

## Report on Study Day and workshop held on 16<sup>th</sup> June 2012

# 'The importance of foetal positioning and the consequences for mother and baby'

### Report by Sam Winder

The International Cranial Association was very pleased to have Renzo Molinari return this year, and speak on 'The importance of foetal positioning and the consequences for mother and baby'.

Renzo started his talk with describing the optimum positioning of the baby for the spiral of birth. This optimum positioning is with the baby's head on an oblique axis, with the nose pointing to the mother's left sacro-iliac joint, and the back lying on the left hand side of the mother. This is named 'Left Occiput anterior'; and if the baby is in this position, he/she will have only to rotate 30° clockwise, and the movement will always be clockwise, to engage.

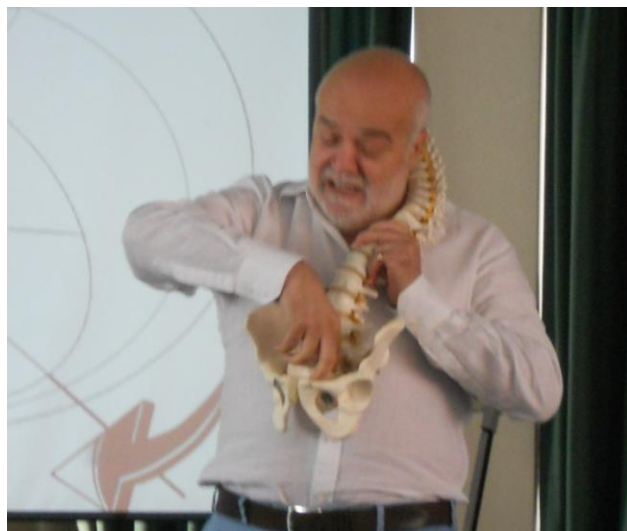
If the baby presents with the spine lying against the mother's right hand side, 'Right Occiput posterior' then the subsequent rotation of the baby into position can take hours, making the birth worse for mother and baby. 'Left Occiput posterior' is more rare at 6%, and 'Right Occiput anterior' rarer still.

This presentation can be deduced by where the baby is kicking; the opposite corner will be posterior Occiput, and this will generally become fixed at between 32 and 34 weeks; and for some reason the incidence of optimum presentation [LOA] has been reducing since the 1930s.

The presentation affects more than the birthing process itself; how the baby lies, will affect their health after. Where the presentation is Occiput posterior, on the right, then bone to bone pressure results in

regurgitation problems, when on the left, vomiting issues. Glue ear, or sinus problems, often result from pressure on the frontal bone, when the Occiput is anterior.

One might think that birth by caesarean section might be safer and more satisfactory than the risk of the special and unique journey that human babies have to take during birth; but this is not true. In order that the cranium fits through the space allowed, the immature bones overlap each other; usually the Left parietal bone lies under the Right, and the frontal under both. It is thought that it is this compression, and subsequent expansion is important for the first few independent actions of the baby.



Professor Molinari continued his talk, continuing about problems after the birth: obstetric problems, somatic dysfunction, mainly compressive, with the mother, and treated with local specific technique again, decompressive in general. Problems to the baby are normally postural, some small deviation from a normal sleeping position. Treatment should consist of unwinding, allowing the baby's body to guide. He warned of a newborn baby who died during cranial treatment in Holland. The baby had raised blood pressure, and the technique being used involved the head hanging down; this presumably allowed further rising of the pressure.

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Professor Molinari continued by talking about our unique form of birth; all other mammals, including our nearest relatives, in terms of genes, have a 'straight-through' birth system, where the birth canal is adequate for the foetus to emerge, without a change in orientation, from the position in the womb. The head of the human foetus is too large to pass through the birth canal without negotiation. This has also caused a change in human anatomy, especially in the pelvic floor muscles. He showed us animations of these movements.



