

### SUPPLEMENTS

- A cupboard full!
- Have taken:
  - Wild Yam Cream (natural progesterone cream)
  - Mg
  - B12
  - Molybdenum picolinate
  - Metabolic migraine support
- Currently taking:
  - Hemp Oil
  - Ionic Zinc
  - Iron
  - B complex, Enzymase, D3/K2, Choline & Inositol, Vit C when 'good'.

### MODALITIES THAT ANGIRAS HAS ALREADY TRIED

- Homoeopathy – on and off since birth
- Kinesiology since 2000 (various types)
- Acupuncture – helped at first, then made it worse
- Reiki – makes migraines worse in intensity
- Cranio-sacral therapy
- Massage



### WHAT ELSE DO I NEED TO KNOW?

- What does Angiras feel has helped her the most so far?... Has ANYTHING really helped does she think?
- Should I try to incorporate supplements she already has in her carrier-bag full she's brought to the clinic?
- How do I avoid repeating the same things she's already had addressed?
- How does Angiras tolerate herbs and supplements?
- How does she feel if she skips a meal?
- Other than when she's salt loading, what is her salt intake normally?
- Where do I begin?

A black and white photograph of a large, dark-colored carrier bag or tote bag, overflowing with various items, including what appears to be a bottle and some papers. The bag is sitting on a light-colored surface.

### TEA BREAK

### CAESARIAN SECTION AND RELATED PROBLEMS

Maurizio Piva, Naturopath and Specialized Kinesiologist - Italy

## WHY C SECTION?

- Medical complications in pregnancy e.g.
  - Total or partial placenta previa
  - Premature detachment of the placenta
  - Umbilical cord prolapse
  - Incomplete dilation of the cervix
  - Short umbilical cord
- Elected C section

## RISKS AND DISADVANTAGES

- More chances to have serious problems in next pregnancy
- 42/100 women are at risk of sterility compared to 29 in natural childbirth
- Even after a long time after the C section, some women **have violent panic attacks**
- Higher chances of bladder and urethral lesions.

From a study of the National Collaborating Centre for Women's and Children's Health - London



## RISKS AND DISADVANTAGES

- Chances of having another operation due to complications
- Even though rare, 5 times more likely to die during a C section
- A harder convalescence
- Shorter time for the baby to adapt to life outside the uterus
- Lack of ingestion of bacteria through the mother's vagina and skin.
- Research done at the Imperial College of London on 38,000 subjects of 10 different nationalities show that to be born by C section gives an increase of 26% of the chances of being overweight or obese in adult life.
- Studies in Holland and Norway have noticed children have a higher risk of asthma

## RISKS AND DISADVANTAGES

- Oxytocin – causes the uterus to contract helps her feel more calm and responsive
- More oxytocin released when she holds her baby skin to skin
- Endorphins are also released enhancing mothering feelings
- Might be especially anxious toward the child or, on the other hand, lose temporary awareness of the baby's presence. Perhaps the womb body tissue has not experienced or memorised the experience?
- ..... and lots more!

## C SECTION EFFECT ON BABY AS OPPOSED TO NORMAL DELIVERY

- Doesn't allow the new-born to experience the fight and fatigue to create an opening in the mother's womb
- Adults could have the tendency to show that he/she doesn't need the support from others .. OR
- Have the opposite belief that they are not able to make it on their own – highly dependant on others.
- They could unconsciously look for support then reject it from those who offer it.
- Could find 'rapid answers and solutions' to their problems but are not always able to complete their projects
- The absence of a strong contact with uterine walls could develop the strong need for a lot of physical contact

## C SECTION EFFECT ON BABY AS OPPOSED TO NORMAL DELIVERY

- Prone to maintain speed of coordination and motor attention with a visual stimulus
- Loss of spatial perception when visual stimuli is fast.
- Cannot quickly adapt to visual stimulation during coordination

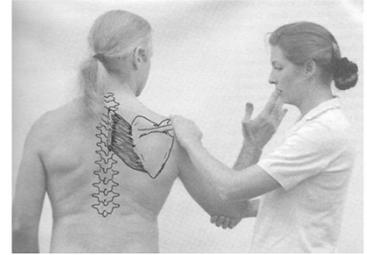
## LATERAL SWAY AND B12

### RHOMBOIDS

- Origin: Spinous processes of C7 – T5
- Insertion: Into the medial margin of the scapula
- Action: Adduction and elevation of the medial border of the scapula

#### Test

Elbow is pulled away from body. The arm weakness is not an indication of a rhomboid weakness. The examiner looks for any abduction or sinking of the scapula.



## REVERSED ADRENAL SYNDROME V. ADRENAL STRESS SYNDROME

## REVERSE ADRENAL SYNDROME

- Patient's IM doesn't unlock when challenged with sugar
- Patients bring their carrier bags full nutrients with them and yet they are still sick
- Respond well to protomorphogens (if we can get them!) and trace minerals
- Patients should follow a low-glycaemic index diet
- Long standing condition caused by stress upon stress
- Health foods make them weak, junk foods make them strong
- CL the NL for the latissimus dorsi. If should weaken. Perform injury recall whilst holding NL. Should negate no 1.

## ADRENAL STRESS SYNDROME

- Adrenal glands are over-working (sympathetic dominant with a fast resting pulse)
- Adrenal muscles will all test locked.
- Tap the NL for adrenals and test an IM. If the muscle unlocks this confirms the adrenals are over-working

## PROCEDURE #1 FOR ADRENAL STRESS SYNDROME

1. If tapping the NL's for sartorius unlocks, place the body into a 'C' curve with the convexity to the left (adrenal position) and test a SIM. If it unlocks
2. CL the glabella. If it changes, then it is a pituitary issue
3. If the glabella doesn't show;
  - a) place the body into a 'C' curve with convexity to the left (adrenal). If it then CL's to the glabella then this shows an adrenal issue. (two-pointing)
  - b) If a) doesn't show, place the body in a 'C' curve with convexity to the right (thyroid). CL to the glabella. If this shows there is a thyroid connection (two-pointing)

### PROCEDURE #1 CONT.

4. Place them into the position (2 or 3) whichever two-pointed to the glabella
5. Ask client to raise their right leg whilst in this position (pineal test). If the IM locks the pineal needs addressing.
6. Place in circuit the appropriate glandular or herbal combination that corrects.
7. Retest.
8. Tapping the NL for sartorius should not now cause an IC

### PROCEDURE #2 FOR ADRENAL STRESS SYNDROME

- If tapping Sartorius NL's unlocks IM place in pause lock and then test the following test vials, which in binary, should lock the IM:
  - Adrenal dysfunction (not hypoadrenia)
  - Pituitary dysfunction
  - Thyroid dysfunction
  - Pineal dysfunction
- If more than one shows test for modality and address using glandulars, herbs, etc. relating to the gland that two-pointed

THE END