Chemical Interventions:
Medications, Anesthesia, Fetal Alcohol and Drug Syndromes

by
Raymond Castellino, DC, RPE, RCST

Introduction

Purpose:
The purpose of this chapter is to examine how chemicals imprint the conceptus, prenate, birthing baby, and how they affect the baby through the newborn period.

- To do this we will look at the underlying energy development, fluid tide system, the brain ventricles, embryonic development of the brain, and the physiology of the CNS and Autonomic nervous system.
- The primary drugs we will examine are: tobacco, alcohol, caffeine, pitocin (synoxytocin), analgesics and anesthetic agents used (especially the opiates and amnesiacs) during birth.
- We will examine how the major analgesics and anesthesia agents are administered during birth. Both the drugs and the way they are administered have immediate effects on the birth process, and long term imprinting effects on the baby.
- Lastly, we will present four treatment strategies that can help resolve and repattern chemical imprinting.

Skills development:
Full integration of the treatment protocols described in this chapter require that the practitioner develop the following skills:

- quiet presence.
- observation.
- verbal and kinesthetic or somatic reflection. This includes verbally interacting with your client while you have direct physical contact with them. Cranial sacral, energetic and direct touch body work skills are important.
- tracking client strategies of conscious.
- tracking client fluid tide system, visualization of the brain ventricle fluid tide system.
- tracking client communication patterns, identifying, reflecting and re-patterning chemically imprinted patterns.
- tracking client movement patterns in relationship to drug induced dissociation affect.
- Dynamic Creative Opposition
- Joint compression
- Proprioceptive Cuing
- Physical Compression

Each of these skills can be isolated and developed. Integrating into a therapeutic art form will take some time. Studying this therapeutic approach is more akin to becoming an artisan like a musician. The violinist studies for years to develop their

musicianship and their art form. The musician develops their technique. However, a brilliant technician may not necessarily make aesthetic music no matter how proficient they are. Becoming a musician requires the integration of musical skills so that the spontaneous expression of being in the music is expressed through the instrument.
For the therapist their body and consciousness is their instrument. Patience with self, consistent relaxed effort and practice will gradually over time develop your technical skills into an art form.

In the world of science and research only proficient artisans will be able to reproduce theses findings. You would not expect an intellectual person to pick up a violin, take it to a concert hall and play with the proficiency or artistic ability of a concert violinist. To do that the person would have to have invested relatively the same effort and time. Intellectual objective scientists alone will not be able reproduce these results.

Students that have the dedication to learn this work, to put in the time and effort to develop their therapeutic art form will be the scientists that are able to reproduce, expand and evolve this therapeutic practice and the results. Practicing the art for some time will develop the skills of keen observation, the quality of inquiry, and the skills to correlate, communicate, and report your findings.

Personal story:
Writing and teaching about anesthesia and analgesic experience has been for me personally the most illusive area of study. I was fortunate enough to have had a vaginal hospital birth, Merritt Hospital in Oakland, California in 1944 free of drugs or intervention. My mother chose to have an elder obstetrician who believed that it was best for moms to be awake and conscious during birth. My mother adored him and made sure that I knew his name, Dr. Leeland. Dr. Leeland affirmed her womanhood and motherhood. Even though my mom was only 19, she knew she was competent and prided herself in her ability to birth her babies without medical intervention. This she was also able to do with my sister who was born four years later in 1948. My brother's birth was another story. He was born 10 years later in 1959 at Kaiser Hospital in Walnut Creek, California. I remember mom telling the story about how she negotiated with her obstetrician that she was not to have any anesthesia. "I want to be able to see and hold my babies right away and remember what happened." Unfortunately, Kaiser was organized along the lines of an HMO and her OB was not on duty the night my brother was born. I recall her being furious that they "knocked her out" unnecessarily robbing her and my brother of their birth experience.

My life however has not been devoid of chemical influences. The drugs both my parents used were alcohol and tobacco. Growing up, alcohol was always present in the house. Tobacco smoke was present until my father stopped smoking in my early teens. My mother told me that she smoked three packs of cigarettes a day when I was conceived. She stopped smoking "cold turkey" six to seven weeks later when Dr. Leeland told her that she was pregnant and that smoke could hurt her baby. A bold move for an OB in 1944. I believe that in those days my father and perhaps my mother used alcohol as part of their love making practice. Certainly, both of them

were smoking. Of all the drugs alcohol and tobacco have come to be known as the most addicting. Alcohol imprinting when activated causes a sleepy, diffuse melancholy dissociation affect that makes it difficult to develop clear visual images and logical written progressions. So, as I worked to write and organize my thinking and observations about chemical imprinting, I found myself consistently having to stop and work with my own alcohol and tobacco imprinted responses. It was not until I have worked with this material four or five times through did I cease to be effected by their influence in my writing. Writing this story is helping me to organize this material and write more clearly. Later in the section on tobacco I will elaborate on the effects I personally experienced.

