

Chronic Headache and CranioSacral Therapy

By: Christopher Slate

Personal Information: 61 year old male

Symptoms: Chronic Headache in R temporal-frontal region, right arm pain, limited range of motion with right arm and difficulty using arm to push, pull and lift things (in common, every day activities). Condition was worsening daily, with headaches increasing in intensity.

Pertinent medical history: High blood pressure, intermittent low back pain, surgery (appendix removal 22 years previous), gout (occasional flare-ups). Client received acupuncture and physical therapy in Europe on regular basis for several years. This was for body maintenance and acute pain.

Evaluation: Client presented with torsion patterns in his sacrum and resulting compression of Right S-I joint. OCB compression and R torsion pattern at SBJ. Cervical fascial restrictions with compression at C3-C4, accompanying thoracic inlet congestion. Fascial restrictions following neural sheaths along brachial plexus through length of arm. Visceral adhesions at appendectomy surgery site and in surrounding structures. Myofascial hypertonia in psoas, piriformis and lumbar spinal musculature, as well fluid congestion in lower abdominal and inguinal regions. Facilitated segments L1, L2, L3. Energy flow impeded through stomach, spleen and liver meridians.

Tools used: Pelvic diaphragm release revealed fascial tensions pulling from adhesions at appendix surgery site. DOE and visceral releases of parietal peritoneum, small intestine, parietalcecal ligaments and root of mesentery were used to release tensions and facilitate mobility (motility) in visceral structures. Deep massage to lumbar and hip musculature (psoas, piriformis), S-I release, L5-S1 decompression and sacral traction of dural tube used to further release tensions, balance and re-align structures. Attention to facilitated segments L1, L2, L3. RTR used with legs, along with meridian work, to restore/enhance energy flow through abdominal, pelvic and leg regions.

Respiratory diaphragm and thoracic inlet releases used as precursor to soft tissue and positional release of cervical musculature and fascia. Regional tissue release and some deep massage to R hand, arm and shoulder, followed by stretches to address fascial restriction around neural sheaths. OCB decompression with dural tube traction. Frontal lift and ear pull used to address compression at pterion and tempo-parietal suture. This was also used to create space around SBJ, for release of R torsion pattern and balancing there. Parietal lift used to stretch, balance and integrate reciprocal tension membrane system, down through dural tube. Dural tube rock and glide used to further integrate releases through core link. CV-4.

Objective results: Initial sessions were successful at eliminating visceral adhesions and older restrictive patterns in the abdominal and pelvic regions. These releases were instrumental in relaxing the lumbar and hip musculature, and freeing the sacrum. Reduction of fascial tensions, re-alignment of structures, and improved fluid and energy circulation through lumbar, abdominal and pelvic areas removed significant tensional repercussions on the upper body.

Reduction of tensional pull from the lower body helped to facilitate and unravel tension patterns in the upper body. Progress in resolving upper body issues was somewhat slower, due to client's need to spend time working at computer. Some ergonomic adjustments began to help as well.

With progressive (weekly) sessions, structures in the head, neck and arm began to release and "hold". There was a cumulative effect, shifting structural, vascular, neural relationships toward balance, improved flow and healthier functioning. This effect occurred throughout client's body, but markedly so in areas of sacrum/thoracic inlet/cervical fascia/OCB/SBJ.

Subjective results: Client initially reported significant improvement in low back mobility, mobility, function and comfort. He felt only temporary relief/improvement in his headache and arm pain. With progressive sessions, he began to report gradual improvement in these symptoms. His understanding was this would not be necessarily resolved "overnight". In time, client was pleased to report his chronic headache symptoms were gone (with the exception of occasional flare-ups, which he was managing with over-the-counter drugs). His arm pain was also gone, except for some pain with more extreme pushing/pulling/reaching movements. Client resolved to monitor ergonomics at his computer, to begin therapeutic exercise and to schedule periodic CST sessions for overall body maintenance, and for prevention of his pain symptoms reoccurring.

Average length of sessions 60 min.

Number of sessions 10