

SET TALK

By Don McCann, MA, LMT, LMHC, CSETT

MM003717

(*Massage Message, July – August 2013*)

EXPANDED THERAPEUTIC APPROACH TO TREATING MIGRAINES

There seem to be as many types of headaches as there are people. However, most headaches can be grouped into categories. Migraine headaches are the most severe and debilitating. Many massage therapists tend to avoid working with clients who have migraines for fear of being ineffective or making them worse. Because of their severity migraines do require some special skills for the massage therapist to be effective. To understand the need for these skills let us first look at what migraines actually are.

Migraine headaches have several causes. The most severe is a buildup of fluid around the brain inside the cranium. When a client has a history of these severe migraines they usually also have a history of going to the hospital and having strong IV painkillers. Often they require several days of bed rest. There are less severe headaches that fall into the category of migraines that do not seem to have as much congestion around the brain inside the cranium. These usually are triggered by some significant stressor.

First, we are going to talk about the most severe migraines that have congestion and fluid causing pressure around the brain inside the cranium. Since there is always fluid in and around the brain the issue here seems to be inefficient drainage or pumping of the fluid allowing the fluid to accumulate under the cranium. Recent scientific studies have shown that cerebral spinal fluid not only has a trickle system moving fluid in and out of the brain, but also has a high pressure system called the glymphatic system¹.

When new clients with migraines come in for the initial treatment they have restrictions in the cranial movement caused by the cranial core distortion. These restrictions not only create a structural imbalance in the cranium and the entire structure of the body, but also inhibit the flow of the trickle system for the cerebral spinal fluid and can severely inhibit the pumping of the glymphatic system (the pressure system). This can be a principle cause for the buildup of fluid congestion that leads to a migraine.

The good news is that for massage therapists there are tools that can dramatically improve the drainage of fluid from around the brain when skillfully applied - i.e.

Cranial/Structural techniques. The Structural Energetic Therapy® Cranial/Structural Core Distortion Technique is a hands-on mobilization of the cranial motion that releases the soft tissue restrictions which limit the cranial motion. The cranial motion acts as a pump moving the cerebral spinal fluid in and out of the cranium, and when this pump is restricted it is inefficient and the cerebral spinal fluid becomes backed up inside the cranium. The Cranial/Structural Core Distortion Releases restores and expands the full range of motion in all the cranial bones at the sutures allowing a fuller more efficient pumping and draining of the fluid from the cranium which releases the built-up pressure from inside the cranium. In addition, this greater range of motion also allows the glymphatic system to operate more efficiently.

The increased range of motion that is accomplished with the Cranial/Structural Core Distortion Releases can now be utilized to affect the glymphatic system (the pressure system) as it pumps wastes and fluid from the brain. The Frontal/Occipital Decompression, which uses compression with the cranial motion, will manually stimulate and assist the glymphatic system to pump out excess fluid and toxins. This technique becomes effective only after increased range of motion is established via the Cranial/Structural Core Distortion Releases. The combination of these two cranial techniques has been shown to be extremely effective in reducing fluid pressure around the brain for people with a history of severe migraines.

The application of a specialized soft tissue protocol that will release the tension in the soft tissue of the head, neck and shoulder area further assists the client's cranium in its ability to pump out excess fluid and toxin from around the brain. All the myofascial planes affect the cranial motion and the craniosacral relationship.

Case study

Shirley, a 40 year old accountant, suffered from severe migraines. She heard about the success that one of her friends had with the treatment of her migraine headaches and made an appointment. Shirley's migraines had been going on since she was in her early 30's. They had reached a point where she was having one a week and needed to go to the emergency room to receive Demerol to relieve them. Her migraines were totally debilitating and were the classic severe migraine pattern of fluid congestion build up around the brain.

Shirley had received chiropractic treatments for years following her auto accident which happened in her early 30s. There was nothing else on Shirley's health history that related to migraines. Upon evaluation it was obvious that Shirley was in the core distortion pattern as she had a rotation of the iliums resulting in a long leg/short leg

¹ See footnote at end of article.

and exaggerated curvatures in her spine all the way up through the cervical spine. The angle of her neck was anterior with a shortening in the musculature across the base of the occiput down to the shoulders. Using kinesiology both applied and functional the rest of Shirley's body tested in the core distortion.

The Cranial/Structural Core Distortion Releases were applied which released the restrictions in movement of the cranial bones allowing her body to come into weight bearing structural support and unwind out of the core distortion. Then with the increase of motion in the cranial mechanism the Frontal/Occipital Decompression was applied to work with the pressure waste removal system (glymphatic system) to reduce the accumulation of fluids and toxins that were associated with Shirley's migraines. This was followed with the specialized soft tissue protocol to release myofascial and soft tissue restrictions in the head, neck and shoulders that affected the cranium, dura and myofascial planes. Shirley left more clear-headed and relaxed than she had been in months with significant improvements in her structure and balance.

Shirley reported for her second session saying that she had not had a migraine for a week, but did have some flashing behind her eyes which had previously been a sign of an oncoming migraine. Additional Cranial/Structural releases were applied to help the core distortion further unwind out of her structure. Then the Frontal/Occipital Decompression was again applied to address the remaining fluid and toxin around her brain. It was noted that there was less congestion, and the Frontal/Occipital Decompression took less time to achieve the desired results. This was followed with another head, neck and shoulders soft tissue protocol and Shirley felt even better than before.

By the fourth session, a month after the first session, Shirley had still not had a migraine, a major improvement over once a week, and she was no longer having flashings behind her eyes. She also felt she was standing much better and had a sense of balance and improved range of motion in her head and neck. Shirley received additional sessions to bring her pelvis further into balance to support the structural changes in her head, neck and shoulders. Shirley never had another migraine.

The lesser migraines which don't have the same amount of fluid congestion like Shirley's have fewer issues and can usually be effectively treated in fewer sessions. The first treatment always starts with the Cranial/Structural Core Distortion Releases to expand the range of motion in the cranium, balance the structure of the cranium, provide weight bearing support throughout the body,

start the core distortion unwinding out of the soft tissue, and prepare the cranium for the application of the Frontal/Occipital Decompression. The Frontal/Occipital Decompression will then help release any excess fluid, waste products, and toxins from around the brain. The cranial work is then followed with deep tissue myofascial work to release the chronic structural holding patterns and chronic tension patterns. This not only improves the structure but also releases trigger points causing referred pain. The improved structure and reduced tension in the fascia creates less restriction on the cranial bones and dura allowing for a more efficient pumping motion of the cranium which will then pump out the excess cerebral spinal fluid.

I hope this information gives you some insight into how hands on treatment can be extremely effective in treating even the most severe migraine headaches. Clients with less severe migraines are easier to treat and respond more quickly because the conditions causing them are usually less severe.

I hope you will consider being trained in the techniques mentioned in this article. They will make you a more effective therapist.

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

¹ University of Rochester Medical Center. "Previously unknown cleaning system in brain: Newer imaging technique brings 'glymphatic system' to light". ScienceDaily, 15 Aug. 2012. Web. 27 Oct. 2012