

## *Phineas*

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Although Phineas was normal at birth, we knew that he was different by age three. All the doctors insisted, however, that he was fine and just didn't "want" to ride a bike. By the time he was four, he qualified for special education preschool for gross motor skills.

Phineas was labeled generally as "developmentally delayed" and also clearly had sensory processing disorder. He qualified for occupational therapy and speech therapy. Because processing new information was hard for him, he would change the conversation to something that he could lead. For example, if asked, "Where do you go to school?" he might respond, "I'm a Komodo dragon!"

By the time Phineas entered kindergarten, his differences set him apart entirely from his classmates. On the first day, when all of the other kids followed the instructions to get a dry erase board and practice writing the alphabet, he had to be directed by his aide where to get the board. He then popped off the lid to the marker, took a big whiff, brought back the board and marker with no lid or eraser, and began scribbling furiously. He qualified for one-on-one help daily and would not have been able to accomplish any academic task without it.

By the time he was seven, Phineas's occupational therapist suggested we take him to a neuropsychologist to figure out why he was so delayed. The doctor suspected seizures because of the huge difference in his expressive versus receptive language skills. He had never shown any outward signs of seizures except for one febrile seizure when he was one. A twenty-four-hour EEG confirmed, however, that he was having seizures 80 percent of the time he was asleep and all throughout the day. He was thus diagnosed with ESES (electrographic status epilepticus in sleep).

Having heard that CranioSacral Therapy (CST) could help with seizures, I took him to see Tim Hutton, PhD, LMP, CST-D, an Upledger Institute instructor. As Tim was doing his initial assessment on Phineas's body, he said, "Hmm. His rhythm seems strong

throughout.” Then he got to his head and looked surprised. “There’s no rhythm here,” he said.

He described what he felt as “a major shear of the vault, with the left side coming anterior and the right side going posterior.” He kept his hands on the back of Phineas’s head for several minutes and said, “There we go.” Some restriction released. He suspected possible birth trauma. (I had endured a lengthy thirty-six-hour labor.) Yet no other doctor had ever provided any explanation as to why two highly educated parents had produced a child who tested at “moderately mentally retarded.”

“I don’t know if this will make any difference in an EEG,” Tim said, “but from a craniosacral point of view, he now has good craniosacral rhythm everywhere.”

As it turned out, it did make a difference, all the difference in the world. Two weeks later, Phineas was scheduled for another EEG. They were going to give him a massive dose of Valium to see if that calmed the seizures. That first night, however, they opted not to medicate him so that they could get a second opinion. In the morning, the epileptologist came in to tell me that Phineas wasn’t having seizures at all.

“Not any?” I said, confounded. He went from having hundreds to zero?

His EEG was still abnormal (there was still “seizure-like activity”), but he was now “at risk” for having a seizure rather than actually having seizures.

The doctors dismissed outright the idea that CST could have had any effect. “You mean massage?” one of them said derisively when I asked them if they had heard of CST. They claimed there must have been an error in the first EEG. They recommended no medication at all and sent us on our merry way—with Phineas doing the “freedom dance” once he got the wires unglued from his head.

Fascinated by CST, I began my own training through the Upledger Institute and continued to take Phineas to Tim, who noted:

“We addressed several other issues he was dealing with, including reduced production of cerebrospinal fluid (CSF) in his left lateral ventricle compared to the right, a fascial pull into his brain stem, and

his compression triad. After this second treatment, Phineas told his mom that his ‘icy brain was melting.’ I continued to treat Phineas every few months or so. He continued to have issues with CSF flow within the brain, with better flow in the upper parts of the brain than in the lower.”

A year later, Phineas had another twenty-four-hour EEG and a third opinion. He still wasn’t having any seizures. The doctor looked at the results from the first and second EEGs and concurred that yes, he was having seizures 80 percent of the time, that two weeks later he was not, and that a year later he was still at risk for having a seizure but he was not actually having them.

“It would have been negligent not to medicate him before,” the doctor said. “But now I would not advise it.” Phineas was “fixing himself.”

Two years later, another EEG showed the same results: no seizures. He is now nearly eleven. The damage was done by not stopping the millions of seizures earlier, but he has far surpassed his teachers’ and our expectations.

Phineas reads at the mid-second-grade level. He is very conversational and loves talking both to kids and adults. His theatre teacher thought he was advanced rather than delayed for his ability to get into character and improvise (he can still do a mean Komodo dragon). He can swim, ride a horse, hit a whiffle ball, jump over hurdles, and write his name neatly. He still can’t ride a bike, but it’s also true that he doesn’t want to. His adult-sized trike suits him just fine.

I know it was CST that saved Phineas from a lifetime of seizures and medication and all of the attending problems. Tim says he was just doing his job, but to me it was nothing short of magic.

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