

~Chapter 6 Birth Trauma/Traumatic Brain Injury~

Birth Trauma:

The first and foremost area where dysfunction occurs is during the birthing process. All of us are born either through the birth canal or via cesarean births. Although cesarean births provide the greatest effect in minimizing birth deformities it is also hard on the birthing mother. As well, it takes away from the natural instinct and lessens the connectional bonds with the child that the natural birthing process offers. In short, there is still a need to fill a void and many times this reasoning goes unnoticed, but non-the-less it is a vital emotional and connectional role for the birthing mother. During a normal natural birth process, the mother's pelvis/tail bone presents itself as being the major obstacle's in the delivery path of the unborn child. Likewise, the infant's head is the other major obstacle that presents itself during this process. It has been widely disputed and accepted that during the birth process the contact of the head in relation to the mother's pelvis/tailbone is one of the main reasons that leads to dysfunction and the impact that this has can be damaging on both mother and child. *Cephalo-pelvic disproportion* is when the ability and the capacity of the pelvis is insufficient to allow the child to navigate the birth canal. Reasons why this may occur are due to a small pelvis, an abnormal pelvic formation, or due to the size of the child in relation to the size of the birth canal. This puts direct pressure upon the infant's soft cranium, causing the cranial plates to shift, lock, or become disproportioned. Such as in the case of cone head shaped babies. When an infant becomes stuck the use of forceps, suction devices, or the twisting of the head to the point that it twists and turns the cervical vertebrae in the upper neck used to free or turn the baby can add to the neurological damage that is being done to the force of the contractions presenting pressure upon the stuck head. This then results in direct neurological dysfunction and disabilities. Even with careful placement and use of various techniques, used to free the stuck child, there is still in some cases the chance of infant head injuries.

Infants that survive the birthing process are not spared the effects of head trauma. When there is a non-life threatening birth it is considered to be a non-pathological birth. The newborn child is then left to its own, showing no immediate signs of birth trauma that take the form of cranial subluxations, facial disturbances, such as in the case of a facial

births where the face is flattened, or due to signs of bruising and abrasions. This child is dismissed as normal, cleaned off and handed to the new mother with no provisions of having a birth mother or nurse present to work with the newborn. Instead, the attention is focused around the mother's well being and taking care of any deviations that occurred to the mother during the birthing process. It is not only good enough to attend to the well being of the new mother but it is equally important to attend to the new life that has been created. In more and more cases there are practitioners within the birthing room who look after the new born, examining the child and work with gentle smoothing and rounding of the head. This hands on approach not only shows love but also helps the infant in more ways than one; it also lessens the impact of disabilities. Molding of the head or birth molding helps correct the shape of the cranial plates that were pushed out of shape during the birth process. This practice is widely accepted in Europe and in Germany. However, in the United States, it has yet to take a noticeable hold, and we see this in many forms. The increase in children diagnosed as being disabled and in children considered to having a neurological deformity. Just look around you, at some point if we look we see many children and newborn's with variations of cone shaped heads. The overall perception of this is that over time the head of the child will return to a more round and normal state and that the child will be all right. This may be true to some extent but it is most defiantly wrong. Improper head shape will affect the neurological well-being of the child, due to the fact that, neurons and nerve endings run throughout the brain and the cranial faults, which are the joints/membranes between the cranial plates. If the cranial plates are coned shaped this means that there is exerted pressure, in the form, of excess pressure upon the body and its nervous system. As the child starts to grow and if the head and facial regions are not worked with or rounded they take on more of an elongated effect and appearance and their temporal region become compressed, like their head had been put into a vice. Because of this, different levels of dysfunction occur. Such as vision, hearing, sight, ability to speak, mobility, delayed reactions, loss of feeling, slow brain development, problems with internal organs, such as the kidneys, liver and bladder and the list goes on.

