

SET TALK

By Don McCann, MA, LMT, LMHC, CSETT

MM003717

(Massage Message, March/April 2010)

FIBROMYALGIA & CHRONIC FATIGUE SYNDROME

Over the years there have been a significant number of clients who have been diagnosed with fibromyalgia or chronic fatigue syndrome. Both are difficult and somewhat nebulous diagnoses to make due to the combination of symptoms. Often the clients with these diagnoses have all but given up hope and are beginning to accept that life is not going to be wonderful. To make matters worse most of them have been to at least one doctor who has told them it is all in their head. Often the prescriptions from doctors range from antidepressants and sleeping pills to pain killers and massive antibiotics. When clients suffering from these conditions come for massage they are usually in pain, depleted of energy and not looking forward to any treatment that may be deep and sensational.

These clients provide incredible challenges for you as a massage therapist. You must understand what you are able to do to help and support these clients as well as knowing the cautions. Both conditions have inactive and active cycles. When clients are in an active cycle they will be much more sensitive to massage than when in an inactive cycle. Each of these conditions has similarities and dissimilarities.

Fibromyalgia

There is a discrepancy in the specific combination of symptoms on which the diagnosis of fibromyalgia is made. Difficulty sleeping and hypersensitivity seem to be two of the most commonly acknowledged symptoms in every client diagnosed with fibromyalgia. There are anywhere from 11 to 15 areas in the musculoskeletal system of the body that are hypersensitive. Here is where a very interesting correlation occurs. The structural core distortion that everybody is born with has specific areas that can be described as strain areas. These areas are consistently as much as 50% weaker in muscle strength compared to the opposing muscles. Particularly fascinating is that all but one or two of the hypersensitive areas used to diagnose fibromyalgia correspond directly to the weakened strained areas found in the structural core distortion. These weakened strain areas are under more stress and collect more lactic acid, adhesion, and scar tissue which in and of itself causes hypersensitivity and pain. This observation led me to start treating clients with fibromyalgia using protocols to release the structural core distortion in their bodies.

Cranial/Structural techniques to rehabilitate the structural collapse of the core distortion are gentle and dynamic, and have far reaching effects in releasing the strain patterns of the fibromyalgia client. After the application of the Cranial/Structural techniques there is a significant unwinding of the myofascial holding patterns resulting in significant soft tissue change. What becomes obvious here is that the toxic build up in the muscles of the fibromyalgia client needs to be flushed before deeper myofascial work can be done. Any attempt to correct the structural imbalances with deep tissue therapy releases more toxin than the system can easily flush from the affected areas. Consequently, for the more severe cases, doing massage with the goal of allowing the body to flush the excess toxins from the muscles is the next step in their rehabilitation. This is more effective when the protocols for flushing are protocols that will balance the structural core distortion. There is a significant improvement in the toxicity of the muscles and some structural improvement. This usually takes at least four treatments. Clients in an active cycle usually feel worse initially with the release of these muscle toxins. Clients who followed treatments with hot Epsom salts baths to facilitate the detoxing had a much easier time at this stage.

The structural improvements following the Cranial/Structural and detoxing allow clients to have more energy, be more relaxed, and consequently able to sleep better. The areas weakened in the strain patterns function at a higher level with more strength and less accumulation of muscle toxin. Many clients return to their normal life activities. This is the time to further balance the structure with myofascial work that further releases the structural core distortion to build a new level of balance and function. Of note, the areas that were used to diagnose fibromyalgia because of their hypersensitivity now function at a much higher level, and the majority of them are no longer hypersensitive. Consequently, clients feel like they are no longer burdened with this condition and ready to return to normal life activities. These clients are not cured of fibromyalgia. They still have occasional attacks, but they are not as frequent and not as severe. Plus, when the attacks do occur clients find relief with only a few treatments.

CASE STUDY: Jean, a 40-year-old legal secretary, suffered from fibromyalgia and was referred by a friend who assured her that I could help her. She had been unable to work for the past four months and had made the rounds of the Medical Establishment looking for help. She was unable to sleep for more than three hours and was in constant pain. This was made worse by what a psychiatrist had described as moderate depression that required antidepressants.

Jean managed to come to her appointment because her friend had picked her up. She felt that her life was worthless and that she had lost just about everything. In addition she felt guilty because the depression was viewed as her fault and she was unable to pull herself out of it. Upon evaluation it was apparent that she was in structural collapse of the core distortion with significant rotation of the iliums, scoliosis, high/low shoulders, tilted head and neck, and hyperextended knees.

