

CRANIOSACRAL THERAPY AS SUPPORT FOR A COMPLEX MEDICAL CONDITION

- March 21, 2022
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Bodywork and Medical Issues

As bodyworkers, we are in a unique position to be a bridge of support to our clients who have complex and traumatic medical issues.

Some clients feel like they are at an impasse with their conventional medical treatment. Sometimes medication and surgery can only help so much and have left them still limited in their quality of life. Other times they know that another surgery is needed but are too overwhelmed to move forward.

In Tanya's situation (client name changed), she came to me with ongoing issues that had resulted from having mesh used in surgery to help with incontinence and pelvic organ prolapse. polypropylene pelvic mesh implants became widely used for the treatment of urinary incontinence and pelvic organ prolapse during the 2000s. During that decade studies began to show that there was a high risk of complication from use of the mesh.

After her initial surgery, Tanya noticed that her incontinence was no better and she began to experience a cascade of new and alarming problems. She decided to have another surgery to remove the mesh by a surgeon she trusted, Michael Hibner, MD, director of Gynecological Surgery and Pelvic Pain at Arizona Center for Chronic Pelvic Pain.

Disappointingly, this did not help with the secondary problems that had originated from having the mesh implanted in the initial surgery. She had a strong suspicion that not all of the mesh—possibly the “arms” of the mesh—had not been removed.

When Tanya first came to see me, she had a very hard time talking about the surgeries and her past medical experiences. My focus initially was to help Tanya to be able to feel and identify different sensations in her body.

At that time everything [felt like pain](#) and that would send off alarm bells in her sympathetic nervous system. She was making frequent visits to the ER and suffered from urinary tract infections, difficulty sleeping, significant pelvic pain, fistulas, depression and limited ability to sit and walk.

She had autoimmune problems that created a lot of abdominal discomfort that would not resolve despite trying many approaches. The placement of pelvic mesh in the body can cause disruption to the immune and musculoskeletal systems as well as create nerve injury.

Guided Exploration

Tanya began to practice a grounding and filling guided exploration at home that she had downloaded from the [Healing from The Core](#) website. We would begin each session with grounding and filling to support Tanya in discovering different sensations other than pain.

This embodiment practice helped Tanya identify any changes that occurred during the CranioSacral Therapy (CST) session. Within a few months of our bi-monthly appointments, she felt like she had more energy, her sense of humor returned, and her family noticed that she was happier and more resilient.

Over the next year, as her trust in the work deepened, she was able to use her CST sessions to sort through and let go of much of the charge in her body around her prior surgeries and medical procedures. In addition, she was able to identify the times she felt gratitude for the positive and life-saving medical care she had experienced. A more cohesive story emerged as she worked through memories that went back to childhood.

Tanya said to me, "I wish I had never had the surgery done, Kate. The doctor was so convincing that it would cure my incontinence and prolapse. I am just not sure I can go through another surgery."

"That is very understandable, Tanya," I replied. "From the time we first worked together until now you have come a long way. Your pain has decreased, you are now able to sit for longer and you have not visited the ER in over a year. Now you can calm your nerves down more easily and quickly when things get too much."

"True, Kate. I forget how far I have come sometimes," said Tanya. "Maybe with the help of you and my therapist I can start talking again with Dr. Hibner about removing the mesh that I suspect is still there and have surgery for the pudendal nerve entrapment."

Trauma-Informed Bodywork

There are times when [trauma that is held in the body](#) is from a medical treatment itself. With trauma-informed bodywork, we can be a pivotal resource to the client. We have many more hours in contact with our clients than any other medical staff. Our touch-based therapy time is on average between 60 to 75 minutes long in a supportive, relaxed environment.

There is [extensive research](#) to show the many benefits of touch, of which we massage therapists and bodyworkers are well aware. This relationship allows us to have a deep understanding of the often long and complex trauma history that can go back to childhood. This depth of connection is not available within mainstream medicine because of the time constraints medical professionals work under.

Further Surgery

Ultimately, Tanya contacted Dr. Hibner and had a successful discussion with him about further surgery. Even though he was a trusted surgeon, Tanya had to be proficient in using her calming techniques be able to have an effective conversation with her doctor.

