

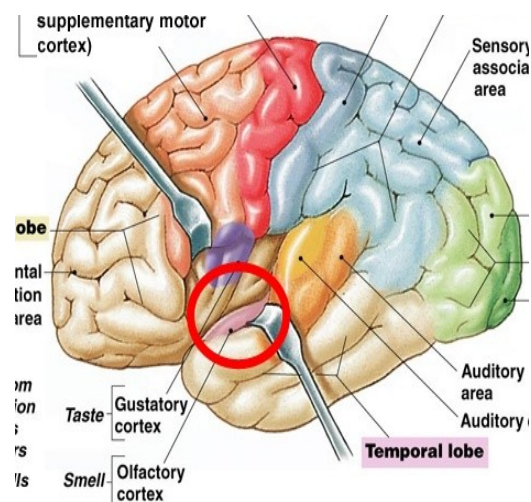
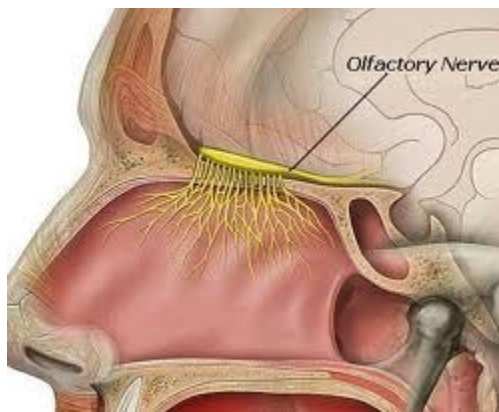
Cranio-Sacral Reflexology effects on Anosemia, Part II

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Abstract: This is the continuation of a previous case study involving a 54 year old woman who turned 55 years old following the first session of part II of case study. She has been living with anosemia now for approximately 5 years. She continues to notice the loss of smell is effecting her taste on a daily basis. Since Cranio-Sacral Reflexology effects the Central Nervous System in a profound way, the treatments were continued during this portion of the case study. Modifications were made at each treatment based on occipital zone assessment starting with the third session of Part II of this case study. The client's complaints were noted at the treatment time and considered in addition to the occipital zone evaluation when deciding on the protocol to be used. During this case study the newly learned protocols, lymphatic and cardio-vascular protocols, were utilized along with the basic protocol.

When combining part I and part II of this case study there are a total of 23 documented treatment sessions.

Key Words: anosemia, loss of smell, chemotherapy, back pain



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Introduction: Client: CSR1

Client's age: 54-55

Chief complaint: Loss of smell (anosemia)

Family circumstances: lives with husband, children grown and out of home

Profession: Licensed Acupuncturist and Certified Physician's Assistant

Exercise: Pilates, occasional biking, occasional "Zumba class" and physical therapy

Medical History: diagnosed with Lyme Disease in August 2012; client had previously reported a
"possible autoimmune issue with dry mouth and dry eyes"

Surgical History: RT mastectomy in 2005 for stage 2/grade medium cancer
6 lymph nodes involved/removed

Cancer treatment medications: client chose six month treatment of more frequent doses in order to cut
down on the possibility of drug resistance within the body.

- 1) cytotoxin daily for three months
- 2) adriamycin (Doxorubicin) every two weeks for three months – this caused itchy eyes,
sneezing and a tightness in her chest.
 - a) benadryl = was given an "extra large dose" of benadryl before every
adriamycin infusion once the tightness in the chest started.
 - b) prednisone = "given routinely" with the adriamycin
- 3) taxotere (Docetaxel) every two weeks for three months

Dental history: L lower crown placed mid part II treatment; as previously reported 5/2012 3 crowns
placed. Client now has a total 14 crowns in her mouth.

Current medications: Newly added since part I of case study - vitamin A, mid-treatment started taking
"NeuroLink herbals" - "Lightening Pearls - Su Ha Tang Jiawea - daily for
3 months, then taking these intermittently; as previously reported: Fish Oil, Co-
Q10, Turmeric, Modified Citrus Pectin, NAC Glutathione, Vitamins C & D,
Magnesium, DIM (Diindolymethane)

Dietary concerns: as previously reported: gluten intolerant = causes stomach upset and joint pain
minimal dairy intake = "makes me tired" and causes "gas"
no citrus = "I am allergic, it causes diarrhea and a feeling of "I need a nap"

Client is excited to try new protocols of Cranio-Sacral Reflexology in order to help with her loss of smell.

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Methods Used: a total of 11 Cranio-Sacral Reflexology treatments were given over a total of 8 months. These treatment sessions were dating from 10-16-2012 to 04-30-2013. There were 6 Basic/CSF protocol treatments, 3 Lymphatic protocol treatments and 2 Cardio-vascular protocol treatments given during the treatment time period.

Initially the treatments were every other week for 11 weeks

3 weeks later client returned for a treatment - essentially creating a once a month treatment period

5 weeks later client returned for a treatment - essentially creating a once a month treatment period

4 weeks later client returned for a treatment - essentially creating a once a month treatment period

4 weeks later client returned for a treatment - there were five weeks in this month = two treatments in the month

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Results:

My Insight: Approximately half way through this case study I opted to begin counting the rate of flow of the cerebral spinal fluid for one full minute when assessing the flow between the SBS and coccyx on the feet. It was much easier to document the changes in the flow once this adjustment was made to the treatments.

