

# Upledger Institute Case Study

## CranioSacral Therapy - Panic

By: Hsiang-Fei Hung

**Personal:** Sherry

**Age:** 31 y/o

**Sex:** female

### History

#### 1. Symptoms:

- Sometimes having breathing difficulties and chest tightness when the state of emotions fluctuated since adolescence
- Pain in the sacral area after falling on the buttocks several times while skiing 4 months ago, especially when having a long walk or sitting for more than ten minutes (pain scale: 8 from 0 to 10)
- Bilateral knee pain when walking up and down the stairs (pain scale: 7 from 0 to 10)
- Flatulence and constipation on and off

#### 2. Pertinent medical history:

- 2008- diagnosed with bilateral grade 2 MCL tear
- 2013 - PT for complaints of bilateral knee pain

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

- Physiatrist
  - 2008- prescribed medication to relieve the bilateral knee pain for about 3 months
- Physical therapy
  - 2008 ~ 2013- modality therapy including thermal therapy (icing/hot packing), and Transcutaneous Electrical Nerve Stimulation (TENS) on and off

### Evaluation

#### Findings:

##### 1. Observation

- a. Sherry was a disciplined lady who always wanted to keep things in order and presented with mild anxiety most of the time. She also seemed to have moral baggage to avoid confronting her parents and usually chose to suppress her true feelings and thoughts. She was extremely rational and didn't show many emotions. However, she accidentally showed some sadness several times when she talked about her mom's disapproval of her career.

##### 2. Whole-body evaluation

###### a. Arcing:

- i. The energy cysts (ECs) were in the bilateral knees, right pelvic cavity, right shoulder, left upper abdomen, left sphenoidal/temporal area,

- occipital area, left mid-back and sacral area. Primary ones were in the left sphenoidal/temporal area, the sacral area, and the occipital area.
- b. Fascial glide: The fascial restrictions were from the right knee to the right pelvic area, the pelvic and respiratory diaphragms, the right shoulder, and the left upper abdomen area.
  - c. CSR:
    - i. The amplitudes of the listening stations of ASISs, and the 1st and 2nd vault holds significantly diminished during both the flexion/extension phases.
    - ii. The amplitudes of the listening stations of heels, dorsums, thighs, shoulders mildly diminished and the 3 vault holds moderately diminished.
    - iii. The under quality of CSR was about 3 from 1(lowest) to 5(highest).
  - d. Dural tube evaluation:
    - i. The facilitated segments at the levels of C3, C4, and L4-S1.
  - e. The Global Epicenter was in the right upper abdomen just inferior to the border of the right rib cage and away from the midline for about 4-5 cm, the depth was about 30 %.

### **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 right lower part of the pelvic cavity around the ileum. I treated the relationship between the Global Epicenter and the major restriction here, and then focused on treating the ileum area with the techniques of diaphragm release and Direction Of Energy (DOE) until a release occurred.

The 10-step protocol was also engaged. In some sessions, a lot of self-corrective motions of sacrum were noted during the L5-S1 decompression with a SD occurring during the process. In a session, the sacral was decompressed with therapeutic pulses and heat emission and when I released the OCB with the superior traction of the dural tube, a SD occurred. Simultaneous, Sherry went into SER with spontaneous head movements (slightly rotating and side-bending to the left side), she paused in that position for a while and some energy was released. There were some significant restrictions in the right upper and middle cervical spine, left lower lumbar and sacral areas were noted and it required several sessions to achieve a satisfying release (from 30 % in the first session to 80-90 % in the last session). Her head spontaneously went to the same position in most of the sessions. A sphenoid right torsion lesion was also noted and released.

In one session, when the treatment went to the left occipital-mastoid release, the system was “revving” up really easily. A large EC was noted in the left temporal area. I lightened my touch and a SD occurred. At that moment, I tried to start the dialogue, but Sherry began to agitate and stated:”I have difficulty breathing and I feel chest tightness. Please give me a moment to rest; otherwise, I am going to run away.” I respected her will and stepped back to work on a superficial level, and then she could calm herself down. Similar situations happened in another two sessions. Gradually, a closer rapport and trust were built up between Sherry, her IP and I. In the follow-up session, the system’s “rev” significantly decreased and a SD appeared while I was applying the same technique. We connected with her IP and embarked on the SER with the therapeutic imagery and dialogue. Sherry recalled an image that was the first time she

had the same uncomfortable feelings. It happened in senior high school age when her mother forced her to study harder. At that time, she cried vigorously and barely breathed. Through SER, Sherry was finally able to express her upset feelings and ask her mother for a hug. She felt relieved and peaceful when her mother hugged her. The large EC in the left temporal area was released after SER with a sense of the crescendo and decrescendo of therapeutic pulses and a lot of heat emission. At the end of that session, Sherry stored this relieved and peaceful feelings in the area of the solar plexus (around the xiphoid process) and I suggested to her that when the familiar symptoms happen again, she could put her hands on this specific spot and try to recall the peaceful feeling that the session brought to her.

After SER, although the EC in the temporal area was released, the left occipital-mastoid suture was only released by 50 %. The satisfying release was achieved in the follow-up session in which Sherry was in a SD and fell asleep.

The avenue of expression was also released and the throat chakra was balanced to encourage Sherry to express her feelings and communicate with her mother.

### **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
9. The technique of chakra balancing

### **Objective Results:**

1. Observation: In the follow-up sessions, Sherry appeared more relaxed most of the time. She was more able to communicate with her parents and express more feelings to them.
2. Whole-body evaluations:
  - a. Arcing: The number of energy cysts (ECs) decreased and they were in the right ankle and right knee, left lower abdomen, OCB area, and sacral area. Primary ones were still the ones in the sacral area and the occipital area, but they have become more minor than before.
  - b. Fascial glide: The fascial restrictions were from the right ankle to the knee, the left pelvic area, pelvic and respiratory diaphragms, the right upper abdomen area and the right upper back. The restrictions have become minor.
  - c. CSR:
    - i. The amplitudes of the listening stations of ASISs, ribs and the 3 vault holds improved by more than 50%.
    - ii. The amplitudes of the listening stations of heels, dorsums, thighs, shoulders were nearly normal.
    - iii. 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 C3 and L5.
- e. The Global Epicenter was almost in the midline and superior to the umbilicus about 3 cm; the depth was about 20 %.

**Subjective Results:**

1. Sherry felt more comfortable expressing her thoughts and feelings to her parents. She could also let go of the moral baggage to do what she wanted to do even though her mother's expectations wouldn't be fulfilled. She stated, "I am a grown-up and I can't always please my mom by giving up what I truly love to do."
2. She didn't have any onset of the familiar symptoms after the SER. she stated "Although she does in the future, she has more confidence in managing the symptoms."
3. The pain in the sacral area decreased from 8 to 1~2, and just happened in a very specific posture.
4. Bilateral knee pain was gone.

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

**Number of sessions:** 11

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

**Cost of CST therapy:** 770 USD