The idea of going back into surgery was very alarming for her nervous system. Sometimes as she explored the idea of more surgery during our CST sessions, her pain levels would shoot up to 10. We would be able to bring the pain level down gradually to a more tolerable level as her tissue let go of the tension it was holding.

One pattern Tanya often went into was extension through the back, arching through the mid-thoracic region. As I held and supported her body in this pattern, she recalled being told that she would scream in pain as a baby with “colic.” She could let the tension pattern go by feeling the extension through her spine as the memory of its origins surfaced into her awareness. It had become so automatic that she didn’t realize her back was arching. Thankfully, it is no longer a tension pattern she goes into, and she has created more ease and softness in her body.

Dr. Hibner carefully listened to Tanya and her concerns, as she was able to present her symptoms clearly and concisely. This allowed Dr. Hibner to be able to efficiently identify the best plan of action and even negate the need for some of the diagnostic tests he would often use.

Once the date for the surgery was set, our sessions, along with her therapist, focused on Tanya preparing on the physical, emotional and spiritual levels. We worked on the fascial restrictions in the body, some of which were created by previous surgeries.

During this preparation phase, Tanya remembered how the pain control after previous surgeries made her nauseous and did not manage the pain well. As she recalled this time, her body went into a strong stress response where she felt a lot of tension, breath-holding and anxiety. As she came back into a calmer state, Tanya developed a plan to discuss this issue with Dr. Hibner before going in for surgery. Tanya felt a huge sense of relief when Dr. Hibner validated her concerns and adapted the pain medication following the operation with her previous experiences in mind.

Tanya’s surgery went very well. Dr. Hibner found two pieces of mesh that were in the pelvic cavity and successfully removed them. In a subsequent surgery, the doctor was able to identify the pudendal nerve entrapment and release the nerve.

“Most likely pelvic mesh caused scarring of the pudendal nerve, so just mesh removal was not enough to improve [the] patient’s pain,” said Dr. Hibner. “Pudendal nerve decompression surgery done after all mesh was removed allowed for nerve healing and improvement in pain levels.”

Pain Management

Despite all of Tanya’s best efforts, there was a time during recovery when the pain became very high and required a visit to the ER. We met on Zoom to help Tanya settle into her body more and be able to track the sensations. As she did this, the pain started to come down from an 8 to a 4, thanks to employing techniques that use connection to sensation and visualize bringing in the support her body needed.

For Tanya, this session was an important emotional support for her and had a direct impact on her pain. From that point onward she was able to rehabilitate faster than anticipated and was able to advocate for a change in her pain management.

Once Tanya was back at home, we were able to resume hands-on sessions. A pivotal support postoperatively was easing the fascial restrictions throughout the abdominal cavity. Constipation was a painful issue. After two sessions, Tanya was able to have smooth and easy bowel movements. Relieving the constipation allowed Tanya to more easily feel the sensations of her bladder that led to her gaining more bladder control.

Three months after surgery, Tanya experienced far fewer autoimmune issues, including a significant reduction in abdominal pain. She was able to fly for five hours to attend her son's graduation and sit for meals without high levels of pain.

When she got back from her trip, she said to me, "Without CST I would not have been able to advocate for myself. My understanding of my body and my pain gave Dr. Hibner the data he needed to plan and implement my surgical care. That came specifically from our work together. Through using embodiment exercises and knowing that I could connect to places of healing and safety as I communicated about experiences of such great pain and grief has been life-changing for me."

What a Bodyworker Brings

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Using the paradigm set out by [John Upledger, DOO, OMM](#) (1932-2012) that allows the client to take the lead, Tanya was empowered to help coordinate her medical care and reap real results. My role was to be a sound bridge of support throughout her medical journey.



About the Author

An author, speaker, and alternative healing arts practitioner specializing in CranioSacral Therapy, [Kate Mackinnon](#) has been using touch to support her clients in restoring their well-being and in accessing their physical potential for the last 30 years. She is also a licensed physical therapist in California and the UK. Kate offers intention-setting workshops for small groups, as well as coaching for therapeutic business owners. Her articles for MASSAGE Magazine include “[4 Steps You Can Take Now to Live with Intention.](#)”

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