

**Course reading:** The reading sources listed below are older editions. Most of you already know these texts. If you have a newer edition, look at the chapter titles and read the corresponding chapters in the edition you own.

DeLee & Greenhill, *Principles and Practice of Obstetrics*, 8<sup>th</sup> Edition. Ch. XIX, Analgesia and Anesthesia.

This chapter is included in your notes.

Martini, *Fundamentals of Anatomy & Physiology*, 3<sup>rd</sup> Edition, Ch. 14, "The Brain and Cranial Nerves."

Nolte, *The Human Brain*, 3<sup>rd</sup> Edition

Ch. 1, Introduction: The Central Nervous System

Ch. 2, Gross Anatomy

Ch. 4, Ventricles and Cerebrospinal Fluid

Oxorn-Foote, *Human Labor and Birth*, 5<sup>th</sup> Edition,

Ch. 31, Obstetric Analgesia and Anesthesia.

Reader, Martin, Koniak, *Maternity Nursing*, 17<sup>th</sup> Edition,

Ch. 24 Analgesia and Anesthesia During Childbirth,

Ch. 36 Addictive Disorders in Pregnancy.

Simkin, Whalley, Keppler, *Pregnancy, Childbirth, and the Newborn*, 1991,

Ch. 5. Drugs, Medications, and Environmental Hazards in Pregnancy,

Ch. 11 Medications during Labor, Birth, and Post Partum.

**Following is an outline that I wrote a few decades ago. It has some useful information so I've included it in with the notes. We will not cover all of the material in this outline in this module.**

### **Introduction and Workshop overview:**

In this workshop we will focus on Anesthesia at birth and its effects on the birth process and on later life. Skills you will be focusing on are:

1. Visual and kinesthetic tracking of the fluid system.
2. Visual, auditory and kinesthetic tracking of levels of consciousness.
3. Verbal and empathetic skills with the newborn concerning anesthesia trauma.
4. Three phase treatment protocols for anesthesia trauma.

The skills for the treatment of anesthesia trauma come from the italicized areas below.

### **Somatotropic levels for the assessment of Birth Trauma.**

1. Conjunct sites
2. Conjunct pathways
3. Vector patterns
4. Cranial lesion patterns
5. *Macromovement schema*
6. *Micromovement schema:*  
*Tides / Fluid system / Ventricular system / esoteric Pineal - Pituitary relationship*
7. *Static posture or schema. Body tone*
8. *Psychic patterns/psychological corollaries:*  
*Mistaken assumptions*  
*Primary goal structures*  
*Emotional patterns*

*Survival strategies*  
*Boundary skills/needs*  
*Strategies of consciousness*

**Anesthesia** (def. *an* neg. + Gr. *aisthesis* sensation) loss of feeling or sensation. Although the term is used for loss of tactile sensibility, or of any of the other senses, it is applied especially to loss of the sensation of pain, as it is induced to permit performance of surgery or other painful procedures. (*Dorland's Illustrated Medical Dictionary, 25th edition.*)

**Analgesia** (*an* neg. + Gr. *algesis* pain + *ia*) absence of sensibility to pain; designating particularly the relief of pain without loss of consciousness.

European studies and some American studies are beginning to show that anesthesia can have lasting effects on behavior and consciousness.

Attitudes toward pain and memory. Medical notions of the purpose of education. (see Oxorn and Foote)

**Imprinting effects of chemicals from personal use and medical interventions:**

1. Effects of fetal alcohol and drug imprinting on pre-natal life
2. Effects of anesthesia / analgesia process on fetal imprinting or how anesthesia / analgesia imprint the fetus
3. Psyche imprinting
4. Physiological / esoteric imprinting: fluid tides, CFS, ventricular system
5. Somatic imprinting
6. Imprinting in relationship
7. Flow of communication, information and contact, to primary relationship contact

**Recreational Drugs form co-ex over coupled systems with anesthesia. Look for patterns of recreational drug use that may have proceeded the medical applications of anesthesia:**

1. Conception with alcohol or drugs present
2. Drug and or alcohol use during pregnancy
3. Tobacco
4. Crack cocaine
5. Fetal alcohol syndrome

**Categories of Application:**

1. Systemic medications IV, IM
2. Inhalation Anesthetics, gases
3. Regional blocks
4. General

**Types of Chemical interventions used to affect birth:**

1. Drugs which control the rate of labor and or induce labor oxytocin / Pitocin, prostaglandins (capitalize Pitocin, Demerol and Xylocaine = trademarks.)

