

Stroke and CranioSacral Therapy

By: Pam Kapoor

Personal: D **Age:** 58 years **Sex:** M

History:

Symptoms: Slurred speech, weakness in both upper and lower extremities more pronounced on the left side, blurred vision, and headache.

Pertinent medical history: He suffered of a recent stroke with 99% blockage in right vertebral artery and 85% blockage in the left vertebral artery. D was being treated for high blood pressure, high cholesterol and dyspepsia. He was trying to control his diabetes with diet and also had eczema all over the body. He had a car accident at 33 years of age when he suffered of left shoulder injury and blow to his head. He suffered from constant headaches occasionally severe presumably associated with sinusitis, dizziness, and occasional swollen painful joints. He took occasional anti-inflammatory for his joint pains. He had taken three courses of antibiotics in 7 weeks 2 weeks prior to the stroke for sinusitis that failed to help his sinusitis or headaches or dizziness. D consumed moderate amount of alcohol.

D received regular check ups at the VA hospital and receives regular medical assistance as needed. He also worked in a very stressful environment dealing with hospice patients.

Evaluation:

Findings: I was called to treat D within 12 hours of his stroke while he was still in the ICU. His CS system was very restricted overall. He appeared anxious, had shallow breathing, weak grip and reduced feelings especially in his left foot.

Tools Used: Brain Speaks, energy work, CST

Objective Results: D was much calmer and relaxed after the first session His breathing and grip improved slightly. Thereafter his neurologist also decided that D could not be operated because they felt that during the operation the arteries might rupture hence D was put on coumadin. During the second appointment, dialoging with the brain revealed that the blockage in the left vertebral artery was 92% and that in the right vertebral artery it was 100%. The two arteries were blocked by the body to prevent a severe hemorrhage in the mid brain because of insufficiencies in some blood vessels in that part of the brain. Therefore the brain also did not want the blocked vertebral arteries to be opened up at this time. It however directed me to work with some of the structures within the mid brain and when that was accomplished it did not want me to do anything further because it was then related to some emotional component which had to be dealt with when D was ready. The brain also did not like the coumadin but since the neurologist had prescribed it and I explained to the brain the situation and requested it to do what it needed to do with the coumadin and it said that it will simply not let it affect it. Later when the blood tests were done the neurologist was surprised to not that there was not a trace of coumadin in his blood even though the pharmacist had made a mistake and D was taking twice the dosage that the neurologist had prescribed initially.

Subjective Results: D was improving overall with each appointment and his doctor, nurses and the physiotherapists were quite surprised at his quick recovery. He was walking on his own within 3 weeks of the stroke and was climbing steps on his own within 5 weeks and started to drive his car. He still was dragging his left leg very slightly at the end of his 13th appointment but he said he was not ready for any emotional work.

Average Length of Session: 1-1.5 hrs.

Number of Sessions: 13 (4-1/day, 2-2/wk.7-1/wk)