As was said earlier, the pre-birth positioning of the foetus is the most important element in a smooth birth, and various maternal factors will influence this: structural restrictions, with associated muscle tensions, rotational tensions, visceral considerations. At this point, we moved away from the theory, as Renzo showed us his examination; he has the 'mother' lying on her back, with her feet off the couch, against his hips, so that as he moved, he was checking the energy flows through the pelvis, and thus throughout the whole body. He checked the rotation of the hip joints, the position of the pubis and the tension in the ilio-psoas. Wherever he picked up problems, he showed soft tissue, harmonic and functional release type techniques.

The tension of the ilio-psoas is important for positioning, as if the tension is even, they act as a chute for the descending foetal head; likewise the even tension of piriformis, obturator and levatory ani, all form a cushioned extension of the sacrum, to stabilise the turning of the foetus and provide the muscular support required. Techniques were shown to examine and correct the diaphragm, and release the adjoining

tissues up into the lower ribs, and into the root of the mesentery, as well as the muscles of the pelvic floor, and the bladder.



Another absorbing day with Professor Molinari; the depth of his knowledge, and the passion with which he applies and shares it, is inspiring. Last year, he gave a more specific look at his cranial techniques, but this time, he showed us more of his clinic work, and we are very grateful to him for the rather precious time he made for us.

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## Future ICrA Events

Events are usually held twice a year, spring and autumn

### Next ICrA Study Day

**20<sup>th</sup> October 2012**

**Speaker: Susan Turner DO, MA (Hons), MSCC**

**'The Thorax as another cranium...a view of the immune system in the tradition of WG Sutherland'**

### The bequest from Doreen Brookes to ICrA, August 2012

In August 2012, osteopath Doreen Brookes passed away aged 89, still practicing till 3 days before her death. Doreen was the widow of Denis Brookes PhD, DO, MRO, the first President of the Cranial Osteopathic Association (now ICrA) and she has bequeathed to the ICrA their joint collection of books, lecture notes, films and equipment including a MacManus Table. The books include original editions of early cranial texts as well as Denis Brookes' book, published in 1981 and translated in Japanese and in Portuguese. Denis passed away in 1983. This short piece is gleaned from the papers in the collection, but there is so much more to add.

Doreen (Nunnery, later to become Brookes) was originally a medical doctor, specialising in children with learning difficulties. Disillusioned by the use of the mind-altering addictive drugs for these children, she heard about cranial osteopathy and was directed by the US osteopaths to Denis Brookes in England. After seeing the results on his treatment of some of her young patients, she attended many of his lectures. Aware that the BMA would not approve of the direction of her treatment approach, she soon decided to re-train as an osteopath.

Denis Brookes was a graduate of the BSO (pre-war) and was probably the first English osteopath to study Sutherland's work in the USA. Further research is needed to establish when he went first to the USA, but the lecture notes suggest he studied under Paul Kimberley in 1947. He definitely studied with the Sutherland-trained osteopaths Howard and Rebecca Lippincott in the USA. As early as 1944 he presented a paper in Amsterdam, on 'The pineal gland from an osteopathic point of view'. The Dutch Dr Jules Samuels was well known at that time for his radio-wave treatment described in his book *Endogenous Endocrinopathy*.

In the 1960s, Denis Brookes started cranial study groups in the UK under the aegis of the Research Society for Naturopathy. The group known as 'The Cotswold mob' included Joe Goodman, William Wright, John Scott-Cameron, Ron McCatty, and Ron Woodward (who founded the Northern Institute of Massage in Manchester). Denis is remembered for being the English osteopath who, in 1964, brought three US cranial osteopaths - Harold Magoun Sr., together with Viola Fryman and Thomas Schooley - to France for the first time to instruct nine doctors or physiotherapists in Paris in the art of cranial osteopathy. The instruction took place in the practice of Rene Quéguiner, who, together with Francis Peyralade, shortly afterwards organised a

society to support the spread of cranial osteopathy within France. In the same year, 1964, Denis instructed the founder of the *l'Association de Thérapie Manuelle*, Bob Bénichou.

In 1965 Joe Goodman D.O., N.D. and William Wright D.O., N.D. founded the Cranial Osteopathic Association (CRO, later re-named ICrA). Denis Brookes was the President and the association was affiliated to 'Le Sacrosphenoid Club' of France. The earliest papers in Doreen's collection date from 1983, when there were just 17 members.

