

# Upledger Institute Case Study

## CranioSacral Therapy - Bipolar Disorder

By: Hsiang-Fei Hung

**Personal:** Kelly

**Age:** 40 y/o

**Sex:** female

### **History**

#### **1. Symptoms:**

- Kelly Felt anxiety about her health status since her mom passed away 17 years ago
- Depression and anxiety alternatively dominated on and off for about 6 years. In the anxiety phase, Kelly would have an impulse to verbally attack others, speak in an extremely fast pace and have insomnia.
- She has suffered from asthma since she was in senior high school (triggered by cold weather and stress).
- She felt pain and stiffness in the bilateral knees (pain scale: 8 from 0 to 10).
- Neck, upper back, and lower back pain and tightness (pain scale: 6 from 0 to 10)
- Flatulence and constipation on and off

#### **2. Pertinent medical history:**

- 1995 (in senior high school)- diagnosed with allergic asthma
- 2012- diagnosed with bipolar disorder

#### **3. How long treated by others; frequency and type**

- Cardiologist
  - 1995~2003- prescribed inhaled bronchodilator and corticosteroids on and off. She took the medicine only when she had the symptoms.
  - 2003~present- prescribed inhaled bronchodilator and corticosteroids regularly once or twice per day
- Psychiatrist
  - 2012-2013 (anxiety dominating)- prescribed anti-anxiety medicine to control the anxiety for a year
  - 2018 (severe relapse with anxiety dominating)- prescribed anti-anxiety medicine to control the anxiety for six months
- Massagist
  - 2007~present- massage for complaints of neck and upper back pain
- Traditional Chinese Physician
  - 2017- massage for complaints of bilateral knee pain

### **Evaluation**

#### **Findings:**

##### **1. Observation**

- a. Kelly usually showed the worry/anxiety about her health status and insisted on keeping doing things that she thought were good for her health.

- b. She cried easily and sadly when talking about her mom who died from cancer. She missed her and was afraid that she would suffer from a similar medical condition if she didn't pay close attention to her health.
  - c. She easily felt anxious when having a busy work schedule.
  - d. She had a deep attachment to a blanket that has been used since she was a kid. The thought that the blanket might be destroyed one day in the future made her burst into tears easily. She stated, "I cannot stand the things I cherish so much leave me. I really need its company."
2. Whole-body evaluation
- a. Arcing:
    - i. The energy cysts (ECs) were in the bilateral knees, middle pelvic area, right shoulder, right upper abdomen, right sphenoidal area, occipital area, and sacral area. Primary ones were the ones in the middle pelvic area (the depth of small intestine), the sacral area, and the occipital area.
  - b. Fascial glide: The fascial restrictions were in bilateral knees, the right abdomen, the pelvic and respiratory diaphragms, and the right shoulder.
  - c. CSR:
    - i. The amplitudes of the listening stations of ASISs, the ribs, shoulders and the 3 vault holds moderately diminished during both the flexion/extension phases. The amplitudes of right side of 1st and 3rd vault holds were smaller than the left side.
    - ii. The under quality of CSR was about 2.5 from 1(lowest) to 5(highest).
  - d. Dural tube evaluation:
    - i. The facilitated segments were at the levels of T1, T12 and L1.
  - e. The Global Epicenter was in the left upper abdomen inferior to the border of the left rib cage about 3 cm and away from the midline about 4 cm; the depth was about 50%.

#### **Treatment:**

The techniques of direction of energy and diaphragm release were utilized to release the EC in the sacral area. The 10-step protocol was also engaged. A lot of self-corrective motions of sacrum were noted during the L5-S1 decompression and dural tube traction. A SD occurred and a certain amount of energy release was noted in the sacral area.

The mouth works were also applied in the sessions. In two sessions, as soon as I started to release the tissues near the zygoma bones, Kelly suddenly burst into tears. She was not aware of any emotions coming out for the first time, but she felt something different and a sense of relief. She quite enjoyed it. She asked for the same techniques in the follow-up session, and she burst into tears again and released some anxious emotions.

In a session, when I released the OCB with the superior traction of the dural tube, a SD occurred. I assisted her with connecting with her IP and at the same time, Kelly went into SER with imagery and dialogue. She recalled the images of her precious blanket in different life phases. She stated, "When I thought that I am going to lose the blanket one day, I am sad because I feel like that the blanket is the only thing that always stays with me since my mother died. I feel secure and relaxed when I hold it and I hope it can always be with me. I cherish it so much that I cannot stand to lose it." She burst into tears and in a deep SD. I applied the indirect

technique by asking her to stay with this sadness feeling for a moment. After a while, she said, "I realize that nothing lasts forever and I know sooner or later, I am going to lose the blanket anyway. I just want to cherish it as much as possible before that day comes." At the end of the session, she put her hand on the cheek as if she held the blanket against it. I reminded her to store the secure and relaxed feelings here and as long as her hand returns to this position in the future, she can recall these feelings even though the blanket is not actually with her. The EC in the occipital area was released with SER. In the same session, a sphenoid right torsion lesion was also noted and released.

The avenue of expression was also released to encourage Kelly to speak out and connect with her feelings and emotions.

#### **Tools you used:**

1. Whole-body evaluations
2. Global Epicenter/Regional Epicenter
3. 10-step protocol
4. The concept of the Sutherland cranial base lesions
5. Protocol for hard palate evaluation and correction (mouth works)
6. CST and SER
7. Avenue of expression

#### **Objective Results:**

##### **1. Observation:**

In the follow-up sessions, sometimes, Kelly still showed the anxiety about health issues, but she could get over it sooner than before. Generally, she appeared more relaxed most of the time. She had an anxiety relapse once in 2019, but at that time she was able to manage it without seeing the psychiatrist. The psychological attachment to the blanket is still strong for her, but she began to be aware of the connection between her mom's death and the attachment.

##### **2. Whole-body evaluations:**

- a. The number of energy cysts (ECs) decreased, and the primary one was in the occipital area which has become more minor than before.
- b. Fascial glide: The restrictions in bilateral knees have gone. The primary restrictions were in the left pelvic, respiratory diaphragms, and the thoracic inlet.
- c. CSR:
  - i. The amplitudes of the listening stations of ASISs, ribs, shoulders and the 3 vault holds improved by about 50%. The 1st and the 3rd vault holds were in symmetry.
  - ii. The under quality of CSR was still about 3 from 1(lowest) to 5(highest).
- d. Dural tube evaluation:
  - i. The facilitated segments were at the levels of T12 and L1.
- e. The Global Epicenter was in the right lower abdomen away from the midline about 2 cm and superior to the umbilicus about 2 cm; the depth was about 40 %.

#### **Subjective Results:**

1. Kelly felt more capable of controlling the anxious emotions and the impulse to verbally attack others. Now she focuses on the present moment and decides to do the things she loves, for example, she decided to go to Japan to learn the Japanese language next year because she deeply loves Japan. She stated, "If I don't make up my mind to do it now, I don't think I will do it in the future. Today is the day for me to do what I really want and I am going to do it for real." She is happier than before and pleased that she didn't have the depression relapse in 2019.
2. The pain in bilateral knees has gone.
3. The asthma is stable and she just needs to have the inhaled corticosteroids once per day.
4. The pain and tightness in the neck, upper back and lower back muscles decreased from 6 to 3.

**The average length of sessions:** 1 hr

**Number of sessions:** 20

**Cost of therapy prior to CST use:** unknown

**Cost of CST therapy:** 1400 USD