

## CranioSacral Therapy and Bulging Disc

**By: Jeff Rogers LMT, CST-D**

**Personal Information:** 68 year old woman

**Symptoms:** Recently diagnosed with bulging/herniated disc at L5/S1. She's an artist and needs to stand for significant duration to do her art. She was experiencing chronic and debilitating pain and discomfort in her back, unable to sit, drive or stand for more than a few minutes at a time. Neuro surgeon said that given the evidence of the X-ray, she'd be facing surgery in a few years. In August of 2012, she began seeing me twice a week.

**Objective Results:** By the middle of November 2012, she returned to the same Neuro Surgeon for a follow up exam. After reviewing a new set of X-rays he told her she was no longer heading in the direction of surgery and to keep doing what she was doing.

**Subjective Results:** She is still seeing me once a week and continues to recover more function with less pain. (This has been one of those reminders of why I love this work!) There have been a few plateaus along the way but she's still sticking with the treatments because they're consistently helping.

**Average length of sessions:** This change happened over 16 treatments of one hour each with a three week break.

**Evaluation:** As is usually the case at the outset of seeing somebody as therapist, I begin with a 10 step and will shift my focus to whatever may present over the course of the 10 step. Most of the subsequent treatments were focused around L5/S1, OccipitalCranial base and SphenoBasilar strains and compression.

Her sacrum, while exhibiting the symptoms of compression also had a significant right torsion and sidebend. There was also a noticeable compression at the OCB and parietals felt "jammed" into the temporal bones with emphasis on the right. There was also a compensatory torsion at the spheno-basilar. When I arced her initially, I was drawn to an e-cyst in the vicinity of her respiratory diaphragm and her throat. I came to find out that her husband has been descending into the throes of Alzheimer's and her formally happy and harmonious home life has been disrupted in ways that until recently only she was aware of. This of course has contributed to some extracurricular tension and stress in her life as well as a drop off in social invitations to her and her husband as he's become increasingly challenging to be around for more than a few minutes. Over the course of treatment, she was able to connect with the impact this change in her home and social life has impacted her and contributed at least partially to the ramping up of what's been a dormant problem in her body.

What I've witnessed as part of her M.O. is a tendency to want to make small talk through the treatment. Sometimes this talking is process oriented yet much of it seems on the surface to be a type of avoidance mechanism. She has been upfront about her unwillingness and discomfort with emotional expression. In light of that we've been working on finding a balance between her need to chit-chat and the benefits of allowing some silent process work to be woven into the treatment time. I believe another contributing factor to the need to "chit-chat" is that she is feeling lonely at home in her marriage. So, again, the balancing of silence, therapeutic imagery and dialogue, (which is enjoyable for her being an artist and for me as well!) and finding space for the chit-chat has been quite a dance!