

An Eclectic and Integrative Approach to Treatment

By John Upledger, DO, OMM

All too often, we therapists become "specialized," excluding approaches we may not consider our favorite or easiest routes. I believe there should be no boundaries between disciplines when it comes to patient care.

Different modalities can and should be integrated whenever appropriate to the therapeutic process.

Case in point: a 43-year-old woman who had suffered four "D & Cs" before delivering her only child, and a tubal ligation shortly afterward. Aside from the usual childhood diseases, there appeared to be no significant medical or surgical history other than the problems that brought her to see me.

Her chief complaint: abdominal bloating and pain that began at about age 10. The bloating was generalized and the pain was localized in the epigastrium and upper right abdominal quadrant. She also had suffered frequent bouts of constipation since her teens, during which she bore significant pain in the ileocecal region, the low back and the large bowel. More recently, she had neck and back pain, and it was difficult to focus her thoughts. She also had near-constant tinnitus and episodes of debilitating fatigue presenting with growing frequency.

Previous treatments had produced short-lived relief, but none offered remission of symptoms. Her programs at various times included conventional medicine; massage; chiropractic; therapeutic yoga; colonic irrigation; nutritional therapy; elimination diets; and herbal therapy.

My evaluation revealed a low-amplitude craniosacral rhythm, which indicated restrictions around the brain and spinal cord. Conduction of dural tube motion was partially impaired from the upper thorax through the sacrum, with restrictions focused at T2-3-4, T11-12, L1-2 and L4-5-S1. There was also restriction of both temporal bones and a very tight intracranial membrane system in all directions.

In addition to all this, her hard palate was locked in internal rotation, her frontal bone was compressed, and she was suffering from occipital cranial base compression with atlanto-condylar compression, multiple tooth dysfunctions, and spinal motion restrictions at the atlanto-occipital region, left sacroiliac and C1, C2, T3, T4, T11, T12, L1, L4, L5 and S1. She was also restricted in the thoracic cage and the respiratory and pelvic diaphragms, and had marked tenderness in the area of the solar plexus and abdomen deep into the umbilicus.

It was clear to me that a single approach or even one method a time was not going to help in such a multilayered case. My treatments included a combination of therapies: CranioSacral Therapy coupled with acupuncture to regain energy flow and release the obvious restrictions; visceral manipulation to release abdominal tension patterns from the internal organs; and spinal manipulation combined with myofascial release, costal manipulation and pelvic balancing to correct the peripheral structural problems.

Concurrently, I repeatedly mobilized the dural tube to encourage defacilitation of hypersensitive spinal cord segments. I did some mouth and tooth work, since childhood dental trauma was found to be a major contributing factor. SomatoEmotional Release also revealed some issues with the patient's father, involving the lack of self-esteem development when she was a child.

After about 20 sessions, the problems began dropping away as her body accepted the work and trusted that whatever was needed would be provided. Now almost all of her symptoms are gone. A combination of treatment modalities helped this patient accomplish body-mind integration, and successfully assisted in her self-healing. This was truly a case in which the whole was greater than the sum of its parts.

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