Why drugs:
Understanding the mechanism of chemical imprinting can be aided by examining why people use drugs in the first place. Drugs are used primarily to alter perception and memory. They change the way we perceive pleasure and pain, and how we remember or forget our experience. Drugs are used to wake us up, uppers. And, they are used to put us to sleep, downers. They are used to alter our perception of pain so that we can not feel pain or have a reduced awareness of pain as with analgesics. They are used to affect our memory, so that we can forget experience or a painful experience like a surgery. Drugs that cause us to forget are called amnesiacs. While medical application of analgesics and anesthesia are used for the purpose of altering the perception of pain, both the use of medical and recreational drugs alter our perception of pleasure as well. Either way, the consequences of recreational or medical drug use are often profound and long lasting. For at least a decade pregnant and lactating mothers are wisely advised the to avoid the use of drugs altogether. I would add, that a couple wanting to conceive should also do the work to shift their addictive habits, cleanse their bodies and do the repatterning work to shift their personal internal relationship to drugs, pain and pleasure.

If we examine the effects of drugs on consciousness we find that short-term effects are relatively easy to detect. A large body of information exists that exposes obvious the long-term effects from the extreme use of drugs as seen in fetal alcohol syndrome and crack babies for example. However, the subtle effect that are common results from western application of technology, analgesia, pitocin, epidurals, and general anesthesia for example are more elusive and just coming to light. Never the less, evidence of the effects on babies is beginning to mount. Effects on the developing fetal nervous system, newborn nursing patterns, ability of newborns to orient and establish conscious presence in their bodies, newborn movement patterns and communication capabilities are becoming more obvious. Moreover, these early chemically imprinted patterns continue to have a daily effect on effected people the whole of their lives. Often these effects go undetected. We believe that some symptoms and conditions such as learning disabilities, hyperactivity, febrile seizure and future drug use may be strongly influenced by drug use during pregnancy and birth.

Many adults report that they have difficulty experiencing their lives. Some say they feel as if they are from another planet, that they are walking around disconnected from their lives, watching themselves go through life as if through a looking glass. I think that it would be safe to say that most babies conceived in Western

industrialized countries during the twentieth century were conceived under the influence of alcohol. Most people include in their love making practices some use of alcohol, and many some other intoxicant. We believe that this practice exaggerates the disorienting effects of the intoxicants on incoming consciousness.

We take the perspective that consciousness precedes physical matter. Consciousness precedes cellular development. The regression work many of us have been doing with adults strongly confirms this perspective. Likewise, it seems that babies express their appreciation when adult caretakers recognize a baby's apparent connection with inner realms.

I believe that one of the ways that historian's will view the 20th Century will be as one that ravaged the planet and its inhabitants chemically. Chemistry is the cornerstone of modern medical science. We have looked to chemistry for cures to our ills, to effect our consciousness and our very perception of pleasure and pain. There has been an enlightened thread of researchers that have focused on the mediums that chemicals function in, fluids. The human body is **approximately 90**% water. Water is the primal medium for the evolution of life on this planet. There is a mounting body of evidence that shows us that water has the capacity to carry memory. The January - February issue of Marilyn Feguson's, *Brain Mind Bulletin* is dedicated to exciting new water research.

Franklyn Sills has suggested that the cerebral spinal fluid of third ventricle carries the primary memory imprints for anesthesia. Our clinical experience collaborates, Franklyn's suggestion. We will develop our ability to track the fluid tides through the ventricles of the brain and learn to look, "with thinking fingers" into the ventricular spaces. It is as if the energy radiating off our fingers has fiber optic properties. By learning to visualize the ventricular spaces and coupling these visualizations with our proprioceptive body experience of the movement of energy and the fluid tides through the body we develop the skill over time to start to see in a way what may be happening in the brain. This practice has direct application for the therapist and provides a ready model for a gentle effective approach to resolving and repatterning early chemical imprinting. For this reason we will look at embryonic brain development, the development of the brain ventricles, the production and circulation of CSF and we will suggest a model for how the CSF transmits life energy and influences consciousness.

William Emerson has long observed that anesthesia trauma can separate a person from "being in their body" and having sensory awareness deprivation. He has developed a way to assist sensory awaking. Both Franklyn Sills and I have modified his approach by integrating fluid tide tracking. We both find that this potentiates the work by making it much more gentile and efficient.