Flow Rate: Beginning with treatment #18 I noted the rate of the flow for one full minute. When comparing initial rates on the L foot as compared to the post treatment rate on the same foot, I noted a decrease in the flow from 2 to 18 cycles/min depending on the specific treatment. On the RT foot I noted a significant decrease in the mid treatment assessment of the flow (this evaluation of the flow rate was completed before treatment was started on the second foot) from the re-evaluation of the flow following the second foot treatment, as well as the final re-evaluation of the flow once the full treatment had been completed. For example: During treatment #19 the initial flow rate was as follows: L foot = 52 cycles/min; RT foot = 60 cycles/min ... following the L foot treatment the L foot rate = 28 cycles/min and the RT foot rate = 36 cycles/min (this was before the RT foot was even treated!) Following both feet being treated at this particular session I found the RT foot rate = 19 cycles/min ... this means the rate of CSF flow on the RT foot decreased from 60 to 19 cycles/min from the beginning of the treatment to the end of the treatment ... a total decrease in CSF rate of 41 cycles in one minute!

Stress: At the first treatment session there was significant stress noted by the client, stress level scale = 7/10 as well as back discomforts. This elevated stress level continued for two additional sessions then dropped to a level of 2-4 for the next four sessions, only to return to level of 5-6 for the remaining treatment sessions.

Anosmia: The level of anosmia initially started at the level of 10/10 and continued this level for the first three sessions. At the fourth session my client reported noticing a "whiff" of car exhaust and some possible smells, and moments of "Whoa! Did I just smell that?". At the fifth session my client reported "hints of bad smells" for two weeks; reminding me how she initially lost certain smells at first and that she felt the smells may return in that order. At the sixth session my client reported "more moments of noticing bad smells lately." At the seventh session my client reported having dreams she was smelling things and had been having "occasional whiffs" and finds this is happening more frequently. At the ninth session my client reported noticing a "whiff of shampoo".

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Cranial Nerves: At all of the Basic protocol sessions there was cranial nerve involvement, most notable CN XII – hypoglossal and XII – glossopharyngeal showing up the most in documentation. CN V, VI, VII, VIII, and IX were all noted from time to time during some of the treatments. Interestingly, CN I – olfactory was not notable in any of these documented sessions as compared to part I of this case study where 8 of the 12 sessions had cranial nerve information documented.

Back discomforts: At session #14, after my evaluation of a twist in the foot at the approximate level of T9, client reported history having had an x-ray in the past which revealed “one of my thoracic vertebrae is ‘squished’”. Low back discomforts continued to be an additional underlying focus during the treatment time, as was noted in Part I of this anosemia case study also; at times taking precedence over the anosemia during treatment time.

Conclusion: Treatment was continued from part I of this particular case study in order to evaluate the effects of various different protocols of Cranio-Sacral Reflexology and the client complaints of anosemia (loss of smell). Most of the treatments (18 of the 23 sessions) of this two part case study focused on the basic protocol which has a features specific techniques for the cranial nerve areas found in the toes. The level of anosemia did change during the treatment time period, however my client still does not have consistency with the sense of smell.

Concurrent treatment of multiple complaints / discomforts in the body will be taking place during a cranio-sacral reflexology session. In the attempt to focus on the anosemia we were also treating the other “situations” within the client's body during this case study.

I recommend assessing the flow rate multiple times during a treatment session

- before starting session
- mid session, once the initial foot has been treated
- at the end of the CSR session assess the flow rate on both feet

Suggestions for further case studies based on this two part study:

1. continued evaluation of anosemia and Cranio-Sacral Reflexology treatments
 - a. include the above recommendation of CSF flow evaluation throughout the case study.
 - b. weekly or at minimum twice per month treatment sessions for at minimum 1 year.
2. Treatment of stress using Cranio-Sacral Reflexology
 - a. utilize assessment tool example: Life Events Checklist
(http://www.ptsd.va.gov/professional/pages/assessments/life_events_checklist.asp)
 - b. weekly initial sessions for 12 weeks, twice per month sessions for 6-12 weeks; consider monthly sessions for 6-12 weeks
3. Treatment of back discomforts using Cranio-Sacral Reflexology
 - a. utilize an evaluation tool for assessing client's physical activity on a regular basis throughout the treatment time
 - b. utilize a fall / accident history evaluation at the initial intake and as needed throughout the treatment time

Treatment #13 documentation (dated: 10/16/2012)

• BASIC CSR PROTOCOL

Client verbalizes to me “every dentist wants to do crowns.” She talks about a technician at her dentist who repeatedly “drops things” and how she (my client) has had a phone call with this dental office regarding the follow-up suggested as well as getting a second opinion at another dental office. My client feels the current office may feel threatened by her request for a second opinion.

Client reports she had a physical therapy appointment yesterday and is feeling more sore today.

Client reports her natro path doctor gave her vitamin A prescription to help her immune system, she has not started taking them regularly as of this time. She is thinking she “maybe” needs to take them regularly as it “may balance things”.

