

ME Case History

ME (Myalgic encephalitis) or CFS (chronic fatigue syndrome) is a puzzling and debilitating disorder affecting about 250,000 people in the UK according to the ME association website; <http://www.meassociation.org.uk> . Treatment very much depends on individual needs. In our experience at our Complementary Health Clinic, complementary medicine in general and cranial osteopathy in particular can enhance the progress of the condition.

S is a woman in her early thirties. She developed ME at 17 years of age. She has therefore been suffering with the disease exactly her life.

I was asked to see her at her home in 1997. She presented with severe fatigue, headaches and nausea. Mentally she was very low at that time.

With rest and avoidance of exertion she was able to get around in a limited way, enough to get onto my portable treatment table. Her cranial rhythm was weak with points of restriction in the bones on the left side of the skull and the underlying membranes.

My initial treatment plan was to try and stimulate the cranial rhythm using a very gentle compression technique at the base of the skull, which in my experience is effective in creating positive change with severe ME, avoiding any significant adverse reaction.

However before the treatment could progress she was referred by her doctor to a hospital in London where she was subjected to a 'pull yourself together regime' of CBT and graded exercise. She suffered a major physical collapse, and when she returned home after several months she was unable to stand and required help from carers several times a day to wash and feed her. Her hands became excruciatingly painful due to poor handling.

My treatment resumed on a weekly basis, and was gratified to observe a slow positive response. In the early days after treatment resumed, the therapy would take place in silence as the effort of conversing would have a deleterious effect. The pains in her hands improved despite several relapses, we identified tension of the shoulder muscles and compression of the vertebrae at the junction of the neck and upper back as being a factor in these episodes.

She is now able to tolerate a variety of osteopathic techniques reflecting the progress she has made. I am always careful to make sure that the treatment is well within her tolerance levels.

As the years have progressed S has become the lively intelligent person she was before her ME. In Addition to osteopathy She sees a homotoxicologist (complex homeopathy practitioner), an EFT practitioner and is able to treat herself, by stimulating trigger and tender points in her muscles. She is able to walk, but still requires assistance in getting in and out of bed. She has a very positive attitude and I was gratified to receive a note in her Christmas card to me in which she says that she feels that she has made hugely significant progress in the last year and is very optimistic for the future.

There is no doubt that the mostly cranial osteopathic treatment has contributed significantly to her progress, especially for certain symptoms such as headaches, muscle pain and fatigue. Having experienced similar symptoms myself in the early 90s has helped to give me an empathic understanding of her experience. I currently have 13 patients on my books who have been diagnosed with ME all of whom find the osteopathic treatment a valuable part of their rehabilitation.

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This article was written for publication in an ME journal as part of a longer article on Osteopathy and ME. Since this was published the patient has made remarkable strides and is now functioning normally on most levels although she still has much strength and stamina to regain.