



Case Study in Reading Disorder:

The Corrective Aspect of Craniosacral Fascial Therapy

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Submitted to.... 2008

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INTRODUCTION

Developmental reading disorder, also called dyslexia, is a reading disability resulting from the inability to process graphic symbols.¹ As many as forty percent of all early elementary school students in the United States have some initial difficulty learning to read.² Nearly one-half of these students have significant problems and continuing hardships in school with reading fluency, comprehension, and spelling.²

Reading disorder is clearly more frequent in boys than in girls.³ No medical care is indicated for this condition, but appropriate referrals to special education and/or tutoring settings are needed.² Another more corrective approach can be through the craniosacral fascial system, an integration of the craniosacral and fascial or connective tissue components.

LITERATURE REVIEW

In 1899 William Sutherland D.O. found that the brain had a slight “breathing” motion, a critical physiological factor for the function of the central nervous system.⁴ In 1976, Viola Frymann D.O. recommended osteopathic treatment in infancy for the prevention of future learning disorders.⁵ In 1983 John Upledger D.O. updated Sutherland’s work and taught the craniosacral concepts to thousands of professionals worldwide.⁶ While trauma to this system could cause a condition like reading disorder, treatment could restore normal physiology and health to the child.⁷

The fascial or connective tissue component of the craniosacral fascial system is a full body web that intertwines and infuses with every structural cell including nerves, muscles, blood and lymph vessels, organs, and bones.⁸ John Barnes P.T. found that trauma strained the fascia leading to many symptoms and conditions.⁸ These strain patterns can pull anywhere in the body, including the brain, at up to 2,000 pounds per square inch.⁹

In this craniosacral fascial system the nourishing cerebrospinal fluid begins its journey in the choroid plexus of the ventricles, gently fluctuates through the craniosacral system, and flows within the cranial and spinal nerve sheaths out into the collagen tubules of the fascia.¹⁰ Researchers confirmed this whole body system when they discovered cerebrospinal fluid in these tubules with surprisingly no ordinary ground substance, blood, or lymph present.¹¹

THE GOAL OF CRANIOSACRAL FASCIAL THERAPY

The goal of therapy is to relieve the strain patterns around the brain causing the reading disorder. Traumas to the craniosacral fascial system can occur anytime after conception, most notably during a difficult birth. The brain cycle, the amount of seconds the brain inherently moves in expansion and contraction, is the best indicator to monitor how well this system is working.

Generally, the longer the brain “breathes”, the better it can function. Craniosacral fascial treatment over a series of visits can open a restricted brain with a low cycle to

normal brain motion to enhance the neurophysiology and improve the reading skills of the child.

CASE PRESENTATION

History

On December 27, 2006 a nine-year-old boy presented for evaluation for a reading disorder. He also had severe asthma, some bouts of otitis media, seasonal mold allergies, and occasional headaches. The pregnancy was uneventful until the 39th week, when his mother had edema, headaches, and high blood pressure. Because the fetus was in distress, her doctor induced her with oxytocin. After more than six hours of difficult labor, the physician delivered him with the assistance of a vacuum suction tube. As a result, he had a cone-shaped head that lasted several weeks.

He was a sickly child since he contracted asthma at two months of age. Taking many asthma medications over the years, he did not “grow out” of it and consequently missed a lot of days at school. He did not have any surgery or dentistry and was up to date on all of his immunizations. He had the usual boy traumas but had never been unconscious.

His first grade teacher notified his parents of a reading problem. During class he received extra one-on-one help to improve his skills. In the middle of second grade he fell further behind even with classroom assistance, and the school recommended a reading specialist to his parents. She began working with him in January 2006 in the middle of second grade, about a year before therapy started, and finished in August 2007 just before entering fourth grade, a few months after therapy was completed.

Clinical Findings

His brain cycle was two seconds, one second in expansion and one second in contraction; this indicated excessive strain in his cranial dural meninges causing pressure around his brain. It was not “breathing” freely, which would have allowed his cerebrospinal fluid to fluctuate better throughout his central nervous system. His facial bones, dural tube, and sacrum were abnormally tight, with no palpable motion.

The shape of his head was asymmetrical with the large bones internally rotated on the left side and externally rotated on the right side. His difficult birth appeared to have caused this distortion. He had fascial strain, reflecting his pediatric asthma condition, throughout his respiratory system from his sinuses, nasopharynx, tracheobronchial tree, and down into his lungs.

I explained to his mother that he had severe craniosacral fascial strain in his upper body. Knowing that he primarily presented for his asthma, I explained to her that he may also have a significant improvement with his other conditions including his reading disorder. I outlined a series of one-hour treatment visits, and she agreed to therapy.