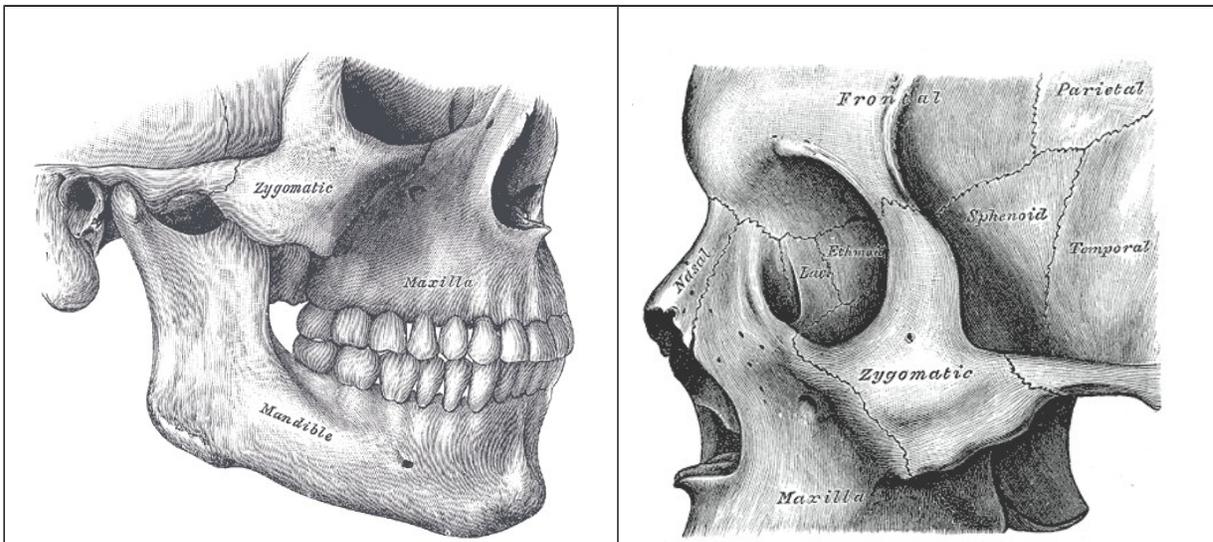


In the diagram above it is important to point out two variables that lead to the dysfunction of a unborn child in the birthing process. First, we can see that the child's head is not in the proper or desired location. As the illustration demonstrates in the current position, the child's head has passed the birth canal and is headed towards the mother's pelvis. By doing so, it opens its way for a less than pleasant birthing experience, by placing added neurological pressure upon the mother's lumbar/pelvis region thereby affecting her legs and hipbones. For the child it places unnecessary an increased amount of pressure upon the fragile skull due to the fact that the head is now moving towards the pelvis/tailbone region of the mother's spine. There is little room for movement and play here, it is essentially like taking a soft ball, in this case a soft skull and pushing it into a brick wall. If you take a rubber ball and press it against something hard, it will collapse on one side. The same is true with the infants skull it will not collapse per say but the implied pressure from the birthing process pushing the child forward into the tailbone and this will cause the cranial plates of the skull to shift and in many cases become compressed or locked. The second aspect that we want to point out here is that the neck region, the upper portion of the spinal vertebrates, C1-C8. The C1-C8 vertebrae of the unborn child in this diagram are directly in alignment of where the head needs to be. In that, the body is putting an incredible amount of pressure upon the neck region of this child. This added pressure causes subluxations in the critical cortex region of the spine, the upper part of the neck, and at the point of contact, on the brainstem, where the spine enters at the base of the skull. All of these things combined together may lead not only to a more difficult birth for the mother but even more so a difficult birth for the child. The added pressure and the pinching of the nerves in the head and neck region could have long lasting dysfunctional results upon the child. Add on the use of forceps to properly place or move

the child into the correct and desired delivery position and you have an added force of pressure. This is why it is critical to massage the newborn child's head at the point of where the cranial plates intersect. This will lessen the debilitating manifestations that result out of the delivery process. It is also important to work with shaping/molding the child's skull back to a more rounded and proportional shape. This massaging technique will provide the child the greatest possible chance in limiting the cause and effect of cranial plate compression and damage to the central nervous system as well as helping to properly place and balance the head in relation to the spinal column. If untreated the child more than likely develop signs of dysfunction that manifest themselves in the form of disabilities, such as vision and hearing impairment, autism, cerebral palsy, effected speech, attention span, and delayed reactions. It is well to note that this is not the cause and effect of all disabilities. Some dysfunctions are not related to neurological development and are indeed imbedded in the cell and brain tissue, DNA strands, of the developing child. However, in many cases the results of neurological impact upon the skull directly affects the ability to develop the mobility/feeling functions. These effects are not noticeable right away and in many cases doctors will not know the impact upon the child until the child starts to grow. By then it is a race against time to try and correct and limit the effects of dysfunction and disability. I want to take this time to point out that disability is not a disease. All too often, and more so in today's world, the idea is to lump sum everything into the terminology of disease. Cerebral palsy, vision and hearing impairments, motor skill development, and autism are not a disease. They are indeed dysfunctions and more often than not related in some ways if not all too neurological dysfunctions. A disease is more along the lines of something you can catch, such as the common cold.