General Health = Stress Level = 7 Anosemia = 10 Low Back discomforts = 4

- Assessment: L foot #2 digit at the distal phalanx leans laterally; RT foot #2 digit at the distal phalanx slightly leans laterally. L dorsal forefoot continues to have the brown flat, circular markings as noted at initial session on 4/18/2012. Possible callous forming (white thickened skin) on the medial plantar C7/superior medial heart reflex area of the RT foot.
- Cranial evaluation = shifting to the RT and moving more pedal, a widening sensation
- Heel evaluation = flexion/extension
- SBS/Coccyx evaluation = L foot – ovoid, smooth, moderate flow; RT foot – ovoid, smooth, moderate flow with a coccyx focus

L foot treatment notes:

- Congestion noted at the lambdoid suture of digit #4
- During the wave portion of the treatment congestion noted on the medial surface of digit #2
- Congestion in dorsal CNIX
- Congestion noted during the achilles area circles two and three on the lateral foot
- Congestion noted during the final set of ankle circles, specifically throughout the first circle and slight congestion noted throughout the second circle (meaning both lateral and medial sides)
- Congestion noted in the lateral horizontal heel work and again in the diagonal heel work
- Congestion noted in the obturator foramen at the 4, 5, and 6 o'clock positions
- Congestion noted in the sacral, solar plexus and heart chakras
- SBS/Coccyx re-evaluation = essentially unchanged, still noting a coccyx focus.

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RT foot treatment notes:

- SBS/Coccyx re-evaluation = linear, smooth, slow with a coccyx focus
- Noted the hallux distal joint, at the level of the occiput, appears to be slightly flexed (appears to be a slight hammer toe)
- ROM clockwise rotation noted to have a “click” at digit #5
- Congestion noted in the occiput, plantar surface is more congested as compared to dorsal surface
- Congestion noted in the petrobasilar suture of digit #2
- “Gritty” texture noted in the coronal suture of digit #2
- CN IX noted to feel ... “something is not right”
- CN XII noted to feel “clunky”/congested
- During the T4 second circle noted tightness on the dorsal side of the foot
- During the T4 third circle, when working in line with digit #3, client's foot pushed toward me / plantarflexion and I noted client's body did a jump
- At dorsal T9 during second and third circles and in line with #3 digit, I noted dry rough skin area
- L1 third circle = noted a “lump” on the dorsal foot between digits #4-5
- Congestion noted in the second and third circles of the achilles tendon area, by the lateral malleolus
- Final ankle circles = slight tightness in the first circle at the lateral malleolus and definite tightness noted during the third circle at the lateral malleolus
- Congestion noted in the lateral horizontal heel
- Slight congestion / “gritty” noted in the diagonal heel during the second pass and gone at the third pass
- Slight congestion noted in the root chakra
- Congestion noted in the sacral and solar plexus chakras
- During cardinal points, east direction I noted a pulling toward me
- SBS/Coccyx re-evaluation = very, very slow, smooth to a still point

When I massaged feet following treatment I noted the ascending colon reflex area was thick and tight, the forefoot lung reflex area was thickened and had a “congested feeling”. There was a thickness in the L forefoot (lung reflex area) and again in the descending colon reflex area.

Heel evaluation post session = flexion/extension and then extension (/ \ appearance of the feet)

Proposed treatment plan for next session: Basic CSR session in order to continue to work with the CNS and the cranial nerves.

Treatment #14 documentation (dated: 11/01/2012)

• BASIC CSR PROTOCOL

Client reported she had some L knee discomfort s this morning, but this is "gone now".

General Health = 7 "good"

Stress Level = 7

Anosemia = 10

Low Back discomforts = 3 "getting better"

- Assessment: L foot #2 digit at the distal phalanx leans laterally; RT foot #2 digit at the distal phalanx slightly leans laterally. Noted dryness in the skin below the digits on the plantar surface and again in the heel areas bilaterally. L foot - noted a line of thickened skin on the plantar forefoot between the hallux and digit #2; the heart reflex area skin is pink and the lung reflex area skin is noted to be yellow in color. RT foot - possible callous / white thickened skin remains at the C7 / superior medial heart reflex area. A purple circular spot noted on the plantar surface of the lateral foot, below digit #5. A small area of peeling skin was noted on the plantar surface of the lateral foot near the ileocecal valve reflex area.
- Cranial evaluation = extension (chin up)
- Heel evaluation = extension (\ / appearance of the feet)
- SBS/Coccyx evaluation - L foot - ovoid to linear, smooth with a head and heart focus; RT foot - linear, smooth with a head focus

L foot treatment notes:

- Tenderness of 5-6 reported during the petrobasilar suture work on digits #2-5
- Congestion noted at the lambdoid suture of digits #2-3 with a palpable "buckling" of the joint here (hammer toe like)
- Congestion noted at CN VI and VII
- Congestion noted in the T4 third circle
- Congestion noted in the T9 second circle - I also got the feeling there is a twist in the foot (and spine) here in the foot as well as in the body
- Significant congestion noted in the L1 plantar arch (midfoot) portion of the circles
- Congestion noted in the achilles circles, specifically the second circle at the lateral malleolus
- Congestion noted in the final set of ankle circles, specifically the third circle at the lateral malleolus
- Congestion noted in the lateral heel area of the horizontal heel treatment area
- Slight congestion noted in the diagonal heel area.
- Congestion noted in the obturator foramen at the 5-7 o'clock position
- During the cardinal points I noted during the E ast direction I felt as if her foot appeared to be breathing; an in and out sensation

