

In Practice

CASE HISTORY -----

by Jim Fulton, RPP

This case study begins in my client, Janice's own words and follows with some history and my own comments, observations and feelings concerning our work together.

"I am a 32 year old wife and homemaker, with two young daughters. I have suffered with migraine headaches from the age of 12. They were debilitating but infrequent. In the last 7 years my migraines came more frequently but were not as severe. Around this time, I also began seeing an Ear Nose Throat specialist for hearing related difficulties, caused by a rupture in my ear drum. There was also a short hospital stay in my late teens for an unknown condition. The symptoms involved swelling and severe pain on the left side of my face.

In May of 2003, I noticed a small, painful lump behind my left ear at the jawline. Doctors immediately prescribed antibiotics to bring down the swelling. This was to the first of many strong antibiotics prescribed. My Ear Nose Throat specialist gave me the first of 3 biopsies in late August 2003. The results were inconclusive but showed possible abnormalities. I was referred to a Head and Neck specialist at Princess Margaret Hospital in January of 2004 where a diagnosis was finally reached. A large tumour had been found in the parotid gland. Surgery was a foregone conclusion.

I had a CT scan and 2 MRIs, the tumour was closing off part of my throat, had ruptured my ear drum, had bore a hole through my cranium and was exerting pressure on the brain. A neurologist was called in to consult and assist with my original surgery team. Surgery was scheduled for March 2004. The plan was to have the neurologist relieve pressure off the brain, an incision along my ear and down the side of my neck, a broken jaw, a tracheotomy, and three steel plates. It would last 8-12 hours. Thankfully, the surgery followed a different course. It lasted only 6 hours, involved only 2 incisions, no tracheotomy, or broken jaw and only one steel plate to replace the left cheekbone. The tumour itself had been intricately laced with the main facial nerves, however there was no need to cut and the nerves, although severely stretched and bruised, would eventually heal completely.

Post-op revealed the tumour to be benign. For the first few months after the operation, the entire left side of my face was swollen. I had no feeling or facial movement. I was unable to eat, smile, laugh or raise my left eyebrow. The doctor suggested only one exercise to stretch my mouth open enough for me to eat. Eventually I would be able to open my mouth enough to eat and I was even able to smile (which took about 2 and a half months). This is where all noticeable improvement seemed to end. I could eat but could not chew on the left side because of the lack of feeling, it would cause me to choke. I still had not regained movement in my eyebrow and although grateful that everything had turned out as well as it did, I was still frustrated at the healing time.

Thus, I was very pleased to be introduced to a man by the name of Jim Fulton. My husband had told him about our situation and he offered us some information on Polarity Therapy and his services. We have always preferred natural healing alternatives and were quite open to exploring this treatment method. I noticed a difference after the very first visit. I had been experiencing a lot of pain in my neck and shoulders from constantly trying to protect my face from injury. The tension disappeared. After a few more visits, people were noticing that I had regained some facial movement and I have regained some feeling in my face and mouth area. The swelling in and around my ear has subsided and I have become more aware of posture and tension. I am now able to alleviate some stress by practicing the techniques and exercises shown to me. I feel better and now have a more positive attitude towards my healing.”

When Janice first came we did a brief structural assessment and found her left shoulder much higher than her right and her head quite tilted to the left, though her PSIS were very even. She had done a lot of Pilates in the past and her trunk and hips had good posture, but work was needed from the shoulders up. Our first few sessions involved neck/shoulder work, myofascia releasing, scapula sessions, cranial, and lymph massage.

After her second visit she was able to use a custom made earplug in the shower, which she was not able to do for a long time due to swelling. There has been continual improvement through the last three or four sessions in her ability to finally chew on the left side of her mouth; with feeling returning to her cheek, eyebrow, and left side of her neck, and her own awareness of her posture and just how and where her body holds tension. The “swelling has reduced by leaps and bounds,” to use her words.

Since a workshop with John Beaulieu on sound healing, I also use tuning forks with most clients now, and Janice would always have a noticeable experience of energy moving into the left side of her face and the nerves tingling when we did this. We also did chakra, nervous system and scar tissue work.

Her husband is able now to kiss her on the left side of the neck and she is able to feel it, she can pick up her daughters without fear of their heads hitting her face on the left side, the tension in her shoulders is still greatly reduced, her migraines have reduced in frequency and intensity and are no longer debilitating. She has more sparkle in her eyes, bounce in her step and it has been a sheer delight and an honour to work with her and see the gentle, magical, and simple beauty of Polarity Therapy do its’ thing.

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APPARENT SHORT LEG - 4 WAYS OF ADJUSTMENT ----- *by Bill Close, RPP*

As part of my intake of a new client's health history, I always include a structural assessment. This assessment could simply consist of observing the client in a standing position and noting the position of the head and neck, the difference in height of the shoulders and hips and alignment of the feet. On many occasions a client will complain of a sore knee or pain in the lower back or soreness in the neck area. As an example, I would proceed to check for sacral tilt and then, with the client in the prone position, double check the sacrum for a high PSIS, and finally observe the relative leg lengths. If one leg is short and is on the same side as the high PSIS and high hip, I will then proceed to adjust the short leg by one of the four following methods.

