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Nothing Is Impossible

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The body is a symphony of motion. On every level, our greatest promise for health is achieved when our body parts, from cellular to gross, are free to move in harmony with one another.
CranioSacral Therapy is especially effective at restoring optimal craniosacral rhythm and enhancing central nervous system performance. When indicated, I also combine it with other methods of increasing body motion. The results have been highly successful, even in the most difficult of cases.

Anselmo Trevino was born on August 10, 1980, without complications or problems. His growth and development were excellent, and everything looked rosy for his future - until he was nine years old. He was riding in the family minivan when a serious collision occurred.

Anselmo immediately went into a coma and was hospitalized in intensive care. CT scans revealed a fracture of the skull base involving the mid brain and brain stem - a closed head injury. More significantly, he had suffered a hemorrhage of the brain stem. Anselmo spent two months in the hospital, then another two in a rehabilitation facility.

When he left he was completely quadriplegic with a spastic condition of his muscular system. It involved most severely his lower limbs, and somewhat less severely his upper limbs and the musculature of his trunk, neck and face. He was unable to speak or even blink his eyes to communicate. Clearly the injuries had interfered with the brain's ability to modulate the spinal cord's influence on the peripheral motor control system.

Over the next 11 years, Anselmo's parents made sure he received every therapy recommended and available to him. Yet his life seemed to be a chain of unfortunate physical events. In 1991 his left femur was fractured during a therapy session. In 1993, he underwent Achilles-tendon-release surgery on both ankles, after which he developed pneumonia. In 1995, he had oral surgery to extract eight molars, and in 1997 he suffered from

aspiration pneumonia.

When not hospitalized, Anselmo lived at home. Still dependent on doctor and nursing care, he received daily occupational and physical therapy, as well as massage, reflexology, acupressure and acupuncture. The primary goal was to combat the ever-increasing spasticity.

I first saw Anselmo in April 2001. He came to participate in a two-week intensive program at The Upledger Institute HealthPlex Clinical Services in Palm Beach Gardens, Fla. Prior to that, neuro and orthopedic surgeons were pressuring his parents to perform lumbar rhizotomy procedures on several nerve roots in order to stop the spasticity of the lower body. They could see no other way to relieve the spasticity other than cut the nerve roots. But Anselmo's parents had different ideas. With us they had two major goals: to reduce or stop the spacticity - and eliminate the need for more surgery - and to enable Anselmo to use eye blinks as a "yes/no" form of communication.

Our initial evaluation of Anselmo included a finding of quadriplegic spastic paralysis. It was severe throughout his whole body below the cranium, but especially so in his trunk, pelvis and lower limbs. He was unable to communicate either verbally or with eye blinks or controlled body motions. Yet it was obvious he could comprehend what was going on around him. His spasticity noticeably increased when he was upset by certain events or conversations that took place around him. He was fed through a gastric tube - a necessity since the accident 11 years earlier.

A craniosacral system evaluation revealed a rhythm of five-to-six cycles per minute. Cranial vault mobility was restricted in all major vault bones, in the dural tube, and in related spinal structures. There was also a marked thoracic "humpback" deformity that had progressed steadily since the accident. Anselmo's parents reported that the most recent x-rays taken before coming to the intensive program showed a 63° thoracic scoliosis with apex to the left. Bone density studies also revealed marked, generalized osteoporosis. Anselmo's treatment program included five-to-six hours of CranioSacral Therapy every day in both single- and multiple-therapist sessions. Acupuncture was used at least once a week, as was therapeutic massage. Spinal release treatment was often integrated with the CranioSacral Therapy, along with myofascial release and visceral manipulation.

On day three of the program, I focused on mobilizing Anselmo's spinal vertebrae, one at a time, using position and hold techniques applied to the spinous processes. While I was doing this, two other therapists, one on the occiput and one on the sacrum, focused on moving the dural tube toward the head, then toward

the sacrum in harmony with the craniosacral rhythm. As the dural tube released within the spinal canal, I could feel the dural sleeves that sheathed the spinal nerve roots relax and begin to move more easily. We could also see the spasticity of Anselmo's body relax in response to our work.

Soon more therapists joined in. One was positioned on the head to decompress and mobilize the anterior-posterior intracranial meningeal membrane (dura mater) system. Another therapist was at the feet holding the calcanei in the palms of her hands. She applied light, intermittent traction in a pedad direction (toward the feet) in synchrony with the dural tube movements in the same directions. The therapist on the head used frontal lift and sphenoid mobilization techniques to offer more space to the motor cortex.

As we finished that particular session, Anselmo appeared happier, more comfortable in his body and much less spastic. That's when I decided that a session on a Stress Buster machine might be helpful. The fitted moldings of the Stress Buster moves the ankles, feet and legs rhythmically from side to side, about three inches from one extreme to the other. The rate of movement is adjustable.

As I monitored Anselmo's spinal column with the Stress Buster in action, I could feel the increasing motions of the spinal vertebrae in relation to each other. The Stress Buster appeared to be offering a positive therapeutic effect. From then on we used it to treat Anselmo for about 10 minutes at least three times a day in conjunction with other treatment processes.

At the end of the two weeks Anselmo was much less spastic. Cranial bone and spinal mobility were greatly improved and nerve root surgeries were no longer indicated. The "humpback" deformity had reduced significantly in size. And Anselmo's total body, including face, jaw, tongue and throat, was much more relaxed. His respiratory diaphragm was more active and moving easier. He was able to breath much more deeply.

About two months later, I spoke with Anselmo's mother on the telephone. She said Anselmo has continued to use the Stress Buster three to five times every day. Both his parents and physical therapists feel it's helping to further reduce the "humpback" problem. What's more, an x-ray recheck for bone density showed a 400% improvement in Anselmo's osteoporosis. The doctor said that was impossible, so he repeated the study. Sure enough, the 400% improvement was confirmed.

I believe this case offers solid confirmation of just what is possible when you help restore motion at all levels; restore the trophic influence of motor nerves; establish dural membrane release within the cranial

vault and spinal vertebral canal; and enhance motor cortex and brainstem function.

Yes, you can help reverse problems as serious as scoliosis, osteoporosis and hyperspasticity - even after they have been present in the patient's body for up to 11 years.

Click here for more information about John Upledger, DO, OMM.