

OSTEOPATHY

mother and child

brief presentation

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Cranial Osteopathy

WG Sutherland – applied principles of A. T Still and named 5 pillars for the practice of cranial osteopathy:

- Fluctuation of the Cerebrospinal fluid
- Inherent motility of the CNS
- Inherent motility of the intracranial and intraspinal membranes
- Articular mobility of the cranial bones
- Articular mobility of sacrum between iliae

CRI: 8 – 14 cycle per minute

- ⇒ expresses unresolved strain patterns
- ⇒ variable (mirror of various life experiences)

Perceived as:
 Tissue resistance
 Fluid congestion
 Emotional charge

'The wave is influenced by resistances it meets along its path'
 Rhythm, tempo, tone are dependant on the forces that influence the CRI
 (chemical, physical, psychological, emotional, spiritual constraints)

'Biodynamic cranial'
 Acknowledges the continuum between the microscopic (human cell) and
 macroscopic (universe) levels

Aims at re-establishing the relationship between the intrinsic health within the
 body and its balance with the external world
 Supporting the body along the path of inertia to the path of health

No notion of Dis-ease
 But Health

A tool: Stillness
 Wisdom of the intrinsic mechanism of the practitioner

Breath of Life: intelligent forces

Dynamic stillness - awareness

Supporting the pregnancy

Structural, visceral, Functional and Cranial approaches

Various phases during pregnancy

- hormonal/emotional
- physical change
- physiological impact (congestion/oedema, muscle/visceral tone, mobility)

...what happens...

Close relationship of the mother and baby through the process of pregnancy and birth

Mother and baby cooperate – psychological and physical condition of the mother-to-be and child play a determining role in what the birth will be like

Placenta: interface for transmission of sensory and motor inputs travelling between mother-to-be and foetus

Developmental process of the foetus, health and well-being are dependant on the mother-to-be health

Thus attention should be placed on the mother-to-be since her biology can manifest as sensation, feelings, emotions, and different states of mind

State and function of the bony pelvis and surrounding soft tissues as well as the child position in the maternal pelvis influence and play an important role in starting the contractions and facilitating the process of labour

Pregnancy is marked by various hormonal changes that will affect every body system of the mother

...some suggestions...

Aims: Support the mother-to-be through major hormonal changes that help her body adapt to various stages of pregnancy (address the cranial base and RTM in order to support the function of the pituitary gland and therefore the release of hormones)

Balance bony architecture of pelvis to adapt better to the changes in the woman's weight and posture

Support the biomechanical changes throughout the pregnancy as well as assist the connective tissues through stretch and tensile changes

Promote venolymphatic flow (Lex's, abdomen and pelvis) to support fluid tissue exchange

Encourage mobility of the lower Tsp segments which control the arterial and neurological supply of the uterus (supporting activity of autonomic function)

Release fascial abdominal tensions which may have been caused by previous infections or surgery

Release imbalances at functional pivotal segments

Cases

Round ligament pain

unplanned, anxiety

1st term

Sacral torsion – iliae – inguinal canal

Abdominal constraint

Diaphragm (crurae/arcuate ligaments)

BREATH

Positioning of the baby

3rd term

concerned for first child

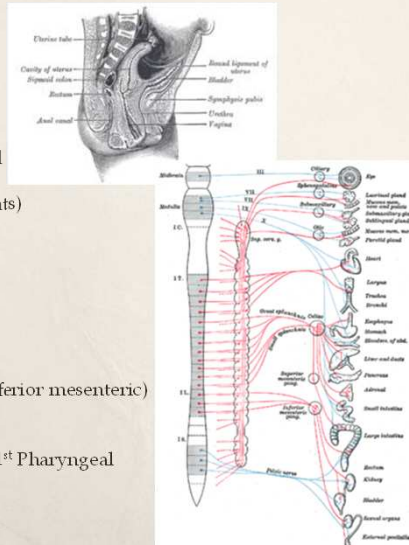
not prepared – at work

Increased sympathetic tone (Sup/inferior mesenteric)

breach presentation

right SIJ constraint

restricted upper CSp – C0C1/TMJ (1st Pharyngeal arch)



Ptosis of the eyelid

Mild plagiocephaly

Forceps delivery

Eyelid ptosis

delayed milestones (global delay)

Face mechanic (sphere of sphenoid) – orientation of orbit – vulnerability of medial orbit

RTM – crista galli

Tantrums

Teething

Mother wanting to stop breastfeeding

Physical change

Anterior vault tension – frontal cortex

Anterior throat fascia and pulling into the chest ('existence?')