

Upledger Institute Case Study

CranioSacral Therapy – Autism

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Case Report: Tom

Introduction

Craniosacral therapy is a light-touch therapy that can detect and correct restrictions in the craniosacral system that may cause sensory, motor, and/or mental dysfunction. Craniosacral therapy evaluates dysfunction by palpating fluid movement within the ventricles of the brain and through the Dural membranes. Craniosacral therapy techniques can restore homeostasis to the brain and nervous system. There are many sources available to further understanding of this therapy including *Craniosacral II, Beyond the Dura* (Upledger, 1987) and *Working Wonders: Changing Lives with Craniosacral Therapy* (Case Studies from Practitioners of CST, 2005). Both offer accounts of improved health through Craniosacral therapy for various clinical presentations. The author's focus in this case report is on autism. Autism is a developmental disorder with various degrees of severity. It is characterized by difficulty in social interaction, communication, and control of repetitive behaviors. Individuals with autism may be impacted in occupational and other areas of social and emotional functioning as well.

In the fall of 1976, Dr. Upledger, while a Clinician at Michigan State University, worked at the Genesee County Center for Autistic Children in Flint, Michigan. For 2 of the 3 years he was, he facilitated Craniosacral therapy 2 times per week in 30-minute sessions for his clients. Dr Upledger noted:

Some of the behaviors observed in autistic children are attempts to change/correct physiological and/or anatomical dysfunctions that may be causing pain or discomfort. Many autistic children are known to bang their heads, chew on their wrists and /or the bases of their thumbs until deep tissue is visible, and /or they may suck on their thumbs so vigorously that the front upper teeth begin to displace forward. These thumb-sucking children

are pushing on the roof of their mouth as hard as they can. We have observed that, when specific corrections of the CST are successfully carried out, these behaviors spontaneously cease. It is ~~in~~ my opinion that the head-banging child is trying to release compressive force in the head that is quite painful. When we release this compression, the head banging stops. This compression is from the front to the back of the head.

The craniosacral therapy approach to autism releases restrictions in the membrane layers that surround the brain, enhances the movement of cerebrospinal fluid (which nourishes and helps remove toxins), and releases restriction areas of the body where restriction within the soft tissue may impact the craniosacral system and the brain.

Client History Provided by the Mother

Tom was born November 22, 1995, full term and in good health except for jaundice. He suffered from chronic ear infection and therefore had tubes placed in his ears at 14 months.

In April 1998, Tom had his first seizure after his 2-year vaccinations. He was diagnosed with autism at 2.5 years-old by the local university hospital doctors.

Tom was frequently hospitalized with symptoms that included; severe vomiting and diarrhea; he required feeding tubes and an upper endoscopy, a GI biopsy, and pic line for nutrition. He tested “off the chart” immune panel. Additional diagnoses included severe food allergies to milk, eggs, peanuts, soy and wheat.

Until age 8 his symptoms continued with frequent severe diarrhea followed by severe constipation and an onset of behavioral changes.

Tom attended WEAP, the Wisconsin Early Autism Project (11/98) for 5 years until he was dismissed for lack of continual progress. He practiced puzzles, matching, and a PECS (Picture Exchange Communication System for food requests).

Craniosacral therapy was facilitated for a short period of time prior to age 8.

At age 8, Tom was removed from school by his parents. At that time, they initiated biomedical therapies and dietary changes to address the bowel issues.

Tom's parents tried hyperbaric chamber therapy at a cost of \$3000.00 and Electric Stim Therapy for \$500.00

All supplements and biomedical therapies were paid out of pocket totaling between \$100,000 - \$150,000. This figure does not include the costs of ongoing traditional western medical care.

Tom is under chiropractic care and receives regular chiropractic adjustments.

