

Upledger Institute Case Study
CranioSacral Therapy – Difficulty Conceiving/Fertility
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Client: Kay

Age: 27

Sex: Female

Date of Initial Tx: 8/16/2017

History

Symptoms: Unable to conceive
Anxious/high strung
Headaches
Recent fall

Pertinent History: Kay is Amish. She has one child, a daughter from a previous (out of wedlock) relationship. She had married her husband about 8 months prior and had not been able to conceive. She was in apparent good health, ate a good diet, etc. She was a bit anxious/high strung and did admit to some headaches. In discussion she had her daughter after a very stressful pregnancy and a difficult delivery. She said her daughter, who was now nearly 3, was an easy baby. The only injury she reported was that she had fallen from her bike early in spring and had hit her right hip hard. She had no treatment following the fall.

How long treated by others: frequency and type: No prior bodywork. Last time she had been seen by a medical professional was for the delivery of her first child 3 years ago.

Evaluation: Examination using listening stations, whole body evaluation and arcing. Noted was a near ½” leg length discrepancy (L.>R) due to apparent sacral/pelvic imbalance. R Hip/AIS higher. Pelvic diaphragm had decreased SQAR or CSR and decreased mobility/excursion. Her uterus felt pulled/twisted to right with very tight round ligament. SQAR of CSR was dampened overall. CSR did not feel robust and was uneven in rate – greater in extension phase. There was compression at OA and sphenoid. Her pituitary also felt diminished (in my mind's eye it felt shriveled – like a raisin). Sacral and heart chakras were minimal in size/amplitude but all chakras seemed diminished – tight into the body and slower rotation. There also appeared to be a strong emotional component (sadness, fear, self-effacing guilt) with EC in chest and pelvic areas.

Findings: Shortening of entire R side of body – leg length/hip discrepancy
Pelvic/uterine displacement – tightness of R round ligament
EC within pelvic/sacral region
Heart-Lung/Chest containing EC
Sacral and heart chakras smallest/slowest - diminished

Treatment: Initially treatment focused on improving SQAR of CSR. Balance of pelvic diaphragm as well as sacral techniques were utilized. The OA and Sphenoid were also addressed/decompressed. When discussing about prior pregnancy there was significance detector (SER) with holding of space and emotional expression of prior pregnancy/birth of her child. Techniques from the CCPB1 class were used to address posture of the uterus. Techniques from Brain Speaks were brought in to address the Pituitary with focus on hormone production. Although not directly stimulated (chakra balancing/off body work would not be tolerated within this religious community) closing assessment revealed chakras where in balance after the other treatments. Home program using a sacral wedgy was tried between the 1st 2 sessions. After which she was found to be pregnant. She had some pelvic and lower back discomfort during the last trimester and again asked for treatment with most of those techniques came directly out of the CCPB curriculums as well as basic CST. She had a beautiful little girl. The baby's evaluation/treatment was just a check – balance the OA, no continued molding noted, robust SQAR of CSR.

Tools used: Arcing
10 step Protocol techniques
Still points
CCPB 1-2 techniques
Brain Speaks 1-2 techniques.
Cranial Pumping
SER/emotional release of tears when talking about her first pregnancy
Direction of E
Trial with Sacral Wedgy for evening home program

Objective Results: Release of pelvic diaphragm help to balance entire pelvic bowl with subsequent release of R round ligament and balancing/normalizing position of the uterus. Sphenoid and OA releases assisted to balance CSR – becoming more even in SQAR and without extension predominating. Noticed changes in Chakras – being more balanced.
Subjective Results: No reports of headaches. At the second appointment she seemed more relaxed/less anxious. She said she felt “freer”, but seemed embarrassed of crying and expressing fears/quilt of prior pregnancy and its taboo with the Amish community. She expressed gratitude for her family and new husband for their support and acceptance of herself and her daughter. Noticing as well as direction of E with pituitary and cranial pumping thus additionally facilitating fluid flow and expansion of CSR.

Length of sessions - 60 min. for adult, 30 min for infant

Number of Sessions - 4 in total for mother, 1 for infant

Cost of therapy prior to CST use – None

Cost of CST therapy - \$395