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RT foot treatment notes:

- SBS/Coccyx re-evaluation – linear, smooth, slow
- Congestion noted in the anterior occiput (possibly a lymph connection) and again in the plantar occiput
- Congestion in the petrobasilar sutures of digits #2-5
- Congestion in the lambdoid sutures of digits #2-5
- CN XII noted to be “clunky”
- Congestion noted in the T4 third circle
- Congestion noted in the second and third achilles circles at the lateral malleolus
- Congestion noted during the final set of ankle circles, specifically the third circle at the lateral malleolus
- Congestion noted in the horizontal and diagonal heel areas
- Slight congestion noted in the sacral chakra
- During the cardinal directions I noted the foot pushed away from me (dorsi flexed) at the East and West directions
- SBS/Coccyx re-evaluation – very, very, very, very slow with a draining of the SBS area

At the completion of the reflexology portion of the session, during the lower leg and foot massage I noted tightness in the L lateral calf extending to the dorsal foot (extensor digitorum longus).

Client reported she felt her stress level had decreased from the “7” to a “1” and she reported no lower back discomforts. When I told her of the feeling I had about there being a twist in the foot and how this may be reflecting a twist in the torso around the T9 area. Client reports “years ago I had an x-ray and was told one of my thoracic vertebrae is ‘squashed’ “

Proposed treatment plan for next session: Basic CSR treatment or Lymph Protocol. I will assess the client's status via the occipital zone evaluation at the next session.

Treatment #15 documentation (dated: 11/15/12)

- **LYMPHATIC PROTOCOL** - decided to use this protocol based on the occipital zone assessment

Client reports she had a "good trip" to CA and returned on Tuesday 11/13/12. She reports her eyes are feeling more dry today. She had a lower tooth crown prep done approximately 10 days ago and is finding she is grinding her teeth at night. Client reports that the darkness and rain "are bothering her" lately.

General Health = 5 Stress Level = 4 "even though shouldn't be" Anorexia = 10

Low Back discomforts = 0 - "today is good" .. "yesterday was bad, a 5-7."

She felt this was related to L hip and knee discomforts due to recent trip to CA and sitting in the plane/car, "that seems to aggravate things"

- Assessment - L foot #2 digit at the distal phalanx leans laterally; RT foot #2 digit at the distal phalanx slightly leans laterally.
- Cranial evaluation = RT side let go and shifted to the RT, L side was slower to release; extension
- Heel evaluation = flexion (/ \ appearance of the feet) moved to flexion/extension
- SBS/Coccyx evaluation = L/RT foot - ovoid, smooth, moderately slow with a head focus

L foot treatment notes:

- Tenderness of 5-6 reported during the petrobasilar suture of digit #3
- Congestion noted at the petrobasilar suture of digit #4
- Tenderness of 6 reported during the frontosphenoidal suture of digits #2-3
- During cardinal points I noted the foot plantar flexed during north, south and east
- SBS/Coccyx re-evaluation = ovoid, smooth and slow

RT foot treatment notes:

- SBS/Coccyx re-evaluation = a "fullness"/ pressure felt and then client asked to use the restroom.

Client had to use the restroom before we were able to proceed to the RT foot portion of the treatment

- Congestion noted at the petrobasilar and petrofrontal sutures of digits #2-3
- SBS/Coccyx re-evaluation = still to very, very, very slow not as full

Proposed treatment plan for next session: Lymphatic protocol or Basic CSR protocol; however I will evaluate the occipital zone at that time in order to treat based on present situation.

Treatment #16 documentation (dated: 11/29/2012) - 2 weeks since last treatment

- **BASIC CSR PROTOCOL** - decided to use this protocol to work specifically on the cranial nerves and the CNS more specifically.

Client was running late for appointment, I opted to not do the occipital zone assessment at this treatment due to a time constraint. Client reports she may have been noticing "a whiff" of car exhaust this past weekend. Tuesday of last week (a week she did not have a reflexology treatment) she was wondering if she was smelling things; however if she tried to smell things = maybe not smelling after all. Had moments of "Whoa! Did I just smell that?" Client continues to have physical therapy and pilates. The physical therapist suggested having some lower extremity massage to help loosen the hamstrings and calves specifically.

**** Client reports having been diagnosed with Lyme Disease approximately 3 months ago.** She has recently seen an acupuncturist who uses two herbal supplements to treat Lyme Disease, a neurological version of treatment; "NeuroLink".

General Health = 8 Stress Level = 2 Anosmia = 9
Low Back discomforts = 0-2 "this week"

Essential Oil Assessment - Lemon oil = "eucalyptus or a mint?"

Eucalyptus oil = nothing

Myrtle oil = nothing

Peppermint oil = "I am guessing cinnamon?"

