

Presentation at Army Medical Center Paves Way for Future Collaboration

As the U.S. Army's largest healthcare facility, the renowned Walter Reed Army Medical Center (WRAMC) in Washington, DC, provides comprehensive healthcare to soldiers and other service members along with their families. What many do not know is that the expansive Walter Reed Health Care System serves as the Army's leading center of clinical research and innovation in numerous areas such as traumatic brain injury (TBI).

With that focus in mind, Bruno Chikly, MD, DO (hon.), presented from his Brain curriculum on the topic of "Neural Tissue Trauma Recovery" to members of the WRAMC staff on December 18, 2006. Among those in attendance were the heads of the trauma and amputee units and their personnel, along with some 15 practitioners in town for Dr. Chikly's LDB1 class (Brain Tissue, Nuclei, Fluid and the Autonomic Nervous System).

Joining Dr. Chikly in the presentation itself were three alumni of his LDB1 course who had worked with wounded soldiers — Natalie Sadler, MD, Joanna Haymore, OTR/L, and Maria Bakari, LMT.

The hour-long presentation consisted of an explanation of the work and a demonstration featuring an injured Iraq War veteran who had benefited from Dr. Chikly's Lymph Drainage Therapy and Brain techniques. (It was due largely to the persistence of the soldier's wife that the door was opened to present at Walter Reed.)

"The biggest trauma from today's war in Iraq is closed-head injury caused by improvised explosive devices (IEDs) and rocket propelled grenades," Dr. Chikly says. "They're called the 'signature of the war.' If shrapnel is involved there is

also infection. The concussion to the brain causes many soldiers to become completely disabled or disoriented. They can experience headaches, nausea, loss of balance, clumsiness, decreased memory, attention/concentration problems, difficulty learning and impaired judgment. Some go into a coma.

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The soldier in this case had suffered traumatic brain injury, amputation of his right arm above the elbow, a right-leg shrapnel wound, and had been in a coma for two months. Prior to the demonstration he was seen by both Natalie Sadler and Joanna Haymore. Initial treatment focused on releasing trauma in his body/brain tissues and lesions in the R/L frontal and L temporal caused by the traumatic brain injury. He was mostly

nonverbal and nonresponsive if asked a question.

After returning from the Brain-1 class taught by Dr. Chikly, Joanna applied the techniques she had just learned to the veteran's left brain stem. He responded by opening his eyes and conversing for the first time. Following the second session family members reported that he went from just being able to sit at the dinner table to joining in the conversation.

During the demonstration Dr. Chikly zeroed in on a strong dysfunction of the patient's left cerebellar lobe. "It was very hard for him to balance on either leg," Dr. Chikly says. "After about 15 to 20 minutes of applying the Brain techniques he was standing very stable on one leg then the other. It was a very encouraging conclusion to the presentation.

"This experience really opened up the minds of the Walter Reed staff to the possibility that help exists for these traumatized soldiers. Our hope is that this is just the beginning of good things to come. The next step is to try and get support for research along with grant money for these techniques to be studied and made available to all our veterans."

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You can learn the approaches presented at WRAMC in Dr. Chikly's four-day course Brain Tissue, Nuclei, Fluid and the Autonomic Nervous System (LDB1). For dates and locations of classes, see the Course Calendar on pages 6 and 7. A number of prerequisite options exist for alumni of CranioSacral Therapy, Lymph Drainage Therapy, Visceral Manipulation and Mechanical Link.