Treatment and Results

The goal of therapy was to help his body release his craniosacral fascial system. As his brain cycle opened up over the visits, the fascia in his upper body released cleanly. Not only did treatment help to loosen his respiratory tissue and improve his asthma, it released pressure around his brain to improve his neurophysiology. Because of the anatomy of the full-body web, fascial lung strain creating asthma was pulling on the dural meninges of his brain, causing a reading disorder. One soft tissue strain pattern causing multiple conditions is a different way to look at the etiology of diseases.

Over the course of five weeks he received seven one-hour treatment visits. His brain cycle started at two seconds and ultimately opened to an acceptable one hundred seconds. His facial bones, dural tube, and sacrum were all moving freely and in synchronicity with his brain. His head was symmetrical and his fascia was quiet. As a result, his medical doctor reported that his asthma was gone, and his parents said that he no longer had earaches and headaches.

His reading problem did not correct as quickly, but his schoolteacher saw a great improvement by the end of third grade. His reading specialist applied the Wilson Method, a program used by thousands of primary school teachers in the United States. Before craniosacral fascial therapy, he scored a 42% in his total reading ability. When she retested him after therapy, he increased this poor mark to an excellent score of 94%. He became a confident reader, and consequently all of his grades improved.

The reading specialist also tested him in spelling with the Wilson Method. Before craniosacral fascial therapy, his total spelling score without spell checker was 19%. As an explanation, for every one hundred words that a child in his grade should typically spell correctly, he was able to spell only nineteen accurately. On retesting at the completion of therapy, he shot up to an 80% score. This was a remarkable turnaround in such a short time.

His mother noticed a profound change when craniosacral fascial therapy started in late December to June, just before the end of the school year. Before therapy she always had to sit with him for thirty to sixty minutes days before a spelling test to keep going over and reinforcing the words. She also had to review all of the words with him the morning of the test to keep them fresh in his mind. After craniosacral fascial therapy, he studied for his spelling tests on his own without any help from his mother and did well.

As a recent update he had excellent grades upon finishing the fourth grade. His final spelling grade was 92 and his reading grade was 87. Writing, math, social studies, and science were all between 87 and 89. His mother said that watching his confidence grow was the great reward from this experience. She knew he always had the ability, but for some reason was not able to do the work.

DISCUSSION

Reading is a learned neurological function that is important in our culture because it helps to grow the brain, develop intelligence, and dictate a future career. If children present with a reading disorder, craniosacral fascial therapy can be one effective tool for their recovery. Not only can therapy be corrective for children with a

reading disorder, asthma, earaches, and headaches as in this case, it can also help children with colic, ADHD, esophageal reflux, strabismus, rhinitis, and scoliosis.^{12, 13}

Reading is a complex skill that requires optimum function of many parts of the brain. The visual cortex involves the sight, the pons tracks the words, the midbrain convergences the eyes, and the vestibulococular nerve (VIII) hears the words. Important landmarks are Broca's area for processing vocabulary and grammar and Wernicke's area for language comprehension. As the child's brain develops, the frontal lobe can also enhance the meaning of words. If craniosacral fascial trauma restricts the function of any of the above areas, the child's reading can be impaired.

In therapy the opening of the brain cycle can jump-start the flow of cerebrospinal fluid to improve the child's brain function. The system normally contains four ounces of fluid that is replaced every six hours; a healthy brain produces about one pound of cerebrospinal fluid a day. This fluid needs to flow unimpeded throughout the central nervous system to bring nourishment to and remove toxins from the tissues of the brain and spinal cord.

An observer may reason that his reading improvement was due to factors other than craniosacral fascial therapy. The reading specialist was an experienced teacher and enjoyed spending her retirement time helping children. The Wilson Program had high marks as a learning tool from primary grade educators. As this child aged, his cognitive mind may have matured more quickly. Only missing one day this past year due to his asthma recovery, he also was at school more days, which allowed him to spend more time on his reading and not be pressured to catch up on his work.

Three factors question this point of view. His mother followed his progress from week to week like a hawk; moms know! Secondly, his change was so dramatic in such a short period of time that it was unlikely due solely to these factors. Lastly, I have seen similar results with countless other children, most having no extra reading help, for thirty years. This case just had the documented testing to quantify the positive results.

Since many children may develop reading problems from the trauma of birth, professionals need to check the craniosacral fascial system directly after the final APGAR scores. If the newborn's system is restricted, she/he can have therapy at the beginning of life to help correct her/his neurophysiology. We also recommend this approach at well care visits to help prevent reading disorders and other illnesses in childhood.

SUMMARY

Craniosacral fascial therapy can be an effective tool to help children with a reading disorder. This successful approach merits a pilot study to evaluate its effectiveness.

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