

Chronic Sinus Infections and CranioSacral Therapy

By: Fred Stahlman

A. PERSONAL:

This patient is a 34 year old Caucasian female.

B. HISTORY:

1. Symptoms: Acute and chronic sinus infections, headaches and hearing loss.

2. Pertinent Medical History: This patient began experiencing a lot of difficulty with breathing and congestion during her second pregnancy. During this time, she also developed chronic and acute sinus infections which have not responded well to treatment and chronic left sacroiliac dysfunction. She now reports that her entire immune system seems to be in a state of dysfunction as she is not able to tolerate colds and seems to always have facial pressure and sinus congestion. This has affected her ability to hear out of both ears but especially the right. Her treatment prior to the onset of our CranioSacral work involved chiropractic adjustments and traditional medical approach of injections and antibiotics. The recommendation was for sinus surgery which she has deferred at this time. Her chiropractor began a CranioSacral approach and she was getting good relief and then opted to come to us for further exploration of the CranioSacral therapy format. Her symptoms had been present for approximately ten months prior to our initial session.

C. EVALUATION:

1. Findings: The objective findings were as follows: mild postural asymmetry with the right ileum in an anterior rotation pattern, functionally making the right leg longer than the left. The cervical and head posture revealed a right side bend left rotation pattern. Active range of motion of the cervical and lumbar spine were within normal and functional limits although somewhat uncomfortable at the end of range. General strength for all major muscle groups was in the 4+/5 range. Neurological scan revealed no neurological deficit when assessing reflexes, sensation, proprioception and key muscle weakness. Palpation reveals significant adverse mechanical tension through the major horizontal diaphragms of the body; the sacrum was in a left on left sacral torsion; there was a marked occipital cranial base compression (3/5). From a CranioSacral perspective the findings were as follows: Her rhythm within an asymmetrical pattern was present in the cranium with the right side of the vault in a flexion/external rotation tendency whereas the left side was in extension /internal rotation. The sphenobasilar joint was significantly compressed (1/5) with little amplitude. The temporals demonstrated the same asymmetrical pattern as the overall cranial vault. The maxilla was in right torsion and compression on the right with reduced flexion amplitude. The overall amplitude of the CranioSacral rhythm was approximately 40% of the expected range and the rate was approximately six times a minute but sluggish and labored.

2. Tools Used: The primary treatment modality was CranioSacral therapy, somatoemotional release, creative visualization, imagery and dialogue.

3. Objective Findings or Objective Results: During the course of our CranioSacral session, Patient #3 demonstrated marked improvement in her systems as well as the objective findings; CSR balanced nicely in the cranial vault with a more symmetrical pattern involving all the cranial bones. The sphenobasilar joint assumed a more normal relationship and the maxilla and the entire hard pallet also balanced nicely. The horizontal membrane tension pattern was reduced so that hearing was less muffled and more within normal ranges for the patient. Her pain pattern when evaluated on an objective pain scale was 0-3 whenever she did have headaches or sense of congestion. The occipital cranial base compression was minimized and was now essentially within normal and functional limits.

The lumbo-sacral/sacroiliac asymmetrical patterns also demonstrated structural stability and alignment.

4. Subjective Findings or Subjective Results: Patient reported marked improvement in the ability to breathe, to smell and a sense of reduced congestion and compression throughout her head, neck and face. She seemed to have more tolerance to bacteria and viruses in her family and in the community and her sense of well being and attitude improved markedly. She was also able to sleep much better for the first time in almost two years.

5. Average Length of Sessions: The patient received twenty one hour CranioSacral therapy sessions between 12/22/95 and 4/8/97. Initially the sessions were once a week to every other week and then they were reduced to approximately once a month sessions.