

## Madullablastoma and CranioSacral Therapy

**By: Magpie Gliksten**

**PERSONAL:** 9yo, Female

**HISTORY:** This girl was diagnosed with madullablastoma, which was operated on after which the client underwent chemotherapy and radiotherapy. The client no longer has the use of her legs and is confined to a wheel chair.

**Length of treatment by other:** Some 6 months.

**Frequency:** Once a week of physiotherapy and occupational therapy.

**Evaluation:** It was considered that not much improvement can be expected for this client. The surgery was quite aggressive, in order to remove the blastoma.

### **Findings:**

This Girl was very tearful and depressed when first seen. Her bowel has stopped working, and she has to evacuated manually She exhibited features of a cerebella lesion, in particular, difficulty co-contraction of her agonist/antagonists muscle groups, poor coordination, reduced balance, and general ataxia.

Inadequate co-contraction of trunk and pelvis musculature; inability to form a stable base from which to perform gross motor activity, and inhibited balance. She has trouble target finding, and lacks fluidity of movement. Poor trunk rotation.

Her Craniosacral system was in deep shock and her RAS appeared to be damaged.

Showing signs of unwillingness to survive. She had energy cysts in her pelvic area, back of the neck, occiput and heart area. Dural tube appeared to be stuck just below the magnum foramen.

CR was limited in range and vigor. Moribund would be how I would describe it.

### **Tool Used:**

This client was referred to me by her physiotherapist, after about 6 month post surgery. We proceeded with 10 step protocol with a very modified C/B. After a couple of treatments we were able to get her dural tube to move more freely. Pelvic diaphragm work was used extensively to address the energy cysts in the area and to improve muscle tone.

Thoracic inlet and heart we used direction of energy and direct communication with the heart. The heart had real difficulty accepting her situation, because she had wanted to be a dancer. We did a very big SER around her loss of mobility. Did plenty of frontal, and parietal lifts, and intercranial membrane releases. Also, worked extensively on temporal mobilization. Hoping to improve balance.

### **Objective results:**

Over the period of the year in which this girl was treated she became much less depressed and more optimistic. She stopped crying and began to take more interest in herself especially when her hair began to grow back. Her muscle tone in her trunk improved and she was able to reach outside of her base and grasp an object without loosing her balance. Her co-ordination improved dramatically so that she could get out of her chair and get herself onto the bed for treatment unassisted. Her movements were less ataxic and more fluid. Her bowel started to work on its own, although slow.

**Subject results:**

This girl was not improving after 6 months of physiotherapy. I believe that her emotional state was contributing to this lack of progress. She was able to make the progress, I believe because of SER work, and the structural work. One without the other I don't think would have had the same results.