- **Assessment** - L foot #2 digit at the distal phalanx leans laterally; RT foot #2 digit at the distal phalanx slightly leans laterally. White spots noted on the plantar surface of the L forefoot, specifically between digits #2-3 and again below digit #4
- **Cranial evaluation** = shifting to the RT, slight extension
- **Heel evaluation** = extension (\ / appearance of feet)
- **SBS/Coccyx evaluation** = L foot - ovoid, smooth with a head focus; RT foot - linear, a one beat stop at the SBS and one beat stop at the coccyx

L foot treatment notes:

- All sutures tender, reported as a 4-5
- #2 digit lambdoid suture noted to be "buckled", appears to be a hammer toe
- Congestion noted in the horizontal lateral heel
- Tenderness of 4-5 reported at the lateral heel (near the juncture of the descending and sigmoid colon reflex / a lymphatic drainage point)
- **SBS/Coccyx re-evaluation** - ovoid and smooth

RT foot treatment notes:

- #2 and #3 digits lambdoid suture noted to be “buckled”, appears to be a hammer toe (#2 more than #3)
- Congestion noted in the dorsal aspects of CN VI, VIII and IX
- Noted a palpable “bump” in the L1 area of the foot
- Some congestion noted in the lateral diagonal heel
- During cardinal points I noted increased sensations at the East digit point.

During the massage of the RT lower leg and foot areas I noted some tightness in the lateral gastronemius.

When I explained the “bump” I felt in the RT L1 area ... client advised me this is a point in Chinese medicine. She further explained how it is a point to open the “Chong Channel, an extra channel in the body. It also has a link with the spleen, heart and blood.”

I gave a handout to my client regarding hamstring stretches and a way to do these lying on a bed using a soft rope (AIS stretching). We also discussed foam rolling the lower extremities; I gave her a resource in our community where she can go for a free consultation for instructions on how to do this properly and safely.

Proposed treatment plan for next session: Occipital zone assessment with a treatment based on that assessment and essential oil assessment to evaluate the anosemia.

Treatment #17 documentation (dated: 12/4/2012)

- **LYMPHATIC PROTOCOL** – decided to use this protocol based on the occipital assessment.

Client reports she has started taking the herbals she was prescribed by the acupuncturist. She has not been doing the hamstring stretches using the handout instructions I provided at her last visit, although there have been many times she has thought she needed to do these stretches. She has not had the massage which was suggested by her physical therapist as of this time. Client does reports she has been to Zumba class on Saturday 12/1/12 and did not do the jumping jacks type movements, instead she protected her back during a modified movement. **** She has noted "hints of bad smells" in the last 2 weeks.** She reminded me how she originally lost certain smells first and feels she may have them return in that order also ... I reminded her of Herring's Law!

General Health = 7 Stress Level = 2 Anosmia = 9
Low Back discomforts = 0

Essential Oil Assessment - Lemon oil = "mint?"
Eucalyptus oil = nothing
Myrtle oil = "lavender?"
Peppermint = nothing

- Assessment - L foot #2 digit at the distal phalanx leans laterally; RT foot #2 digit at the distal phalanx slightly leans laterally. RT foot - white spots (possible callous developing) noted on the plantar surface in the forefoot in the heart reflex area/somewhat between the hallux and digit #2; and again noted in the forefoot between digits #4-5 area
- Cranial evaluation = extension
- Heel evaluation = flexion/extension; RT foot at a faster rate
- SBS/Coccyx evaluation = L foot - ovoid, smooth, a moderate rate; RT foot - ovoid, smooth slower rate and a head focus

L foot treatment notes:

- Congestion noted in the petrobasilar and frontosphenoidal sutures of digits #2 & #4
- Congestion noted during the plantar zone 1 (between hallux and digit #2)
- Congestion noted in the dorsal square of the hallux (occipital hole, horizontally across the hallux below the nail)
- Tightness noted at the lateral malleolus by the achilles tendon during the whole foot circles and the chronic zone work
- SBS/Coccyx re-evaluation = flow only moved from SBS to coccyx (no return flow noted)

RT foot treatment notes:

- SBS/Coccyx re-evaluation = slow flow with a notable hesitation at the head
- Congestion noted in the petrobasilar suture of digits #2 & #4
- Congestion noted in the coronal suture of digits #3 & #4
- Congestion noted in the dorsal square of the hallux with a notable specific spot of congestion and an audible noise "click" noted here
- During the diagonal work (ischium to T10) there was notable congestion in the heel area of the three diagonal lines
- Tightness noted in the medial achilles area during the whole foot circles
- SBS/Coccyx re-evaluation = still point to a very, very, very slow smooth linear flow

Massage of the lower extremities, knees to toes, completed. Some tightness noted in the lateral gastronemius, L > RT.

Proposed treatment plan for next session: Occipital zone assessment with a treatment based on that assessment. However I will most likely give a lymphatic protocol treatment. I will evaluate the anosemia using the essential oil assessment,

Treatment #17 documentation (dated: 12/18/2012)

- **CARDIO-VASCULAR PROTOCOL** ~ decided to use this protocol based on the occipital assessment.

Client reports she is "feeling hopeful" with the changes she has been noticing since starting this second round of reflexology sessions. She reports she is noticing "more moments of noticing bad smells recently". This is day #4 of no sugar in her diet, this is something she is doing with her daughter (as a support to her daughter and for her own benefit also).