In 1970, Denis treated two cousins aged 29 and 25 years who had lost their sight due to rapid onset of Leber's Disease. Both were medically diagnosed and attending the RNIB centre at Torquay to learn braille. Denis treated them over a period of 12 months and both recovered their sight (*Daily Telegraph* 22<sup>nd</sup> October 1970). A year later *The Shropshire Star* (27 Nov 1971) reported that the once blind 'Mr Powell and the osteopath who because of medical ethics must remain anonymous were the guests of honour' at a big medical conference in Amsterdam. The article mentioned that 'the osteopath had successfully treated 63 people, all of whom had been told by specialists at various hospitals in the country that they would be blind for the rest of their lives.' The osteopath is quoted as saying that doctors are 'sending patients to me now and are beginning to accept it'.

In the 1995 edition of *The Cranial Osteopathic Association Newsletter*, Chairman Joseph Goodman looked back at 30 years of the CRO. He mentioned Denis Brookes who had educationally and by example changed their practicing lives; he acknowledged the help of many members past and present including successive treasurers of the CRO: Leon Chaitow, David John and Margaret O'Callaghan; of willing helpers such as Sandra King the conference organiser and Claire Low, Vivienne Moss, Guy Williamson, Tim Brown, Peter Bartlett, John Scott-Cameron, Doug Penn, Paul Ashburner, Bernard Barillon, Gerard Montet, Manu Shah and his late wife Helene; he mentioned Michael Kern helping to teach the CRO courses with Bill Wright and Jo; Julia Summerton editor of the Newsletter; and Linda Goodman and Richard Cook who were the librarians. During most of those 30 years the association ran annual 5 day training courses, 3 day follow up courses, and two conferences per year. Full membership was open to manipulative therapists who had completed an approved cranial training and presented a learned paper to their peers.

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There is much more to be uncovered from the papers, perhaps with the help of the Osteopathic History Group and the American Osteopathic Association. The old 35mm films are a treasure trove yet to be uncovered. And if any member is interested in using their MacManus table, they would be in good company: a MacManus

Table was used by Magoun to treat Eisenhower! UK osteopath Paul Manley has a clip on Sacral Musings showing his 1921 McManus table he has used for over 30 years, found in a warehouse in Los Angeles in 1969. Contact HQ if you are interested.

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## ICrA News....

### Newer Imaging Technique Brings 'Glymphatic System' to Light....

A previously unrecognized system that drains waste from the brain at a rapid clip has been discovered by neuroscientists at the University of Rochester Medical Center. The findings were published online August 15 in [Science Translational Medicine](#).

The highly organized system acts like a series of pipes that piggyback on the brain's blood vessels, sort of a shadow plumbing system that seems to serve much the same function in the brain as the lymph system does in the rest of the body - to drain away waste products.

Raymond Perrin says this proves that the neurolymphatic drainage mentioned in The Perrin Technique does exist, and supports his theory about chronic fatigue syndrome.

For more information, see  
<http://www.urmc.rochester.edu/news/story/index.cfm?id=3584>  
<http://www.newscientist.com/article/dn22183-waste-disposal-network-discovered-in-the-brain.html>  
<http://www.doctorslounge.com/index.php/news/pb/31356>

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### Welcome to new members who have joined ICrA this year!

*Joanna Wildy from Richmond, Surrey*  
*Rudolf Merkel from Obfelden, Switzerland*  
*Linda Goodman from London*  
*Charles Bruford from Hythe, Kent*  
*Rashmika Lachman from Kingston, London*

### Members Services

- If you would like members to know about a service you provide, send details to Head Office to go in the Newsletter.
- Members of the ICrA can use the letters **MICrA** in advertising if they wish.

### National craniosacral register now open

Anyone practicing craniosacral therapy in the UK is now able to apply for registration on the new Craniosacral Register opened by the government-backed Complementary and Natural Healthcare Council (CNHC).

This aims to provide a single national register which allows members of the public to check if the therapist they are seeing is properly trained.

Members of the ICrA are able to apply through us. If you would like to do so, the details of how to apply and the criteria can be found at <http://icra-uk.org/index.html>