

Scleroderma and CranioSacral Therapy

By: John T. Jackson, LMP, CST

Name: Naomi (for narrative purpose only)

Age: 55 years

Sex: Female

History: Localized Scleroderma. Official etiology is unknown. Patient feels that a scrape sustained on her leg as she was getting out of a swimming pool 10 years earlier along with a series of infections she suffered subsequently probably was the genesis. She also stated that she felt as though the medications she was given probably contributed also because of the adverse reactions she experienced. Naomi was invalid, however mobile in her motorized wheel chair, unable to do anything for her self including eat without assistance, bathe, get into or out of the wheel chair without help. Her function as a result of her condition had been declining progressively for 7 years. She was being treated by physical therapist, a neurologist, dermatologist, speech therapist and a nutritionist when I was asked to come in. All of her therapies were weekly and continuous except for the Neurologist.

Evaluation/Observation: The patient was very thin, almost skeletal in appearance. Her skin was very tight, yellowish, and immobile throughout her body. She was absolutely hairless due to (atrophy of pilosebaceous follicles). There were Trophic ulcerations on both hands, wrists, elbows and feet. I did not view them myself, but I was told that she also had Trophic ulcerations on both ischium. The muscles and joints of both elbows, hips, and knees were in flexion contracture (anatomical). Temporalis and Masseter bilaterally were contracted which made it difficult for speech and chewing food.

Initial CranioSacral Evaluation: The CranioSacral rhythm was fair considering the lack of fluid dynamics in her soft tissue. There were asymmetries greater in her right shoulder that continued down her right side into the feet. Intercranial membrane tension was significant with Tentorium restrictions greater on the left side and included the Falx. The quality of the rhythm was fair and labored with amplitude strong into an extension pattern. Rate was within normal ranges. Dural tube evaluation indicated significant restrictions at both sacrum, occiput and mid-thoracics. TMJ was locked in compression. All transverse fascia planes felt solid with seemingly no fluid innervation. Energetically, she felt like a solid "black hole."

Treatment: CranioSacral Therapy, Therapeutic Imagery and Dialogue

Length of Tx: 16 treatment sessions, one hour, over 4 months

Subjective results and discussion: In the beginning, Naomi complained that she was always very anxious, impatient and unable to get a decent night's sleep. She complained about her joints being stiff and painful. Along with her physical restrictions she stated that the other source of her anguish was around the fact that her husband was in her opinion still depending on her to make sure things went smoothly. She felt that it was up to her to make sure the schedules were done right and that things around the house were coordinated. This among all other things added to her frustration and desire to "just get over this" problem and get back to normal. Following our first session Naomi stated that she slept much better that night and her sleep was not as disruptive. She felt that her shoulders had relaxed a bit and that she could move them a little better. She also stated that her Physical Therapist had commented that she could feel some "softening in my joints." Throughout our sessions Naomi's subjective comments were consistently of "global improvement" with the ability to sleep and deal with her day to day routine becoming

easier. She stated that her energy levels were improving along with her tolerance for the shortcomings of her staff. Her physical pain levels were less constant and varied day to day in intensity. She stated that she looked forward to our sessions because it was the only time she felt she could take time out for herself and relax. Naomi's stated goal at the beginning of therapy was to eventually reach a state of wholeness and function with her body. She felt that she could do it because she always had done what she wanted to and got whatever she wanted in the past. She viewed her condition as a temporary obstacle of which she would ultimately triumph.

Objective results and discussion: This was an extreme case of scleroderma. Visually, it was amazing to me that this woman was alive. All of her transverse fascia planes as well as superficial fascia and soft tissue was like wood. Palpating her core energy was akin to what one might feel when gently touching the trunk of a tree and feeling the vital upward flow of energy moving very deep toward its center. As treatment progressed her skin color became more reddish which indicated to me that her vascular system was responding favorably. I reasoned that her phytonutrient/enzymatic program might be becoming more effective as her body was able to utilize the nutrients she ingested. Over-all fluid dynamics improved. Core body temperature generally remained constant however, the extremities were always 3-5 degrees cooler.

Due to the over production of collagen and density restrictions, changes in soft tissue texture and feel were not enormous, they were palpable although not sustained. Dural tube mobilization was very beneficial and facilitated a significant decrease in restrictions in the Occipital, Sacral, and Thoracic inter-vertebral regions. Evaluations of the Dural tube mobility progressed from labored and restricted at the OA and L5-S-1 to free relative to extra dural/vertebral soft tissue compensation. Her energy levels increased after Dural tube mobilization. TMJ decompression also decreased anxiety and frustration.

Therapeutic Imagery and Dialogue was used to access her inner-awareness. Prior to requesting permission to explore her inner-awareness, the client informed me that she had previously explored this route with another type of therapy, and that she was told she had an issue around not wanting to change her personal life habits and that's why she had this disease. Her Inner Physician had a slightly different view. "Nucleus" was the Inner-Physician that presented. "Nucleus" didn't know everything about the situation but described herself as outside of the body viewing all of what was going on from that perspective. "Nucleus" had no protection any more and said that the body had been directed to turn in on itself by it. Nucleus stated that this condition had to do with the way my client had treated people in this lifetime and that it "nucleus" was the empty unprotected source of my client's being that had caused this disease to present in order to stop her because she would not listen and stop herself. "Nucleus" said that the brain could probably give more detail. Amygdala and Cerebellum came forth with Amygdala announcing that it was the power center and cerebellum stated that it was the keeper of all of the knowledge in the brain. As it turns out, there was a vascular and neuronal disconnection between Amygdala and Cerebellum. Also Amygdala, being aware of its power potential was at a loss about how to apply it in any other way other than maintaining the status quo. When it was understood Amygdala that Cerebellum was the holder of knowledge, there was an agreement by both that communication and cooperation between the two of them might be beneficial toward healing the body. They worked out a way to utilize underused blood vessels and nerve pathways to facilitate the communication process. As Amygdala and Cerebellum began to communicate, they presented things that needed to be done. There was "dark mold on the right side of the brain that needed cleaning. There was a toilet seat shape in her brain that I later found out represented "analytical mind. It needed to be cleaned with a high pressure hose. Inner Physician led us into the bone marrow where she was shown "thin bone like structures with yellow substance and a plaque like structure inside that she was not able to clean out. This was where the physical components of the disease originated.

My client did not have the type of physical turn around that she originally expected, however she did experience a new sense of herself and stated to me that as a result of CranioSacral Therapy she felt empowered to be a active participant rather than a passive recipient in her journey toward becoming whole. She decided to end her - treatment with me after the sixteenth session. Naomi passed away approximately six months after our last treatment. Although she did not recover physically, it is my opinion that CranioSacral Therapy was instrumental in providing her room for movement and expression at the core level.