In addition, I have developed a way of tracking chemically imprinted behaviors in client's energy fields, movement patterns, communication patterns and dissociative patterns. The integration of these methods has again potentiated the work especially in the area of working with infants who have had pitocin, epidural and other anesthetic influences.

Chemical interventions in Pregnancy and Birth

by
Raymond Castellino
January 30, 1996

Maternal alcohol use
FAE Fetal Alcohol Effects - babies born to functional alcoholic mothers.
who apparently had moderate to excessive drinking habits.

This paper discusses the work of three middle-aged women whose mothers drank moderate to excessive amounts of alcohol during pregnancy. Each of these women can be said to have what is now being termed Fetal Alcohol Effects (FAE). This is a different category than Fetal Alcohol Syndrome (FAS) where the baby is victim to obvious gross neurologic, physiologic and anatomical changes.

Each of these women came from families where their mothers and two of their fathers appear to have been functional alcoholics. At the time, 1950s, these women's parents would not have been recognized as alcoholics. Babies that are identified at birth with FAS only if their mothers and or both parents have also been identified as alcoholic. Babies who are most easily identified with FAS present with obvious physical congenital changes. These congenital changes are traumatically induced during gestation by mother's frequent and consistent use of alcohol. If the parents were not identified previously, the congenital changes in the babies could cause the pediatrician to identify the parents.

These three women, however, were not identified with FAS and neither were their parents identified as alcoholics. It was largely by self-discovery that these women related their behaviors, as well as psychological and emotional patterns to their parents' use of alcohol. These women's mothers appeared functional in the social and economic areas of their lives. However, they were dysfunctional in their families, especially as parents. The three babies born to these mothers suffered the consequences of toxic womb syndrome. Yet, they did not overtly display the marked physical consequences of FAS.

Toxic womb syndrome means that there is emotional and chemical toxicity in the mother's womb. William Emerson coined the term "toxic womb." The physiologic mechanism for FAS due to alcohol is simple. Alcohol is rapidly absorbed into the blood stream. As the amnionic fluid became more toxic from their mothers' behavior, the babies develop compensatory behaviors to deal with the fluid toxicity. It is known that fetuses will suppress their amnionic breathing and swallowing when their mothers are using alcohol or nicotine. I hypothesize that these babies also developed psychic compensatory behaviors as well.

None of these women use alcohol. From overt behavior, you would not know they experience FAE. All of them, at some times in their lives, have had to face their own compulsive behavior. The self esteem of each of them was negatively affected by their mothers' drinking. One of the women manifests speech patterns and tonal

qualities in her voice that are reminiscent of alcoholic behavior. Another woman has very slight physical facial characteristics of FAS (thick lower lip, thin upper lip, flat face and wide space between her eyes). All of them were hypersensitive to environmental changes, sound, light, temperature and the emotional demeanor of others.

Each of these women manifested different compensatory behaviors and survival patterns in response to their mothers' drinking during pregnancy. One of them deals with stress by withdrawing within herself. She is endogenous (Dorland: 1. growing from within. 2. developing or originating within the organism, or arising from causes within the organism. Used here to mean internal in nature) in her behavior. A primary problem she faced was to feel. She was so well defensed that she was unable to access how she felt about events in her life. She was very pleasant yet she did not feel connected to her life. If her life began to get overwhelming, she closed down to her feelings.

Another women in this group externalizes her feelings, is exogenous (Dorland: growing by addition to the outside; originating outside the organism. Used here to mean external in nature) in her behavior. She could easily panic when she experienced alcohol related triggers within herself. She had deep early mistaken associations with normal essential substances in her life. Her mother used vodka. Because water looks like vodka, she would associate water with vodka. Even though she would drink water, her autonomic nervous system would react with a trauma response as if she were experiencing her mother drinking alcohol while she was in the womb. She had water and vodka coupled together. She avoided drinking water until she learned the difference.

I have a guess that the primary motivations and compensation patterns which the mothers used affected the babies. For example if the mother used alcohol in an endogenous way, to withdraw within herself in self-pity and to escape feeling, the baby would do the same thing. Or the baby whose mother was exogenous, outward, in her behavior would manifest exogenous behavior.

Often these babies do not want to be found out at discovery. Alcoholic parents often do not want to be parents. If they do want to be parents, they want to have the babies to soothe them or somehow make their lives better. FAE babies are typically fetal therapists. They take responsibility for the safety and comfort of the parent. They will take care of the parent. The parent is dependent on the fetus' presence instead of the fetus being dependent on the parents.

Often FAE babies have extremely strong constitutions that, in part, helped them survive the FA toxic womb.

