

## Chronic Low Back Pain and CranioSacral Therapy

**By: Candice Strack**

**Personal Information:** F.A.; age 79; Female

**History:** Patient's history includes chronic low back pain, neck problems, and pain in area of respiratory diaphragm, that is, ileocecal valve, gall bladder, liver, stomach, spleen. Sleep pattern was to wake up often during the night and take a long time to get back to sleep. She believes that the initial symptoms relate to a car accident which occurred when she was 20 years old. The steering wheel broke at her respiratory diaphragm/stomach area. She complained of gall bladder and stomach problems, including chronic constipation. She had gone to a chiropractor regularly for over 25 years beginning in her forties which helped eliminate the pain for short periods of time. Medical doctors were also sought out for medication.

**Evaluation:** Sacral torsion to right, dural tube compromised C 2-4, T 4-8, L5-S1, viscerofascial torsion, mild on right, greater on left, occipital cranial base tightness, greater on left; extreme tightness noted in temporal bones bilaterally, lateral torsion of sphenoid. Neck asymmetry noted by slight leaning to left; although functional, decreased flexibility noted in upper and lower extremities.

**Treatment:** Treatments occurred every three to five weeks over a period of three and a half years. Although the initial symptomology was cleared significantly within approximately one and a half year's time, she continued to receive treatments to maintain her system's balance.

Treatments consisted of CST, visceral manipulation, energy work, zero balancing, therapeutic imagery and dialoguing, myofascial release, somatoemotional release. Home treatment techniques were taught to her which she stated she practiced regularly between sessions and made a significant difference in her healing process.

CST was utilized to clear her occipital cranial base; torsion and sidebending patterns of sphenoid. Temporal bones released significantly, that is, severe to mild tightness resulted. This also released intercranial membranes. Dural tube lengthened. Visceral manipulation addressed the viscerofascial restrictions in respiratory and pelvic diaphragms. Although viscerofascial restrictions improved significantly, they did not completely clear. Therapeutic dialogue and imagery in conjunction with somatoemotional release work enabled the patient to get in touch with the deeply rooted effects from the car accident that she had experienced in her youth as well as other related issues.

**Objective results:** F.A.'s headaches were eliminated. stomach problems subsided significantly. She no longer experiences constipation. She sleeps more soundly and more consistently. She also experiences more flexibility and increased range of motion in all extremities. She no longer takes pain medications. Subjective results: Overall, F. A. has had improved sense of well being, feels better about herself, and has more confidence. Macular degeneration has not worsened since treatments began.