

Temporal Lobe Seizures - The Story of a Very Courageous Woman

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When I asked her what in the past two years had helped her the most Elizabeth answered without hesitating: "It's the fact that my pelvis is in the right place". (All quotes are from Elizabeth directly.)

Elizabeth, aged 36, mother of two children and, with her husband, Howard owner of a business specializing in geological research, has been suffering from idiopathic temporal lobe seizures, without loss of consciousness. Howard was going through a ten series with me, when he asked me one day whether I thought his wife could profit from Structural Integration. I wasn't sure but was willing to try and in March 1996 I set out on a voyage into the unknown with Elizabeth.

I still remember Elizabeth's first visit. She was a very young looking woman, slightly knock-kneed, pelvis slightly tilted, head slightly anterior, in a considerable degree of stress, but not at all a structural catastrophe. She told me that one of her sisters was suffering of MS, a brother and a sister were bipolar and another brother suffered from chronic fatigue. She herself felt fine except that her left shoulder had been left hurting after a rowing accident at college, and that she had about one big seizure a month as well as several small ones. As a child she had a tendency for "staring spells" and absentmindedness which slightly intensified during puberty. With 2 pregnancies - one cesarean -, a difficult phase in her marriage and a car accident the seizures became more frequent and severe. Lasting effects such as short term memory loss, mental confusion and fatigue began to occur.

Her life style at the time was, what she considered, very healthy. She worked out a lot, was on the rowing team of her college and had for a number of years been on a strictly vegetarian non dairy diet.

"I feel like coming out of a fog in which I have lived for years. I have a continual sense of clarity, a lack of mental confusion, for the first in many years." she says today. The 'fog' was a nearly constant mental cloudiness, a 'permanent 'pre seizure state' which was only interrupted by the seizure itself.

The doctors she saw suggested taking medication to stop the seizures from occurring - Elizabeth refused out of fear of the side effects and personality changes that often accompany medication. Considering her family background, her decision to find an alternative way of coping with the problem is even more courageous.

“The majority of medical professionals assume people with epilepsy are unable to be actively involved in the treatment process of their condition.” Elizabeth however was different. She started observing the different stages of a seizure. She could identify three phases. It started with specialized sensory symptoms - often an over sensitivity to smells. The second stage involved internal sensations such as anxiousness, malaise and nausea. In the third and final stage the muscles on the left side of her neck and shoulder spasmed, causing “déjà - vu”- experiences and an inner voice dialogue. Hearing all of this I was even less sure whether Structural Integration could help. But we started working on a ten series.

Elizabeth’s left shoulder was indeed in a considerable degree of disorganization and through palpation we found that the medial upper corner of the scapula and the attaching levator scapulae ‘triggered’ the seizures. In the course of the series we also discovered that the left shoulder had not only been injured in the above mentioned rowing accident but that the area had been traumatized prior to that. Her often drunk mother used to hit her on the left side of the neck and head. Elizabeth often reported when we worked in the area hearing her mothers voice , “No ! Don’t do that ! I will not have this !” etc., similar to the inner voice dialogue of the third seizure stage .

As the work continued and stability in the underlying structures of the pelvis and legs started developing the work in this area became progressively easier. Parallel to this increased stability was a change in personality. The stress was slowly leaving Elizabeth and a marvelous calm came about her.

“ I had been told so many times that stress played an important part in the management of Epilepsy. I tried to reduce the stress in my life, but it wasn’t until near the end of my ten series, I finally understood what I had been misunderstanding.. Stress was not something that happened to you, stress was determined by how you chose to react to different situations. I didn’t need to ‘reduce the stress’ , I needed to consciously be aware of the way I reacted to things, realizing I had a choice.”

We practiced breathing a lot. Elizabeth had learned from other practitioners to breathe into her belly. She had cultivated this to the extent that she nearly completely bypassed her lungs and chest, directly inflated her abdomen and thus increased the collapse in the lumbar with nearly every breath cycle. Freeing up her diaphragm and learning, not only to allow her breath to come into the collar bone area but also into her lower back was a major turning point in the series.

One day Elizabeth walked into my office and reported proudly that she had managed to “control” a seizure. Upon the first symptoms, she had immediately taken a good sitting position had relaxed and deepened her breath and had been able to chase the threat away.

Exploring that experience we found out that a seizure actually started a long time before she felt the levator scapulae spasm. The initial sensation was an unease somewhere in her left abdomen and this sensation over days and days slowly crept up the inside of her spine until it reached her neck and a seizure erupted.

So it wasn't the shoulder but it was the psoas, diaphragm, quadratus lumborum and the fascial connections in the abdomen that were the precursors.

After ten sessions this area was still the weakest part of her body, but Elizabeth felt better than she had in twenty years and had not had a big seizure for a long time. We parted in the June of 96 and I went to work in Europe. On my return in August 96 I immediately received a call from Elizabeth. She had had a really bad seizure and she thought she needed more help.

We agreed to see each other once a month, just before her ovulation (often a time when a seizure occurred). Apart from the monthly post ten work we projected working on a three series in the spring. An important part of our agreement was that she would call me immediately when she felt a seizure coming on and we would work on trying to prevent it.

The post ten work went very well. Our mutual understanding had deepened in the ten series so that there was no fear left in her. In the second hour of our three series, a dramatic shift occurred : I had been working on the crest and the twelfth rib when we suddenly both felt such a deep release in her that it is hard to put into words - Elizabeth stood up and her pelvis was for the first time horizontal and of course her left shoulder dropped into place.

“Having my pelvis in the correct position for the first time, gives me a stability I have never experienced before. It also gives me a starting point to focus on when I want to completely relax and lessen the intensity of any seizures I do have.”

Two month later Elizabeth had a near relapse. She called me to report that she felt very ‘seizury’ and confused, that she couldn’t relax her breathing and that her pelvis was off again. I saw her a few hours later and gasped: I had never seen her that close to a seizure and rarely had I seen anybody with an energy field as chaotic as hers at that moment. A greater surprise was how the situation dramatically shifted as a result of one hour of structural work which prevented that seizure.

This was in January 97. From then until June she was seizure-free. I was in Europe in June and saw Elizabeth again in the beginning of July. She had had two small seizures during my absence but she told me she knew why. She had put herself back on her old exercise routine and had one small seizure the morning after doing push ups and the other after situps. Some habits are hard to get rid off. We agreed that vigorous exercising and strengthening of the flexors was probably not the right thing for her and changed her work-out routine to going on long walks and light jogs on the beach.

This is where things are today. Maintaining balance in Elizabeth’s body is still very subtle. But jokingly she says “as long as I keep my pelvis in the right place, don’t twist my neck and eat enough protein I seem to be fine “. Stress has increasingly left her life and given room to a lot of hope and joy.

“The stability or sense of being grounded has made me feel stronger, and given me confidence and enabled me to identify peripheral goals to work toward. I can now focus on details, trying to achieve a wellness I had given up on.”

P.S. Elizabeth now comes in for a session approx. twice a year. As of the publishing of this article in February 2002, her frequency of seizures is down to one or two a year.