One woman had what she termed a birth dream: She was in her house. A bear came into the house. She went into the bathroom and squeezed herself though a very small bathroom window. She landed on a roof and she went around to the front of the house. She entered the house to face the bear.

This dream may also be an abortion ideation dream as well as a birth dream. She stated that she had an abortion about four years before. Her conviction was that she did not want to bring a baby into the same world into which she had come. She had an opinion that she would not be a good parent.

Of these three women, only one has had one child. Her daughter is in her 30s. The daughter has expressed strong appreciation for her mother raising her in a way different than her grandparents who were alcoholic. This mother when she was pregnant went on long walks in natural settings. Nature became a strong resource for both mother and daughter. This mother's own womb and childhood experience was fraught with invasive dysfunctional adults. During her pregnancy she went into nature to find the quiet solitude and internal solace she needed to develop a relationship with her fetus.

Two of these women openly state their hatred toward their mothers. The other definitely has strong feelings about her mother but her personal strategy is to contain those feelings and see her mother as wounded.

Effects of chemical trauma

Anesthesia, FA and toxic womb response to chemical invasions all affect the fluid system, CSF, the ventricular system, interfacing with neocortex, midbrain, ANS, and brain stem function. They create confusion about how to get nourishment: "substance confusion."

Chemical interventions prenatally and at birth are often very insidious in terms of the imprinting and pattern formation of the prenate's psyche.

First chemical trauma sets up a reference place in the person's psyche. People with anesthesia trauma may often be observed looking to a specific direction and area in the space around them. If a person feels shame, for example, they may tilt their head slightly downwards and look off in a specific direction. They will repeat this same behavior each time they have that somatic and emotional set stimulated.

Let us look at the baby now in terms of developing their own sense of presence. Presence exists on different levels of consciousness including spiritual, mental, emotional and physical. In addition there are the states of quiet presence, active alert presence, and fight or flight presence. In the stress matrix sequence, there are the skills of being present in the warble and shock affect. The therapeutic goal is to develop continuity through all of these levels.

Next look at the direction the person takes with their attention in relationship to how their consciousness functions in their sensory and motor aspects. The sensory direction is from the outside in, centripetal, from the periphery to the center. The motor direction is from the inside out, centrifugal, from the center to the periphery. The higher the degree of chemical interference prenatally and at birth, the more likely there will be breakdowns in one or both of these directions. Look for where the breakdown is in sensory or motor directions. Here is how the patterns manifest:

1. Notice the communication chain. How does the client perceive the world from the inside out and how are the perceived by others from the outside in?

2. How do they relate to the world from the inside out. How do they receive the world from the outside in?

Very often with anesthesia trauma, the client will relate to the drug state like a bubble in consciousness. From the anesthesia-traumatized client's perspective, they can see perhaps with some accuracy how the world is functioning. But, because they are relating to the world from within their drug imprinted state, the others may have a very difficult time relating to what is going on within them. The drug state is an exclusive state. It is not a shared communicative state. In this example, the person has the world figured out. So, from their inside out perspective, they think they are fine because they have the illusion that they are seeing everything clearly. Other people, however, will have a difficult time relating to them or penetrating their bubble from the outside in.

From the motor aspect, the drug-traumatized client perceives from the inside out. They will see all that is going on, assess the world and assume they have it together. However, in terms of connection from the sensory direction, the outside in, other people will wonder what is going on within that person. This is an insidious form of isolation. The person with a strong drug overlay will be in the center of it and not know that their good intentions, their assessment of what has occurred, is not perceived by others around them. This person then is misunderstood, and can easily be the object of other people's projections. The drug-traumatized person can easily feel victim to other projections because they are often not aware of the impact they have on others and they do not perceive that others do not see the world in the same way they do. This can be crazy-making for the drug-traumatized client as well as for people they associate with in their environment. In primary relationships, the drug-traumatized individual has to work hard to find the meeting ground with others.

Culturally this problem is epidemic. Chemicals have been the primary substances we have used this century to attempt to heal, escape pain and bring pleasure to ourselves. This has profound effect on how we form interpersonal relationships. In a drug dominated world, people do not relate with presence and contact. Instead, people are relating to themselves and then projecting that self onto others. If their projections match, then they have the illusion of relationship. Imagine two people who have separate but similar drug imprinted bubbles in their psyches meeting each other. William Emerson points out that the person with anesthesia trauma often has a sense that they are living life apart from or removed from their own experience. These people often state they feel like they are from another planet; or they have their own dream world; and or if their compensation pattern is intellectual, they may ground in material practicality so strongly that they will only be able to be in material relationship with others, but not in effective mutually satisfying emotional or felt sense relationship.