

Upledger Institute Case Study

CranioSacral Therapy - Migraine

By: Hsiang-Fei Hung

Personal: Lily

Age: 57 y/o

Sex: female

History

1. Symptoms:

- Having a headache more than 20 days per month (pain scale: 8 ~ 10 from 0 to 10) since adolescence
- Chronic neck and upper back pain and muscle tightness (pain scale: 7 ~ 10 from 0 to 10)
- Numbness feeling in right L/E
- Right low back pain while the trunk bent forward (pain scale: 8 from 0 to 10)
- Flatulence and constipation on and off

2. Pertinent medical history:

- Adolescence ~ now - diagnosed with migraine
- The 1980s - two C sections

3. How long treated by others; frequency and type

- Neurologist
 - The 1970s~now- prescribed medication for headache and muscle relaxant for muscle tightness in the areas of the neck and upper back
- Physical therapy
 - The 2010s- modality therapy including thermal therapy (hot packing), Transcutaneous Electrical Nerve Stimulation (TENS), cervical traction for a few times
- Complementary and alternative medicine
 - 2014~now- having supplements for about 5 years

Evaluation

Findings:

1. Observation: looked wore-out, stressed and always calm without emotional expression on the face or verbally
2. Whole-body evaluation
 - a. Arcing:
 - i. The energy cysts (ECs) were in the right knee, bilateral pelvic cavity, right shoulder, bilateral sphenoidal/temporal area, right TMJ area, OCB, right SIJ, the abdominal area just below the xiphoid and the duodenum area, and right mid back area. Primary ones were the ones in the right SIJ, the right sphenoidal/temporal area, the left pelvic area (30%-60% of the depth), the duodenum area, and the occipital area.

- b. Fascial glide: The fascial restrictions were from bilateral knees to the respiratory diaphragm, in the bilateral upper back, and the right shoulder
- c. CSR:
 - i. The amplitudes of the listening stations of heels, dorsums, thighs, ASISs, ribs, shoulders and the 3rd vault hold significantly diminished during both the flexion/extension phases, especially in the stations of ASISs, Ribs and the sphenoid bone of 3rd vault hold (nearly no movement).
 - ii. The amplitudes of the listening stations of the 1st and the 2nd vault hold moderately diminished.
 - iii. Under quality was about 2 from 1(lowest energetic) to 5(highest energetic).
- d. Dural tube evaluation:
 - i. The facilitated segments were at the levels of C3, T9, L1, and L5.
- e. The Global Epicenter was in the right upper abdomen below the border of the right rib cage and away from the midline for about 3 cm, the depth was about 50 %.

Treatment:

Global Epicenter was utilized for treatment. The whole body dancing landscape began and gradually calmed down, and the last spot which kept showing up was the left lower corner of the abdomen cavity around the sigmoid colon. I treated the relationship between Global Epicenter and the major restriction here, then focused on treating the near fasciae of the sigmoid colon with the techniques of diaphragm release and Direction Of Energy (DOE) until the restrictions and EC here was released. The EC in the duodenum area was treated by the techniques of DOE and diaphragm release. A large amount of heat emission and a sense of crescendo and decrescendo of the therapeutic pulse were noted during the release of energy here.

The 10-step protocol was also engaged. When I released the OCB, the SD occurred. During the release of the right occipital-Mastoid suture, a SD occurred and Lily went into SER with the onset of the slight spontaneous movements of the head. However, when I ask Lily “what did you feel?” She just briefly replied “I felt pretty relaxed.” and nothing more. I didn’t pursue more dialogue because she once expressed the concern of “the therapeutic imagery and dialogue” out of the reason for religion. I kept the position and waited for the release sign to happen, then I moved on. A SD happened again when I released the sphenoid bone which had a left torsion lesion. Lily also expressed that she felt relaxed. An energy cyst was released with a sense of crescendo and decrescendo of the therapeutic pulse and some heat emission.

The mouth works were applied to release Lily’s bilateral TMJ, the soft tissues of the right side were much tighter than the left side which was also tight. I released the soft tissues and the articular sutures of the zygoma bones.

The avenue of expression was also released and after that, Lily started talked about the problems of her relationships with the family/her husband and the characteristics of her personality. She stated she was a person who always avoided an argument with others, so she would rather choose to keep her true thoughts to herself to maintain peace with others. She felt extremely stressful when her husband was angry and yelled at her for some reasons, but she has never chosen to verbally fight with him.

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. Positional tissue release
8. Avenue of Expression

Objective Results:

1. Observation: In the follow-up sessions, Lily appeared more relaxed sometimes, but sometimes still seemed worn-out and stressful when her work was heavy or had an argument with her husband.
2. Whole-body evaluations:
 - a. Arching: The total number of energy cysts decreased. The primary ones remained but became minor.
 - b. Fascial glide: The primary restrictions were from the right knee to the right lower rib cage, the left pelvic/hip area to left, the area below the left rib cage border, and bilateral upper back, but the degrees of the restrictions were from the significant level down to the moderate level.
 - c. CSR: The amplitudes of most of the mentioned listening stations improved by about 50 % except the sphenoid bone, which improved by less than 50 % and the results were inconsistent between sessions.
 - d. Dural tube evaluation: The facilitated segments were at the levels of T9 and L1.
 - e. The global epicenter was still in the right upper abdomen but moved lower about at the umbilicus level and away from the midline about 3 cm. The depth was about 30 %; under quality was about 2.5 from 1(lowest) to 5(highest).
3. In the sessions, Lily was more willing to talk about the stuff that resulted in the emotional stress for her, but still didn't get used to describe her emotions and feelings. In her daily life, she started to be aware of the relationship between emotional stress and her symptoms but was not able to find a good resolution yet.

Subjective Results:

1. Lily was pleased because the frequency of headache was down to 0-2 day(s) per week and the need for large-dose painkillers also decreased. In the old days, she usually needed to take 1-2 large-dose painkillers to relieve the headache, but now a small-dose painkiller might be enough.
2. The pain scale of headache was from 8 ~ 10 down 5 ~7 and usually a small-dose painkiller and muscle relaxant were enough.
3. The tightness feeling in the neck and upper back decreased by 50 % and the frequency was less, too. She stated, "I still felt they were tight but that would not induce a headache that often liked the old days."

4. The numbness feeling in her right L/E has gone.
5. The pain scale of the right lower back was from 8 to 3, and the pain still happened when the trunk bent forward.

The average length of sessions: 1 hr

Number of sessions: 24

Cost of therapy prior to CST use: unknown

Cost of CST therapy: 1680 USD