- Assessment - L foot #2 digit at the distal phalanx leans laterally and appears to be a slight hammer digit; L #3 digit also appears to be a very slight hammer digit; RT foot #2 digit at the distal phalanx slightly leans laterally. RT foot - white spot (possible callous developing) noted on the plantar surface in the forefoot in the heart reflex area/somewhat between the hallux and digit #2
- Cranial evaluation = extension
- Heel evaluation = a 2 beat flexion/extension noted
- SBS/Coccyx evaluation = L foot and RT foot - flow from SBS to coccyx only, smooth flow.

General Health = 7-8 Stress Level = 3 Anosemia = 9
Low Back discomforts = 2

Essential Oil Assessment - Lemon oil = "orange?"
Eucalyptus oil = "mint?"
Myrtle oil = nothing
Peppermint oil = nothing

L foot treatment notes:

- Noted "grinding" sensation/palpation during counter clock-wise rotation of hallux
- Tenderness of 5 reported on the dorsal hallux during the occiput circles
- Congestion noted on the more proximal hallux during the last occiput circle
- Tenderness of 7 reported during the second arch on digit #2
- Client jumped during the second circle at the plantar T4 level, at the approximate level of the spleen reflex
- Client jumped during the initial contact at the level of the pelvic line on the plantar heel area; when working the L1 area on the border of the calcaneus in zone 3
- Client jumped during the lateral zone work on the plantar surface (working vertically from the heel to the diaphragm), specifically the styloid process
- Congestion noted below the L2 area during the horizontal heel to diaphragm reflex area (this was a lymph intention portion of treatment)
- SBS/Coccyx re-evalutaion = still point with a gradual return to a very slow flow

RT foot treatment notes:

- SBS/Coccyx re-evaluation = strong flow to coccyx, hesitation, then slow upward flow to SBS; flow back to coccyx with a one beat hesitation at coccyx before returning the SBS
- Initial spine reflex work from SBS toward coccyx noted to have “crunchy” feeling at the level of L4-5
- Congestion noted at L1-2 when returning along spine reflex, coccyx to SBS
- Congestion noted on digit #3 during lateral second and third arch
- Congestion noted in the petrobasilar sutures on digits #2-5 when moving from lateral to medial along the suture line
- Slight congestion noted in the frontopshenoidal sutures on digits #2-5 when moving from lateral to medial along the suture line.
- Client twitched during the first circle of T4 on the dorsal, lateral surface of the foot
- Client twitched during the second circle of T4 on the plantar, medial surface of the foot
- Congestion noted during the third circle of T4 on the medial arch of the foot
- Following the heel/L1 border of the calcaneus in zone 3, client complained of feeling “cold” - client pulled blanket on and I increased heat in the treatment room
- SBS/Coccyx re-evaluation = still point ... held points and then flow felt like a “smooth broom sweeping” (this is reflexologist's impression of the feel of the CSF flow)

Massage therapy to the lower extremities bilaterally. Noted trigger point/muscular knot area on the L lower leg – medial gastronemius; as well as tightness in the more distal lateral lower leg (approximate level of the extensor digitorum brevis).

- SBS/Coccyx re-evaluation following massage therapy = linear, slow and smooth bilaterally.

Proposed treatment plan for next session: Occipital zone assessment with a treatment based on that assessment. However I will most likely give a lymphatic protocol treatment. I will evaluate the anosemia using the essential oil assessment.

Treatment #18 documentation (dated: 1/9/2013)

- **LYMPHATIC PROTOCOL** – decided to use this protocol based on the occipital assessment.

Client has a full schedule today, will see 4 client's after our treatment session. Has plans for a trip to Hawaii for two weeks! Client continues to see "NeuroLink acupuncturist" and continues to take the herbals her prescribed. Had an acupuncture treatment yesterday after having 3 teeth worked on at the dentist; "I was still numb when I was at the acupuncturist ... whatever he did it seemed to really help, the trauma of the dental work was not as bad."

She has not done any of the stretching exercises I recommended and has not had a massage as recommended by her physical therapist.

She reports she has been having dreams she is smelling things. "The night before last I had a dream I was smelling "Fabreze" (an air freshener). She reports "occasional whiffs, but I am not able to confirm it ... after I realize I may have smelled something I consciously try to re-smell it but I can not." This seems to be happening more frequently.

Client points to L sacro-iliac joint area and states she currently has some discomforts there, rating it as a "4". "Overall my low back is much better. Although I still need you, especially with still going to Zumba" (chuckles) Continues to have Pilates instruction to help strengthen core and back/hip and leg muscles.

- Assessment - L foot #2 digit at the distal phalanx leans laterally and appears to be a slight hammer digit; L #3 digit also appears to be a very slight hammer digit; RT foot #2 digit at the distal phalanx slightly leans laterally. RT foot - white spot (possible callous developing) noted on the plantar surface in the forefoot in the medial heart reflex area
- Cranial evaluation = extension, widening, RT side felt as if dropping down toward the floor followed by L side feeling as of dropping toward the floor and cranium balancing
- Heel evaluation = flexion/extension, smooth transition
- SBS/Coccyx evaluation = L foot - rate of 23 cycle/min with a more forceful flow from SBS to coccyx; RT foot - rate of 28 cycle/min with a notable feeling of "up and over the hallux" push of the CSF

General Health = 7 Stress Level = 5 - 6 Anosmia = 9
Low Back discomforts = 4

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L foot treatment notes:

