

## *Becki's Story*

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I was sitting in kinesiology class in January of 2011 when I noticed one of my classmates starting to nod off. I was initially amused but soon realized she was really in trouble. I got up just in time to help ease her to the floor as she collapsed and passed out. She recovered quickly, but this was to be a pivotal moment in her life.

We were both massage therapy students eager to graduate and get our licenses toward a new career. After her episode, Becki was forced to drop out for the quarter. Things looked very dim for her. She was told she would never be able to be a massage therapist and should change her career plans.

Becki's story actually started in April 2005 when she was in a serious rollover car accident that fractured her neck in two places. While traumatic, the fractures did not pose a serious problem. She was sent home from the emergency room a few hours later with a neck brace to wear for six weeks. She had no idea that this would be the beginning of a six-year-long ordeal.

Within days Becki began having problems. Her personality changed, and her head hurt all the time. As the pain intensified, she returned to the doctor for a CT scan, which revealed some bleeding in the brain. The doctors said it was due to her concussion and would resolve on its own. But the pain increased daily. She was nauseated and regularly woke up at night from the pain. She endured this pain for months.

Becki developed a constant ringing in her ears. Then her symptoms became even more serious. She would lose her hearing completely for minutes at a time. Her vision would black out in one eye at a time. Her depth perception was off, and she had balance problems. She realized that these symptoms were making driving a very dangerous endeavor.

Becki went back to the doctors, but they kept sending her home saying she was fine. Finally, it was so bad that she "thought her brain was trying to come out of its skull." In intense pain with dilated

pupils, she eventually lost sight in both eyes for up to a minute. During this time, she was still very active and somehow getting through the day.

Eleven months after the accident, Becki went to a routine eye exam with a new doctor who finally noticed that something was terribly wrong. The ophthalmologist would not release her until she saw a neurologist. A scan with contrast dye revealed that the accident had shaken her head so violently that one of the main pathways that drains cerebrospinal fluid was severed, and the fluid was not draining properly. The neurologist suspected high intracranial pressure, so he ordered a spinal tap.

A normal measurement from a spinal tap should be in the 20 mmHg (millimeters of mercury) range or less, but hers was an alarming 40 mmHg, the highest recorded pressure the hospital staff had ever seen. Her elevated intracranial pressure was mimicking a condition called pseudotumor cerebri. She was immediately put on Diamox, a diuretic used to decrease the pressure. Now, she was really engaged with the conventional medical process.

The Diamox provided some relief at the highest level. But after three years of increasing doses, even beyond the recommended highest level at times, her bone marrow was affected and her white blood cell count was dangerously low. She was put on furosemide, another less effective diuretic, and topiramate for the pain. Monthly visits to the doctor only served to monitor a condition that was not improving and, in fact, was getting worse.

After almost six years of this medical nightmare, Becki's daily quality of life was severely diminished. Nothing was working well, and the treatments and appointments were expensive. Despite having good health insurance, she was paying \$1,000 a month of her own money to keep up with the medical expenses. She was a very strong person, but it was very frustrating for her not just physically but in the toll it took on her personal life. Normally a highly social person and a very bright student with near photographic memory, she was in constant pain. The behavior changes and memory problems were the most disconcerting. She felt sometimes like she was losing her identity.

By 2011, in desperation, doctors suggested a surgical procedure to place a shunt in her head to drain the excess cerebrospinal fluid. She wisely declined the surgery but had no promising alternatives, until one of her massage instructors suggested a CranioSacral Therapy (CST) session. The results were as dramatic as her ordeal was long. For the first time in six years she found real and permanent relief. The pressure was relieved in the first session.

At first Becki continued with her medication. But after further examinations, the doctors suggested she could discontinue all treatments.

Today Becki's pain is gone. Her scans are normal, and all of the debilitating neurological symptoms have disappeared. She no longer takes any medication for this condition, but she continues to have a CST session every three months or so for maintenance. She graduated with honors along with me in 2012 and now runs her own massage business. She also has become a marathoner.

Becki's story is a testament to the restorative work of CranioSacral Therapy. What's more, it is an inspiration to me and all those who know her personally or professionally.

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