

## Fibromyalgia and CranioSacral Therapy

**By: John T. Jackson, LMP, CST**

**Name:** Betty (for narrative purpose only)

**Age:** 55 years

**Sex:** Female

**History:** Discectomy 1993 and Hysterectomy 1998, Diagnosis- Fibromyalgia. Initial complaints were general fatigue, arthritis pain, pain in feet. Symptoms were chronic and highlighted with numbness in the pelvis, burning, soreness, heel pain, and general all over aching pain. Sleep is restless and interrupted. The only treatment received for this condition since 2000 has been drug therapy. Drug therapy was for 6 months and the patient declined to continue. Drug of prescription: Zoloft

**Evaluation/Observation:** This patient appeared reasonably healthy yet emotionally on the edge. She presented as being in a significant amount of discomfort while trying to maintain a pleasant appearance. CranioSacral evaluation indicated moderate to severe restrictions in the triad of compression. The pelvic diaphragm felt guarded and closed. Fascia restrictions were numerous throughout the thoracic and thoracic diaphragm. Dural tube evaluations indicated lumbo-sacral and upper thoracic restrictions and included the OA. CSR evaluation= A fairly symmetrical rhythm with weak quality and amplitude from the pelvis and distal. A slightly stronger CSR was palpated above the pelvis. Cranial bone mobility was restricted in parietals, temporals, and sphenoid. Fascia mobility was sluggish in legs and feet bilateral. Direct pressure palpation- pain/feet.

**Treatment:** CranioSacral Therapy, Therapeutic Imagery and Dialogue, Visceral Manipulation, Massage

**Length of Tx:** 9 treatment sessions, one hour, over 3 months

**Subjective results and discussion:** The patient stated that her bladder function improved beginning after the first treatment. (this was a surprise to me because she had not indicated that she had any bladder problems initially). She states that now she forgets the original feet/ankle and general body pain. She still has the problem with her mother, but does not see any way out of it in the very near future and has resigned her self to make the best of it by remembering and using the information she learned from our sessions. She states that she feels better and more confident about her situation along with being better able to recognize when she is taking on too much, reacting to past/future events and the internalization hazards they can present.

**Objective results and discussion:** Betty (not her real name) was a good client for CST and SER. She was more than ready from day 1 to get at the source or root cause of her pain. She experienced somatoemotional release the first session during a pelvic diaphragm release. That opened the door for dialogue and subsequent guilt release that had been stored as a result of a college indiscretion involving sex, abandonment, and guilt, 28 years prior.

After doing more structural work to clear some lesions patterns in the spheno-basilar joint, complete mouth work was performed which freed up tensiodesion-strain patterns followed by more somatoemotional release that centered around guilt, relationship and acceptance by her mother. By the fifth session the client was reporting that she had decreased her medications and trips to her physician for evaluation. She was also commenting that her stomach felt softer which decreased her feeling of constriction and holding. The last two sessions involved issues around lingering grief, and depression. Heart was the teacher in

these sessions and the "parole board" was the gatekeeper of sadness and forgiveness. It took quite a bit of negotiation before the "parole board" decided it was best to allow my client another opportunity to figure things out without the fear of making a mistake. In the end Heart was not forced to endure sadness as punishment and forgiveness now had hope to express itself with Heart. Soft tissue manipulation was beneficial also in increasing lymph function and decreasing myofascial pain.