- Tenderness of 7 reported during the occiput circles on the hallux
- Tenderness of 5-6 reported during the petrobasilar suture of digit #3
- Client reports most of the plantar surfaces of the digits are tender
- Congestion noted in the dorsal square of the hallux (occipital hole, horizontally across the hallux below the nail)
- Tenderness of 7 reported during the heel to arch of foot diagonal work (ischium to T10) there was some slight congestion noted in this region also. The tenderness decreased to a "2" after the second visit to this area during the treatment.
- SBS/Coccyx re-evaluation = rate of 21 cycles/min; ovoid and smooth

RT foot treatment notes:

- SBS/Coccyx re-evaluation = rate of 18 cycles/min, ovoid and smooth
- Client reports most of the plantar surfaces of the digits are tender; more so on this foot as compared to L
- Congestion noted in the dorsal square of the hallux (occipital hole, horizontally across the hallux below the nail); quite thickened tissue here
- Tenderness of 5 reported during the heel to arch of foot diagonal work (ischium to T10) there was some slight congestion noted in this region also. The tenderness was reported as "0" after the second visit to this area during the treatment.
- During the cardinal points there was a pulling sensation (plantar flexion) during the East direction
- SBS/Coccyx re-evaluation = still point for a full 15 seconds! Rate of 12 cycles/min following the still point.

Post session: Essential Oil Assessment - Lemon oil = "mint?"

Eucalyptus oil = "eucalyptus? ... But I am guessing"

Myrtle oil = nothing

Peppermint oil = "oooh, that is cooling - nothing"

Client reports no low back discomforts following today's treatment!

Proposed treatment plan for next session: Occipital zone assessment with a treatment based on that assessment.

However I will most likely give a lymphatic or basic CSR protocol treatment. I will continue to evaluate the anosemia using the essential oil assessment.

Treatment #19 documentation (dated: 2/8/2013)

- **BASIC CSR PROTOCOL** – decided to use this protocol based on the occipital zone assessment and the client complaints.

Client running late, needing to move interview process along in a timely manner today. No new complaints.

- Assessment - L foot #2 digit at the distal phalanx leans laterally and appears to be a slight hammer digit; L #3 digit also appears to be a very slight hammer digit; RT foot #2 digit at the distal phalanx slightly leans laterally.
- Cranial evaluation = a lot of shifting noted; slight extension
- Heel evaluation = flexion/extension, smooth transition
- SBS/Coccyx evaluation = L foot - rate of 52 cycles/min, smooth and ovoid;
RT foot - rate of 60 cycles/min, smooth and ovoid

General Health = 7

L foot treatment notes:

- #2 digit noted to feel “clunky” at the coronal suture
- Congestion noted at the lateral horizontal heel work and again at the ilium (lateral heel area) of the diagonal heel work
- Sacral and heart chakra congestion
- Re-evaluation of SBS/Coccyx = 28 cycles/min smooth and ovoid

RT foot treatment notes:

- Re-evaluation of SBS/Coccyx = 36 cycles/min smooth and ovoid
- Congestion in CN VII, IX and XII; with dorsal congestion/“click” noted on CN IX and XII
- Congestion noted at T9 third circle medial edge
- Congestion noted during the second and third achilles circles by the lateral malleolus
- Congestion noted during the third set of ankle circles, specifically the second and third circles by the lateral malleolus.

Second circle congestion is specifically at the #7 reflex site

Third circle congestion is specifically from the mid inguinal ligament/groin lymphatic reflex area to the coccyx reflex area

- Congestion noted during the diagonal heel work, a thickness and “sludge” type feeling
- Congestion in the root and sacral chakras
- Re-evaluation of SBS/Coccyx = 19 cycles/min, smooth and ovoid

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Post session: Essential Oil Assessment - Lemon oil = nothing
Eucalyptus oil = "mint?"
Myrtle oil = nothing
Peppermint oil = "mint?"

"tingly", "I can feel it!"
comments once inhaling oils

Treatment #20 documentation (dated: 3/6/2013)

- **BASIC CSR PROTOCOL** – decided to use this protocol based on the occipital zone assessment and the client complaints.

Client reports she recently noticed she had a “whiff of shampoo!” while shopping at the local Co-Op.

Earlier this week client reported her low back discomforts were 0-1/10 on the pain scale; although now reports yesterday she had 2-3/10 on the pain scale.

- Assessment - L foot #2 digit at the distal phalanx leans laterally and appears to be a slight hammer digit; L #3 digit also appears to be a very slight hammer digit; RT foot #2 digit at the distal phalanx slightly leans laterally.
- Cranial evaluation = wanting to go into extension, however returning to and holding flexion.
- Heel evaluation = flexion/extension, smooth transition
- SBS/Coccyx evaluation = L foot - rate of 40 cycles/min, with a push to SBS noted;
RT foot - rate of 42 cycles/min, with a push to the SBS

General Health = 6 Stress Level = 5 Energy Level = 6 Anosemia = see note above
Lower back discomforts = 2

L foot treatment notes:

- Tenderness reported at the upper cervical region – specifically at the plantar cervical area
- Congestion at CN VII, VIII and IX
- Congestion at the lateral horizontal heel work, “crunchy” feel to the tissues here
- Congestion in the sacral chakra
- Re-evaluation of SBS/Coccyx = 37 cycles/min, smooth and ovoid; flow more even

RT foot treatment notes:

- Re-evaluation of SBS/Coccyx = 33 cycles/min, smooth, ovoid and even
- Congestion in CN VI, VII, VIII, IX and XII
- Congestion in T9 first and second circles and slightly in third circle
- Congestion in T12 first and second circles
- Congestion noted during the third set of ankle circles, specifically the first and second circle by the lateral malleolus
- Re-evaluation of SBS/Coccyx = 24 cycles/min, smooth and linear

CSRI Case Study 2012-13

Post session: Essential Oil Assessment - Lemon oil = "mint?"