During the birthing process the head of the small child travels down the birth canal, in doing so the contractions that help aid in the delivery also act as a pushing turning mechanism, a direct force that effect's the child on the way out of the womb. This turning sometimes helps align the child in the correct path needed for delivery, other times it is damaging. When the head is turning in the birth canal it is forced into all different variations of compression and contact with the outer wall. Given that the new borns skull is very flexible at this point it gives to some extent as the contractions push it along its way. If these contractions alter the position of the child enough or rotate the

child to the point that they are now being born face first or side view of the face first then there is a dramatic impact on the well being of this child. What happens is that the facial cranial bones are shifted out of proper alignment. Some are off set either to the left or to the right. One part of their face may be just fine while another part or side may have been compressed and the greatest problem result is when the child is born face first. This compresses all of the facial cranial plates and shoves them in at an adverse angle. This adverse angle is from the frontal lobe backwards. This in turn compresses the jaw bones, the Zygomatic and the Mandible. It compresses the Vomer bone, which is then locked or frozen stuck; it affects the Maxilla, the Ethmoid the Nasal and the Sphenoid bones, by compressing them into a tight locked positioning. We see the effects of this in individuals with Down syndrome. We also see it in those who have no prominent bridge to their nose. These individuals usually have greater complications of sinus infections.



The result of the compression of the facial bones leads to many dysfunctions, including, capabilities in speech, hearing, sinus function, and alignment of teeth, just to start with. Remember that the Sphenoid and the Vomer bones work in correlation to pump the cerebrospinal fluid to the nervous system. When the facial bones are compressed this will decrease the operation of proper neurological function, and we see this in children with severe cases of cerebral palsy and in other varying dysfunctions. The TMJ component of the head where the lower and upper jaw bones hinge and connect can also be affected and compressed in an adverse manner. This will cause tension upon the hearing of an individual as well as added pressure on the visual capabilities. It will also inset the

Maxilla and in turn offset the upper alignment of ones teeth, thus directly effecting the alignment and position of the bottom row of teeth.

Endonasal/nasal specific works to reverse these effects and move the facial bones back to a more normal and desired spectrum of alignment. It works towards unlocking the TMJ connection thus restoring hearing capabilities. Thus, by unlocking the TMJ it directly affects all of the components around it and the results are increased visual capabilities, clarity in vision. It releases the tension on the upper portion of the jaw bone and aliens the teeth. The lower teeth will then spread to meet the upper portion at their normally desired pressure points. This effect will straighten and widen the spacing of the teeth without the aid of dental surgery or dental devices. Individuals who have been tongue tied may indeed be able to speak words, the sinuses will be able to clearly and deeply intake air, thus effecting the entire cranium, and stimulating the Vomer bone and the Sphenoid so that it can aid in its functional capabilities in providing the body with its much needed cerebrospinal fluid, as well as unlock nerves that may have been locked from the time of birth.

Traumatic Brain Injury:

Traumatic Brain Injury (TBI) comes and displays itself in many different forms. Not only does it include the birth process where the cranial plates are forced together, misaligned or even locked by the amount of pressure exerted by contractions. Traumatic Brain Injury (TBI) also includes, after birth head traumas and injuries. Some of the most common causes of after birth head traumas include, simply falling down. For example, when a child or any person trips and falls the result is a direct impact in the form of a jarring effect upon the body. Depending on how stable the body is, this direct impact/jarring effect is equal to the amount of force exerted upon the body. In addition, any fall that jars any given region of the spin will also directly affect the pelvic region as well as the neck and cranial plates of the head/skull. Think back on this after the next time you either trip or fall. More than likely you will be able to notice a tingling sensation or a jarring sensation in your back or in the neck specifically vertebrae C1 through C5 and in the head, specifically in the back of your head, the Occipital region. If untreated or uncorrected these light and simple jars to the body, given some jars are more dramatic and longer lasting than others, will build up in tension and eventually lead to

any number of neurological breakdowns and dysfunctions. One of the major causes of Traumatic Brain Injury (TBI) is when a child falls down a flight of stairs. Not only does this damage the back, but it also severely jars and offsets the vertebrae in the neck and causes compression, shifting, and even locking of any one or more of the eight cranial plates of the skull. Once this happens, the impact causes the central nervous system to cease normal function. The secretion of cerebrospinal fluid that is used to lubricate the nervous system is pinched off and areas that have been pinched off dry out, resulting in kidney failure, paralysis, speech impairments, hearing and vision loss. As with a hard and severe fall, the brain itself may be jarred causing it to shift in accord with the upper portion of the spine, at the point where the brain surrounds the upper portion of the neck, the brainstem. The added shifting of the brain and cranial plates adds to the impact of tension upon the blood supply, the inner cranial sinuses, and on the cranial nerves that run throughout the brain and throughout the cranial plates and spinal column.