2. Drugs for the reduction of pain such as Demerol (meperidine).
3. Drugs which cause the person to forget the pain, amnesiac drugs like scopolamine (twilight sleep).
4. Local injections procaine and Xylocaine (lidocaine) type drugs for spinals, epidurals, caudals, pudendals, cervicals.
5. Inhalant drugs like nitrous oxide and ether.

### **Effects of Anesthesia - physical and effects on consciousness**

On the birth process.

Mother/baby attachment and bonding

Babies psyche / primary assumptions and goals formation

Always requires other medical interventions

On later life, growth and development / adult life

Look at the list titled Analgesics and Sedatives for the Neonate under

Comments. Somatic and psychic symptoms may be triggered in

recapitulative experiences during lifelike "drug flashbacks."

**The fluid system as part of the CNS:** The primary medium for the conduction of consciousness in the body is the CSF. Therefore the CSF carries the fundamental layer of trauma impacts on consciousness in the fluids. (Thanks to Dr. Stone for pointing this out and Franklyn Sills for relating it to anesthesia trauma.)

**The CNS - Autonomic responses -** sympathetic and parasympathetic responses: effects on body tone and digestion. Depletion of fire. Umbilical affect.

**The Musculoskeletal system:** Effects on proprioception, sensory awareness, muscle and tissue tone and coordination.

### **Treatment Models/strategies:**

1. Inside out cranial fluid tide model (Sills).
2. Outside in (Emerson )
3. Integrated Inside out / outside in (Castellino)
4. Motor Sensory. Track and identify communication patterns (Castellino)
5. Identifying the drug affect shape in physical space. Tracking the client's visual reference cues.
6. Tracking chronological birth imprinted sequences in relationship to when mother left; to when client left. Tracking the edge, building awareness
7. Tracking strategies of consciousness (AA = active alert; FF = fight or flight) *Note that as of 2005 I stopped using this particular strategy. Useful to understand but too complicated when sitting in WS, working with families or with individual clients.*

Choice for the PLACEMENT OF ATTENTION

inside clear

inside avoidance: AA-FF-warble-shock

inside vigilant: AA-FF-warble-shock

inside anesthesia: compartmentalization

present alert

outside clear

outside avoidance: AA-FF-warble-shock  
 outside vigilant: AA-FF-warble-shock  
 outside anesthesia: compartmentalization

### **Treatment models**

I have integrated three or four phases of treatment for anesthesia trauma. This protocol is designed to take into the account the patient/ client's resources for integrating their experience and the therapy. This process helps the patient/ client connect their consciousness through the CNS, PNS and MS system (Sills/ Castellino), repatterning the system and increasing their choices for conscious experience and participation.

1. Tracking consciousness (Castellino)
2. Freeing the fluid system (Sills)
3. Awakening the sensory motor system (Emerson and Castellino)
4. Fine tuning the cranial sacral system

Tracking their consciousness and giving them feedback on where they are placing their consciousness helps build their awareness of their consciousness strategy and of the consequences of their unconscious choices. This naturally leads them to the ability to make a conscious choice for themselves.

Freeing the fluid system as developed by Sills with additions by Castellino

1. Build the potency within the fluids of the lumbosacral waterbed and forth ventricle.
2. Track the building of the potency up through the Aqueduct of Sylvius up to the third ventricle.
3. As the potency builds into the third ventricle track the cycling of the potency in the third ventricle. Sometimes you may observe a "jump start phenomenon in the third ventricle.
4. Continue tracking the building of the potency through the Foreman of Monroe into lateral ventricles.

Awakening the sensory motor system has components of compressive work, BirthSim Massage (Emerson), tracking their macromovement schema (Castellino/ Emerson) with repatterning.

Fine tuning the cranial sacral system is the process of tracking the fluid tides while the patient/ client is verbally, emotionally and kinesthetically integrating their experience at the end of the session. It is important to keep the focus during this step on integration. If new material comes up, focus on creating a future container for working on that specific material. The intent here his to repattern and integrate as the patient/ client's consciousness comes into the present moment. The practitioner tracks the fluid tides and cranial sacral system

Infant and Adult: Treatment models/ strategies

- Inside out: CFS fluid tide process (Sills)
- Outside in: resourcing, presence, tracking and contact
- Castellino Integrated Anesthesia Technique

- Graduated response strategy: track birth chronology and movement pattern in relation to client's ability to maintain presence. Stay on edge so client is empowered to make choice about where the/she goes.
- Compartmentalization: where in space - inside/outside, shape, size, edge

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