Method 1:

Adjust the tilted sacrum by the Polarity Therapy protocol of your choice. I prefer the levered sacral adjustment (Stone: EES, Chart 22, Fig. 1&2 and Kiewe: Vol. III, Chp. 62). This method includes preliminary energy balancing before contacting the sacrum. Therefore it is not simply a matter of mechanical manipulation.

Method 2:

Sympathetic Nervous System balance (APTA Standard IIIb/4, IIIb/5). This method involves bipolar contacts with the Ganglia of Impar under the coccyx and superiorly with the sphenoid and styloid process and finally with the third eye.

Method 3:

Cranial Sacral approach. With the client in the supine position begin by gently holding the heels in your hands and tune into the external and internal rotation of the legs produced by the cranial rhythmic impulse(CRI). When a balanced rhythm has been established, tune into the longitudinal fluctuation at the CRI level of rhythm. You may sense that the short leg pulls headward Allow this pull to follow the direction of ease. At the top end of this fluctuation, suggest to the client's system that it stay there, at the edge of resistance and wait for balanced tension. No headward pressure is applied by the therapist, simply intention. Usually I observe that the edge of resistance is at the inguinal ligament which appears cloudy or somewhat dark. When there is balance or a release, this area, for me, becomes light. It may be noted that the client's breathing deepens when a balance is reached. Then I find that the leg lengths are equal.

Method 4:

Quantum Touch®. Once you have established that the client has an apparent short leg in the prone position, have the client stand on a level surface. Kneel behind the client so that your eyes are about the same level as the hips. With your hands, observe if the hips are level. If not level, keep a hand on each hip and run the energy as described in the Quantum- Touch® manual, Quantum Touch – the Power to Heal, by Richard Gordon. When the hips are level, recheck the leg lengths. You should find that they are equal. (As you may know, Richard Gordon is a former RPP and has written a book on Polarity Therapy.)

Conclusion:

In my opinion what the four methods have in common is energy balancing by which application the physical form will return to the original matrix or blueprint as maintained by Dr. Randolph Stone, OD, DC, ND.

BILL CLOSE, B.Sc. (Chem.), RCST® was certified as an RPP by APTA on May 4, 1995. He has been active in the Polarity community since 1978 when he took the equivalent to Level I from Phillip Aberman, RPP in Montreal. He completed a 700 hour certification course in Biodynamic Craniosacral in 1998. He has integrated his other studies in Zen Shiatsu, myofascial release, Chi Kung and Quantum Touch® with his practice of Polarity and Craniosacral Therapies.

INTEGRATION OF ENERGY BALANCING & TAOIST CHI KUNG -----
by Bill Close, RPP

Early in my practice of Polarity Therapy, I became aware of the importance of addressing psychological factors in order to facilitate a client's healing. Although affirmations are a powerful means of changing attitudes, many of my clients resisted engaging fully in an affirmation program. My training in Taoist Chi Kung offered a simplistic method of having the client get in touch with emotions while receiving a session. The method involves combining breath, visualization, sound and colour as described in Mantak Chia's booklet about the Six Healing Sounds, *Transforming Stress into Vitality*.

As an example of a session, if during your Ayurvedic assessment the liver reflex on the foot is sore, the first step would be to polarize this point to the liver area at the inferior edge of the right ribcage. As you attempt to bring these two contacts into balance, have the client visualize "anger" leaving the liver on the out-breath, while making the sound "sh-h-h-h". After the client has repeated the combination of visualization and sound six times, the client then focuses on the in-breath visualizing green light as well as the positive emotion of "kindness" entering the liver for six breaths. At the end of the breathing exercise, ask the client to smile down gently to the liver. If you wish you can complete the triad by contacting and balancing the liver to the supraorbital notch at the right eyebrow area.

The Taoists suggest that the work be done in the following order:

ORGAN	SOUND	EMOTION NEGATIVE / POSITIVE	COLOUR	BIPOLAR CONTACTS SUPERIOR / INFERIOR
Lung	S-S-S-S	Depression / Courage	White	Lung Pt #1 / Cuboid Bone
Kidney	W-O-O-O	Fear / Gentleness	Dk. Blue	10th, 11th Rib / Foot Reflex
Liver	S-H-H-H	Anger / Kindness	Green	Rib Cage / Foot Reflex
Heart	H-A-A-A	Impatience / Love, Joy	Red	Heart Centre / Big Toe - Distal Joint, Lateral
Spleen	WH-O-O	Worry / Fairness, Openess	Yellow	Rib Cage / Foot Reflex
Triple Warmer	H-E-E-E	_____	_____	No Contacts *

*At the end of the session ask your client to their close eyes and take a deep breath, then exhale on the sound H-E-E-E, made sub-vocally, as they picture and feel a large roller pressing out the breath, beginning at the top of the chest and ending at the lower abdomen. Repeat six times.

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