The Cranial/Structural Core Distortion release was applied followed by massage to detox the muscles that were in strain patterns due to the structural distortions. Jean also took hot Epsom salts baths to facilitate the detoxification. After the first four sessions she felt worse with more pain and inflammation but continued treatment with the support of her friend. Her body was moving into support with improved structural balance. At her fifth session she reported that either her fibromyalgia was in remission or she was getting better. From this point on she reported significant improvement with every session. After fifteen sessions she was sleeping through the night, had energy to get up and go back to work, was off the antidepressants and experiencing only minimal pain. In fact she reported that she only had minimal pain in only a few small areas for a couple of days every three weeks. She continued with sessions scheduled once every two weeks for five more sessions then once every three weeks until they were no longer needed to maintain the positive changes.

Chronic fatigue syndrome

The clients with cfs were again for the main part debilitated from their normal life activities and had been through many medical screenings and diagnoses with minimal improvement. Some had had to quit jobs and basically retire from the lives that they had known. Others may only have one out of 4 days that they had enough energy to go about their daily activities. All appeared depressed whether it was due to lack of energy or actual depression. As with the fib clients these clients were in the SCCD and had significant loss of strength and function and musculature throughout their bodies. In addition they also seemed to be hypersensitive and carry significantly more toxin in their muscle than the normal client.

Rehabilitative therapy for them started with CSCDR to bring their bodies back into structural balance. They experienced and immediate improvement in their structural and strengthening of the muscles that had been in strain pattern. As their bodies started to unwind from the old structural pattern they also began to heavily detox and sometimes felt worse due to their bodies not

being able to process the amount of toxins being released from the treatment. As with the fib clients the hot Epsom salt baths helped these clients detox more effectively and efficiently and the clients that utilize these baths had a much easier time. During the detox phase being sure to assist the muscles and flushing the toxins before applying deeper strokes produced the best results. Once their had been a significant detoxing of these muscle groups it was then e=very effective to do the deeper tissue and myofascial work necessary to complete the rebalancing of their structures. As this was accomplished the clients reported becoming more active and having more energy and many were returning to the activities of their daily lives. They also reported fewer days of severe symptoms and less severe symptoms when they did have their attacks. Some even reported no longer having attacks and resume full time their life responsibilities.

CASE STUDY: Sally came to be a client of mine because she had read on the SET website that I might be able to help her with her chronic fatigue problems. She had been steadily getting worse for the last two years until she could no longer take care of her horses. She was in her early fifties and was barely able to get out of bed. She was also in significant pain especially in her arms and hands and had chronic headaches. Her Husband was a doctor and had diagnosed her with chronic fatigue syndrome along with the Mayo clinic. Upon evaluation she was in structural collapse from the core distortion. Her head and neck were forward of her shoulders along with spinal curvature and significant rotation of the iliums, In addition one shoulder was considerably forward and lower than the other that was high. And this distortion was observed with her right side of her ribcage lower than the left. We started treatment with the CsCd releases followed by head, neck, and shoulder work to further support the soft tissue unwinding. Her initial results were structural improvements without improvement in areas of pain or increased energy. After 5 sessions she reported that the headaches that had been daily were only occasional and she was feeling more energy. Structural evaluations showed significant improvement in her structural collapse with the head, neck and shoulder back into balance and the rib cage raised not only on the right, but also on the left. She was breathing fully and charging her body with energy. We then worked with her arms and she noted immediate improvement in both pain and function. After ten sessions she came in beaming because she had been brushing her horses and was starting to ride again. She continued treatment for the next several months until she was able to resume her normal life activities without pain. She would still occasionally have bad days, but they were fewer and

longer between. Her headaches never returned and she leads a normal life.

Conclusion

Both fib and CFS clients can benefit greatly from treatment that rehabilitates the SCCD. To be most effective these treatments need to include a rebalancing of the structure using the CS techniques that not only bring structural integrity to the body but also return strain patterns to normal strength and function. In their rehabilitation in the initial phases will include significant detoxification and sometimes during this phase feeling worse. If they can stay with at least 4 sessions they start to have a significant improvement in how they feel, their sleep, their energy, and their functioning. They also have fewer and less intense attacks of their conditions and when they do have attacks their recovery is much quicker. It is important to always understand that we did not cure a condition, but we supported a body to be able to deal with a set of conditions that were debilitating. These clients with balanced structures are able to resume to most of their normal life activities with more energy and for the main part pain free.

Please visit our website for more information – www.StructuralEnergeticTherapy.com. You may also contact me through that site with any questions.