

Corpus Callosum Agensis and CranioSacral Therapy

By: Magpie Gliksten

PERSONAL: 7mo., Female

HISTORY: This child was born with Corpus Callosum Agenesis. First attended for CST on the 27th January 05.

Length of treatment by others: CST was started on this child before any other treatment was offered. Started with physiotherapy about 6 months after CST and is still on going. No other intervention. Frequency: Once a week.

Evaluation: It was not expected that this little girl would be able to sit or stand. She is not expected to walk or have any language. She suffers from severe epilepsy, with several seizures a day lasting up to 2 mins.

Findings: This little girl was persistently banging her head from side to side. She made no sounds.

She was unable to fix and track with her eyes and had severe nystagmus. She had considerable head lag. She was hypotonic in the trunk. She was dyskinetic. She was extremely irritable. She could not eat or sleep. Suffered reflux. She had a visual impairment. This child has severe epilepsy. Coronal suture was jammed and immobile as well as temporal bones. Her head was small for her age, and intercranial membranes were very tight. She had no occipital protuberance and the lambdoid suture was underdeveloped. (soft and squishy to feel.) Occipital Cranial Base was also jammed on both sides; Dural tube felt restricted at the lumbar and thoracic areas. There were energy cysts throughout her system. CR was quite erratic and fast.

Tools Used: This client was given CST before she was given any other treatment, because the physiotherapist assigned to her did not feel that she could use physiotherapy at that point. CST was started at the age of 7 months and dural tube rock and glide was the first technique used, along with dural unwinding. This seemed to have a calming effect. All diaphragm techniques and cranial base (modified for the child) Especially the thoracic inlet. Cranial pumping; temporal bone techniques. Also gave still points at the feet. Plenty of direction of energy to free up intercranial membranes, and to try and release fixed sutures.

Objective Results: Very soon after starting her weekly visits she no longer banged her head from side to side. This was followed by an interest in food and a resolution of her sleeplessness. Her reflux disappeared.

She no longer has nystagmus to the same level as when she started CST, and after about a year it disappeared altogether. Her head lag improved and is no longer a problem to date. She can now sit up for short periods without support. She can weight bear through her legs with support.

This child is no longer irritable and presents as a happy and contented child. There is no longer any sign of dyskinetic activity She has not had an epileptic seizure for the past year, and she is due to come off medication soon. This child can now communicate with smiles and some sounds. Also some small signals. She can now track and hold eye contact.

Subjective Results: Apart from head lag and sit to stand activities most of the above were achieved before any other intervention, ie. Physiotherapy. This little girl was given a very poor prognosis but now has a quality of life, and the family have much more hope for her to continue her progress. She no longer attends the clinic in which I work, because she has

been moved to a service which caters for mental disability. However the family bring her to me privately twice a month, about 20 times a year.

Average length of session: one hour.

Number of sessions: This client received CST every week for the academic year which would roughly be about 30 hours a year taking into account sick time.