



CASE REPORT

# Case report of osteopathic treatment of insomnia and traumatic anhidrosis



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## KEYWORDS

Anhidrosis;  
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**Abstract** Insomnia and traumatic somatic dysfunctions are two very common complaints that present in clinical practice. We present a case of a 28 year old female complaining of chronic unilateral anhidrosis secondary to trauma and subacute insomnia. Somatic dysfunctions were noted and treated with a variety of different osteopathic manipulations in one visit with maintenance osteopathic manipulations at one week, one month, and six months after the initial visit. Both symptoms resolved after the first visit and have yet to return. These results show the efficacy of osteopathic manipulations in two of the more common complaints seen in the office in both the subacute and chronic stages.

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### Implications for practice

- This paper addresses one common medical condition, insomnia, and anhidrosis, a more uncommon condition, due to traumatic somatic dysfunction.
- It shows the, nearly immediate, response of the body to correction of proper anatomical positioning in the correction of the autonomic nervous system.

## Introduction

The autonomic nervous system (ANS) is known to control the vast majority of bodily functions. Understanding its parts, the sympathetic and parasympathetic nervous systems, and how they affect the body enables us to understand why a patient might be experiencing certain symptoms. We present a patient with two distinct autonomic dysfunctions, insomnia and anhidrosis, in the subacute and chronic stages, respectively. She was treated with a variety of osteopathic manipulations for each symptom which resulted in nearly immediate resolution of these somatic dysfunctions to normalized physiologic function.

## Case description

### Patient history

A 28-year-old female occupational therapy student presented complaining of insomnia for two months. She stated that this started when she separated from her husband. She also complained of anhidrosis on the left side of her body for 5 years. This started after she was in a motor vehicle accident. She was the driver, and the car was struck on the driver side with her left arm hanging out the window. The patient received no physical harm to her arm as a direct result of the accident. The patient has been doing Pilates-based exercise since the accident to try to alleviate muscle pain/tightness/spasms secondary to a herniated disc in her cervical spine at the level of C6. She has not been on any medications regularly except for ibuprofen and acetaminophen, starting a few months ago, for a prior podiatric surgery.

### Examination and treatment

A full structural examination of the patient revealed a number of somatic dysfunctions, most

notably in the cervical, thoracic, and lumbar vertebrae. A somatic dysfunction is defined as an “impaired or altered function of related components of the somatic (body framework) system: skeletal, arthrodiarthral, and myofascial structures, and related vascular, lymphatic, and neural elements.” Somatic dysfunctions include one or more of the following classifications: tenderness, asymmetry, restriction of motion and tissue texture abnormality. Osteopathic manipulative treatment is used to correct any somatic dysfunction.<sup>1</sup> The lower cervical, full thoracic and lumbar spine showed generalized muscle tightness with largely asymmetric changes on the left. This is consistent with a possible cause for chronic left sided anhidrosis from the car accident. The treatments provided were aimed at equalizing the muscle tone in the cervical and thoracic areas. Multiple techniques were utilized including muscle energy, facilitated positional release, and counterstrain. Following normalization of muscle tone, bilateral rib raising was performed to bring the upper thoracic parasympathetics into a state of equilibrium. After relaxation of thoracic musculature, an exhalation dysfunction of the fourth rib on the left, which was causing pain with inhalation, was fixed with a modified double arm thrust and all lumbar, thoracic, and cervical vertebral dysfunctions were treated with direct techniques. Finally, prone sacral rocking was performed for 3 min to ensure that there were no other structural limitations to normal physiologic function and occipito-atlantal decompression was performed approximately 5–7 times for 3 min.

### Follow-up

On her follow up, within the first week after treatment, the patient stated that she was sleeping better and was sweating equally on both sides of her body. At this point, light muscle energy and counterstrain treatments were performed for approximately 20 min to the areas previously treated with only minimal reversal of previously relaxed musculature in the thoracic and cervical spines noted on the structural exam. On her 1 and 6 month follow up appointments, her symptoms were still abated and similar counterstrain and muscle energy techniques were performed to the thoracic and cervical spines for maintenance of her previously chronic somatic dysfunctions. The patient continues to do her Pilates-based exercises and the practitioner explained the necessity of working both sides of the body equally to prevent re-exacerbating her somatic dysfunctions.

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