Protocols to address behavior and reactions to drastic weather changes are:

- 1) wait 15 minutes
- 2) administer Ibuprofen (for headaches)
- 3) PRN (Pro re nata – as the circumstances arises) Lorazipam

Mother adds that Tom resides in a group home and has round-the-clock managed care. She has scheduled CST sessions to address aggressive behaviors, as well as “severe” self-injurious behaviors that includes head-banging, skin-picking, and slapping. She reported that Tom suffers from frequent headaches, is sensitive to low pressure systems, and is afraid of touch. She advised that she is unable to be in the room with Tom during therapies as he is unable to control himself when she is present, and he might unintentionally hurt her. We arranged for her to wait in the back office, out of sight.

The mother arranged transportation for Tom that included 2 handlers who would be present at all times in the event that he became a danger to himself or others.

Observation

Tom was brought in for treatment at 2-week intervals for almost three years for a total of 60 sessions. He frequently presented with contusions, bruises, and open sores on his face, arms, and legs. He is nonverbal; his arms and hands are in constant motion. He frequently hits or punches the wall and/or himself.

He had severe head-forward posture and bilaterally anterior rotation of his shoulders. His thoracic chest appeared sunken into his body and his inferior cervical and superior thoracic spine were protruding. The superior aspect of his skull was compressed over the coronal suture, his skin folded over along his nasal suture line. There was asymmetry throughout his cranium.

Treatment

Rationale for treatment was based on Dr. Upledger's writings regarding his work with individuals with autism and the benefits of craniosacral therapy and healing touch.

Dr. Upledger, in speaking about Direction of Energy says, "Pretend that your hands are electrodes and that you are passing energy back and forth between them until a palpable softening and therapeutic pulse are perceived at the site of restriction."

Tom only allowed touch on the posterior aspect of his body, and occasionally the top of his head. His craniosacral rhythm was evaluated for symmetry, quality, amplitude, and rate. Tom's rhythm reflected no symmetry, the quality was choppy and sluggish, there was little amplitude and the rate was slow (4 cycles per minute compared to an average of 6 to 12).

Other craniosacral therapy techniques included modified Dural tube rock and glide and direction of energy.

Sessions lasted 2 to 30 minutes, based on Tom's ability to sustain touch. At times, he slapped or pinched to remove my hand.

On days he could sustain touch, I used direction of energy to help release restriction patterns. This included coronal/ sagittal suture lines and/or occipital mastoid suture restriction. With more tolerated touch, induction of a still-point (at Thoracic or PSIS) and/or a modified Dural tube rock and glide were facilitated.

Outcomes

Tom's need for PRN Lorazipam reduced from 4-5 times per week to a few times a per year.

At the conclusion of sessions during which Tom tolerated touch, palpation showed improvement in the craniosacral rhythm rate of 6 to 7 cycles. The symmetry, quality, and amplitude improved; there was increased fascia movement along the Dural tube. Suture lines in the cranium were softer upon palpation.

Perceived Behavioral Outcomes

Sequentially, as witnessed by the caregivers, mother, and therapist:

Tom transitioned from his initial choice for seating from behind my desk, to the front of the desk to the treatment table. Treatment is currently facilitated with Tom in a sitting position on top of the massage table.

Initially, Tom watched the same 30 seconds of *Beauty and the Beast* repeatedly; now he will switch to other movies. He does not watch an entire movie but will readily switch choices for a short duration of time.

Tom's self-injurious behavior reduced.

Tom's mother is able to be in the treatment rooms during craniosacral therapy. In an effort to redirect Tom's hands, his mother feeds him treats in a pattern that crosses his body at each treat offering. Initially the caregiver had the task of offering treats. With his hands occupied, the frequency of his hitting, slapping, or pinching reduced.

Tom is able to attend outings with his family and participate in family events.

Tom initiates and accepts hugs and kisses from his mother.

Tom uses gentle touch to remove my hand or someone else's from touching him when he no longer wants the contact.

Discussion

Aggressive and/or self-injurious behavior is not uncommon within this population; all therapies designed to reduce these behaviors should be considered. This case report reflects benefit from craniosacral therapy and intentional touch. Perceived and measurable outcomes carry the same importance when the quality of life is at stake. Anecdotal data reflects support of this work.

This case report is not intended to reflect benefits to all individuals with autism. However, it recommends further case studies, documentation, and research into the benefits of craniosacral therapy for autism clients.

Works Consulted

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