call PTSD may continue to affect the victim for years, decades, and often for the balance of a lifetime.

PTSD Has Physical Roots

Though classified as a mental disorder, PTSD has distinct physical origins. In our years of research and treatment of PTSD, we have John E. Upledger, DO, OMM encountered numerous symptoms

> that respond well to CranioSacral Therapy. Following are seven of the more prevalent symptoms and how we treat them.

1. Insomnia can result when the joints of the head and neck become jammed due to extreme backward or forward bending of the head during a traumatic occurrence. CST is used to release these pressures and improve the efficiency of fluid outflow at the occipitalcranial base [base of skull]. When successfully applied, insomnia significantly improves.

2. Hypervigilance is a state of heightened awareness in which any surprise or unexpected noise causes an excessive response that the PTSD person cannot control. We use CST and its offshoot, SomatoEmotional Release®, to locate and release energy cysts [contained areas of stress] throughout the body. We concentrate particularly on the reticular activating system (RAS) of the brain and spinal cord, which is responsible for the secretion of adrenalin and other stress hormones and biochemicals. When we can reduce this system's level of ready alertness, both hypervigilance and hyperresponsiveness are significantly alleviated.

3. Intrusive thoughts continually interrupt a PTSD victim's ability to concentrate. CST and its offshoots are used to balance fluids and release restrictions on the right and left sides of the cranium, thus enhancing the circulation of both blood and cerebrospinal fluid. As a result, nutritional supplies to brain cells are improved and toxic waste products are removed. The brain areas that help control conscious thoughts are also revitalized and become more effective.

4. Flashbacks are mental re-experiences of

the horrific events that caused the PTSD initially. Unlike normal memories, they do not mellow with each recall, nor can they be described in words by the person experiencing them.

Studies have shown that in PTSD the left side of the brain is less functional than the right, and the hippocampus — thought to be an important factor in memory control is smaller on the left than on the right. Cranio-Sacral Therapists work to equalize the mobility and fluid flows of both sides of the brain. They also pass a lot of energy from right to left, focusing on the left-side speech area [plenum temporale]. Using this approach we have seen clients become able for the first time to describe the flashback event(s). As this ability improves, the flashback comes under control and the experience can be recalled voluntarily. Eventually, the power of

the event fades and the flashbacks discontinue. 5. *Panic attacks* mark the beginning of PTSD, but they fade and discontinue as hypervigilance, intrusive thoughts and flashbacks are successfully treated.

6. Long-term fear results in a person with PTSD when he/she is faced with a short-lived, scary episode. Contrarily, the non-PTSD person might react with momentary fear to the same episode. This long-term fear becomes chronic anxiety. As with panic attacks, this too wanes as the CST has its effect.

7. Depression and suicidal thoughts are common in PTSD-afflicted persons. Our treatment focuses specifically on releasing abnormal compression at three junctions: where the sphenoid bone and base of the occipital bone meet [floor of the cranial vault]; the joints where the first cervical vertebra and occipital bone unite [base of the skull]; and where the lumbar and sacrum come together [lower back into tailbone]. Once alleviated, depression lifts and suicidal ideations discontinue.

Using this approach in a study with 22 Vietnam veterans, we found that at the end of two intensive weeks of treatment, all of them tested much lower on the depression scale. Even the administering psychologist had trouble believing the results of his own tests.

Working to Eliminate the Problem

It may be difficult to understand how something as light-touch as CranioSacral Therapy could effect meaningful change in an individual suffering from Post-Traumatic Stress Disorder.

You are not alone. Those of us who practice the technique still marvel at the responses we often witness. The body is a remarkable mechanism, full of mystery and capable of untold feats of selfpreservation and healing.

My hope is simply that this brief discussion helps you gain a better understanding of how CranioSacral Therapy works to aid the PTSD sufferer — and perhaps clears up some misperceptions about this disorder along the way.

PTSD is not an incurable, hopeless mental disorder. Our research with Vietnam veterans has shown just the opposite, producing some of the most dramatic and encouraging results I have ever witnessed. And this is just the tip of the iceberg. I hope you will join with us in the years to come as we seek to eliminate PTSD from the trauma equation.

Copies of other articles written by Dr. Upledger on the topic of PTSD are available through The Upledger Institute by calling 1-800-233-5880, ext. 89012. You can also read of one CranioSacral Therapy practitioner's experiences as a volunteer in New York City at Ground Zero. Copies are available through the Institute or at www.upledger.com. For information on how you can help support posttraumatic stress victims, see "You Asked."

CRANIOSACRAL THERAPY BREAKS 20-YEAR CYCLE OF PTSD

Continued from cover

In a subsequent visit to the UI Health-Plex clinic, Steven met with Dr. John Upledger, who discerned that his problem involved a number of body systems as well as emotional issues that needed to be addressed. It was recommended that he take part in The Upledger Foundation's two-week Post-Traumatic Stress Disorder program. This time, Steven chose to take the doctor's advice — a move he calls revelatory.

Steven quickly discovered that the physical and emotional repercussions from his traumas were far more pervasive than he could have guessed. "I would never have thought that the body could sustain injuries so severe that weren't obvious," he says. As a result of the helicopter crash, "My palatine bone [which forms part of the hard palate] had been shoved up about an inch into my jaw," he explains. "Cranio-

INTENSIVE THERAPY PROGRAMS

conditions as:

- Autism
- - Migraine Headaches

 - Emotional Difficulties

- Chronic Fatigue
- Scoliosis
- Colic
- Fibromvalgia

Sacral Therapy and Visceral Manipulation loosened that stress." (Steven believes that other membranes were also shoved upward at the time of the crash, thus resulting in all his apparent liver trouble over the years. Doctors had never looked beyond the enzyme numbers in determining his problem.)

The PTSD program also helped Steven Since participating in the PTSD pro-

deal with the emotions he had kept buried all those years. "It offers a healing, safe place to go to deal with traumas that you don't really want to deal with," he says. gram, Steven has returned numerous times to UI HealthPlex for follow-up Cranio-Sacral Therapy. "I'm settled, more relaxed, less agitated," he says. "Everything is smoother." Finally able to sleep and eat well, he is back to full-time practice — a large portion of which is now devoted to CranioSacral Therapy.

"I've tried just about every modality out there," says Steven. "CranioSacral Therapy is the only one that's come through to help me. I wasn't able to sleep. I had panic, fear. And it took just five grams of gentle pressure, with the therapist simply holding and waiting for release, to unlock all that.



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I'm amazed by it. CST broke the stress and pain cycles."

And it brought Steven Shumelda peace. After more than 20 years of living in turmoil, he says, "That's the biggest thing I found."



CranioSacral Therapy's effect on Steven's structural injuries is most evident at his cheekbone, which no longer juts out. Shown here at Orlando's Discovery CoveTM, Steven is now pain-free and able to enjoy life for the first time in more than 20 years.