Eucalyptus oil = nothing

Myrtle oil = nothing

Peppermint oil = "eucalyptus or mint?"

Proposed treatment plan for next session: Occipital zone assessment with a treatment based on that assessment.

Treatment #21 (documentation (dated: 4/2/2013))

- **CARDIO-VASCULAR PROTOCOL** – decided to use this protocol based on the occipital zone assessment and the client complaints.

Client reports “about 2 weeks ago I was reaching in the garbage and twisted” noted changes in her lower back area with this twist.

L sided upper tooth discomforts. She reports she changed her “night guard” to thinner one, “more of a tray” and reports this may be the cause of the tooth discomforts. Took ibuprofen in the middle of the night. Had discomforts at breakfast this AM, used Sensodyne® toothpaste and no complaints since then.

- Assessment - L foot #2 digit at the distal phalanx leans laterally and appears to be a slight hammer digit; L #3 digit also appears to be a very slight hammer digit; RT foot #2 digit at the distal phalanx slightly leans laterally.
- Cranial evaluation = flexion.
- Heel evaluation = flexion/extension, smooth transition
- SBS/Coccyx evaluation = L foot - rate of 39 cycles/min with a 15 second pause then rate slower
RT foot - rate of 40 cycles/min with a 10 second pause with a notable “breathing” type sensation noted

General Health = 6 Stress Level = 6 Energy Level = 7 Lower back discomforts = 1 “tiny”

L foot treatment notes:

- Tenderness reported at the dorsal occiput reflex area
- Tenderness reported between digits #3-4 ... “That’s a gallbladder acupuncture point”
- Congestion noted during L1 area circles
- Re-evaluation of SBS/Coccyx = 21 cycles/min with a hesitation noted at the coccyx

RT foot treatment notes:

- Re-evaluation of SBS/Coccyx = 17 cycles/min with a hesitation at the coccyx, a notable “breathing feeling”
- Tightness noted on the dorsal foot during the C7 – T4 work; specifically at the tendons
- Congestion noted again in the lumbar area as noted on the L foot.
- Re-evaluation of SBS/Coccyx = 14 cycles/min with a 10 second pause.

Post session: Essential Oil Assessment - Lemon oil = “orange?”

Eucalyptus oil = “tea tree?”

Myrtle oil = nothing

Peppermint oil = “lavender?”

Proposed treatment plan for next session: Occipital zone assessment with a treatment based on that assessment.

Treatment #22 (documentation (dated: 4/30/2013))

- **BASIC CSR PROTOCOL** – decided to use this protocol based on the occipital zone assessment and the client complaints.

Client reports that yesterday at about 4PM had lower back discomforts

She reports her new dentist advised her the tooth causing discomforts is linked to the Large Intestine/Lung meridians and there may be an infection under it. She reports “trauma” to the L upper teeth area.

“My lower back continues to plague me, but it is getting better. I have been gardening lately and this is not helping.” She admits to ignoring the discomforts in order to do the gardening. She continues to do strengthening exercises for her lower back.

- Assessment - L foot #2 digit at the distal phalanx leans laterally and appears to be a slight hammer digit; L #3 digit also appears to be a very slight hammer digit; RT foot #2 digit at the distal phalanx slightly leans laterally.
- Cranial evaluation = extension
- Heel evaluation = flexion/extension, smooth transition
- SBS/Coccyx evaluation = L foot - rate of 25 cycles/min ... while counting I noted a push to the coccyx then flow equalized out to smooth and ovoid; RT foot - rate of 26 cycles/min smooth and ovoid

L foot treatment notes:

- Congestion noted at petrobasilar and lambdoid sutures ... work done slowly here
- Congestion at dorsal CN VI and IX
- Congestion noted during T9 circles ... work done slowly here
- Congestion at the lateral horizontal heel work
- Re-evaluation of SBS/Coccyx = 19 cycles/min with slight hesitation noted at the coccyx

RT foot treatment notes:

- Re-evaluation of SBS/Coccyx = 27 cycles/min smooth and in a horizontal “8” flow configuration
- Congestion in CN V, VI, dorsal XII with a “crunch” feeling in the dorsal XII also
- Congestion in the T12 second and third circles
- Re-evaluation of SBS/Coccyx = 19 cycles/min. The flow felt thicker from SBS to coccyx, however by 45 seconds of holding points the flow had equalized

Post session: Essential Oil Assessment - Lemon oil = “eucalyptus?”
(changed order of oils) Myrtle oil = “mint?”
Eucalyptus oil = “tea tree?”
Peppermint oil = “lavender?”