Other impacts of Traumatic Brain Injury (TBI) include children bumping and falling into coffee tables, falling against the brick fireplace, or miss judging their distance when coming around the corner in the kitchen and slamming their little heads into the corner of the counter. Also, contact sports, such as boxing, kickboxing, football, wrestling, and soccer. All of which are quite common and the long lasting effects and strain it imposes upon the body are not widely known. As well as auto, bike, skiing, and any sport that leads to fast and dramatic contact that is directed to the head and upper neck region. Slapping someone up along or upside the head also can cause minimal damage at the time but the long-term results are traumatic and detrimental to the body as a whole. Most of us at some point have seen fathers pop their sons along side the head, usually in the temple region above their ears. Remembering that in this region there are four interconnecting cranial faults/membrane/joints that inter act with one another. This author personally asks parents not to slap, pop, or smack your children up along side the head. When this does happen it is usually done out of frustration and with the mind set that the youth will get some sense knocked into them. This is not the case and the direct effect of such will dramatically be the opposite. By doing so the child is endanger of altering and preventing the development and ability to understand and comprehend as well as reasoning and learning. Remembering; that these events and jesters even in the lightest cases will build up over time causing added unnecessary pressure upon not only the nervous system but on the brain as well.

Other forms that lead to traumatic brain injuries include medical procedures, the effect of braces being too tight, major dental work, and the pressure upon the jaw/skull bones used to extract or repair teeth, as well as, severe emotional reaction. Severe emotional response in a negative fashion, such as when one gets upset, causes an increase release of negative energy and creates a chemical imbalance in the body, not to mention that it also increases the blood pressure. Stress is also a contributing factor related to brain tension and brain injuries. This author has also been stressed, at times in rare occasions to the point that my blood pressure rises to an unsafe level and the only way for this pressure to release is through the nose, so I have had a few bloody noses in my life. This stress was brought on by work stress and home life stress that is related to an increase in blood pressure also causes the blood vessels in the skull and brain to heat up, thus expanding and resulting in headaches and migraines. Nose bleeds can also be caused by cranial plate misalignment/compression. This pressure causes inflamed cranial blood vessels to at times break/burst or pressurize to an unsafe level, at times this manifests itself as nose bleeds. Sickness and fevers, where the body temperature gets too hot, also does damage to the brain cells and is also tied into mental and physical development. Common household cleaners in the hands of a child can lead to the development of traumatic brain injuries, due to the combination of chemical elements, ingestion, and smell of various fumes. We are also seeing an increase in soldiers with traumatic brain injuries from severe concussions, where the brain has been rattled like a small pebble in a can, or in cases of an open head injury where the skeletal plates are split and the brain is either exposed or damaged in some form. Children too are the victims of open head injuries that mainly results from hard falls, and auto accidents and from direct applied outside force upon the skull, such as getting hit in the head with a ball that is moving at an accelerated speed. Some of the symptoms that manifest themselves out of traumatic brain injury (TBI) include seizures, headaches, asthma, earaches, nasal congestion, due to improper nasal drainage, and decreased articulation of the vomer and sphenoid bones. Memory loss dizziness, decreased mobility, stiffness of the joints, bladder, liver, heart, lungs dysfunctions/shutdown, along with personality changes/shifts just to point out a few.

Impact in the form of the birth process and in head related injuries do not always produce pain or sensory impairments at first glance. Nevertheless, due to their nature of winding up the body in a spiral tension effect and putting direct pressure on the flow and operation

of brain function and mobility, will indeed, in time cause the wear and tear down of a healthy body. If the spinal and cranial subluxations are not treated and minimized the dysfunction then becomes a manifestation and indeed chronic. The end result is less than desirable and more so than not, leads to a lessened state of mind and body, as well as having a decreased functional and most often painful existence/life experience.

Not all traumatic brain injuries can be resolved by manipulation of the cranial plates and adjustment of the neck, vertebrates C1 through C8, but the treatment and effect to indeed dramatically lessen the probability of dysfunction and long-term ailments in many instances. If regular treatments are indeed carried out, such as in the use of endonasal/nasal specific, all of the cranial plates can be unlocked at once. There is a possibility that over time the person suffering will indeed see improvements and be able to live a fuller and richer life. There is hope and there is a means of helping these children and adults who have suffered birth defects as well as after birth related traumas, the chance to improve and become self sufficient. The use of endonasal/nasal specific is only one of the means that can be used to help in the recovery phase of a person's treatment. However, it is one of the most important means available and it has the longest lasting effects, that is, these effects are life changing and are permanent. This author knows this to be true because it has helped me, in more ways than one. Including; aiding and assisting in releasing of pressure on the brain from having compressed, non-expandable, non-proper growth development in the cranial plates. Thus, the results of traumatic brain injury were greatly limited with the treatment of endonasal/nasal specific because the brain was then allowed to normally develop and grow. Without releasing pressure in the cranial plates that put direct force upon the brain I surely would have been a victim of brain injury, that presented itself directly as locked cranial plates thus squeezing the brain and impairing the motor skills, vision, speech, and hearing elements that are needed by all living beings. [5, 6, 9, 11, 13, 29]