

# Lie Side Phenomena, & Baby Body Language, & Somato Magnetism

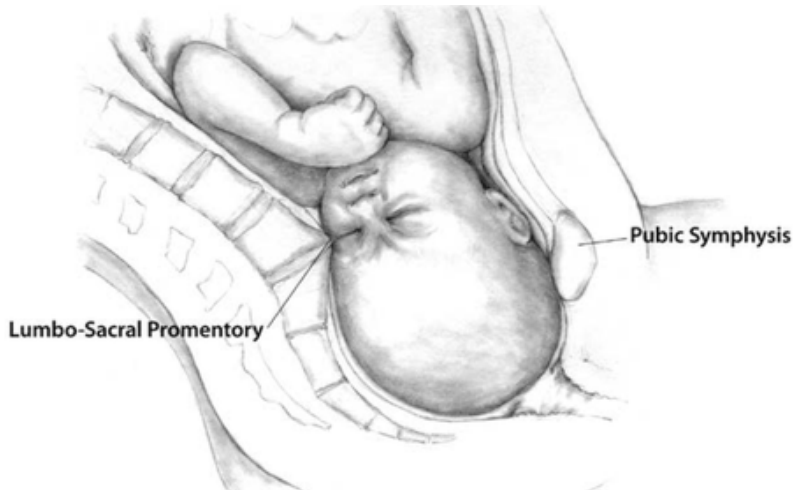
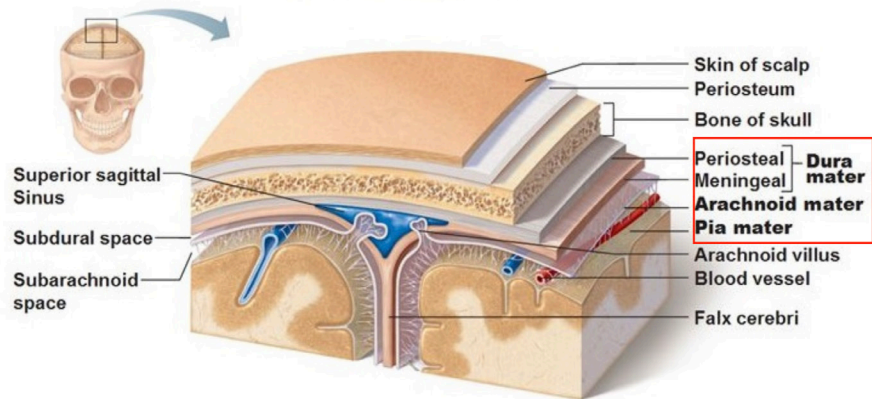


Fig 1. Lie side: The side of the baby's head that lies against the spine of the mother.

Force-caused impacts upon the perinatal fetal cranium occur naturally in all vaginal births and are considered normal. Impact occurs primarily upon the "lie side" (fig. 1) of a perinate. Birth contractions force the perinatal cranium against and along the spine of the mother, specifically the Lumbo-Sacral Promontory (LSP). The pressure against the thin fetal cranium creates linear inward compression and

torsional flexions on the cranium and meninges: the dura mater, arachnoid mater, and the pia mater (fig. 2).

Fig 2. Dura Mater, Arachnoid Mater, and Pia Mater



Concurrent and retained meningeal distortions (of form and integrity), and inflammation, especially of the tentorium and falx (fig. 3), result in on-going continued pressure upon affected portions of the brain, as well as compression of the dura mater upon the pia mater. Stress patterns in the dural membranes (dura, arachnoid, pia) can also impinge upon the peripheral nerves - cranial and spinal - causing irritation and dysfunction. Impinged Pia Mater reduces adequate channeling of cerebral spinal fluid, as well as adequate blood supply to the affected areas of the brain. Especially vulnerable are the corpus callosum and thalamus (figs. 4&5).

Not only can this cause pain, headaches, and irritation, but it affects growth of the brain itself in neo-nates and infants.

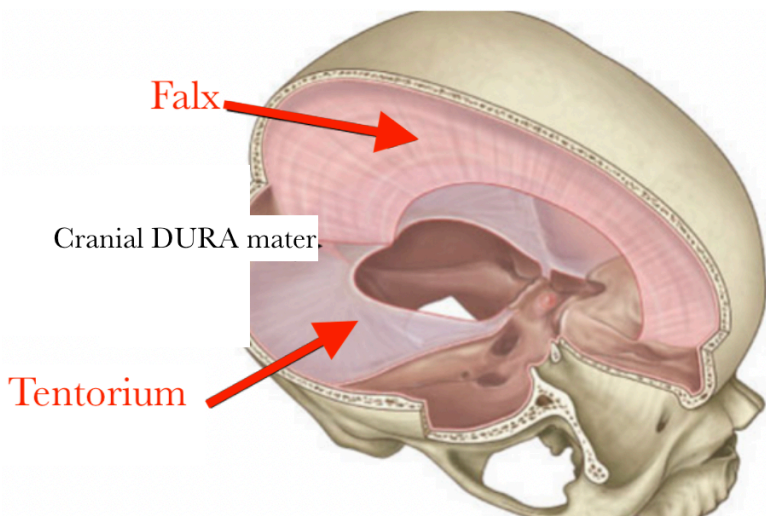


Fig 3. Tentorium & Falx: Dura Mater membranes that protect and divide parts of the brain

Most all vaginal births result in mild Traumatic Brain Injury (mTBI) causing symptoms such as: unexplained crying; restlessness; difficulty in latching and sucking; difficulty falling and staying asleep, and; symptomatic gestures. Typical symptomatic gestures include: ear pulling; hair pulling; skin scratching; fist and open-handed face rubbing, and; eye rubbing. These gestures are called 'Birth-related Baby Body Language' (BBBL).

BBBL is non-volitional, as it is not deliberately generated from social attempts at language or communication. However, BBBL is not random, as it is specific to experiential consequences from perinatal mTBI.

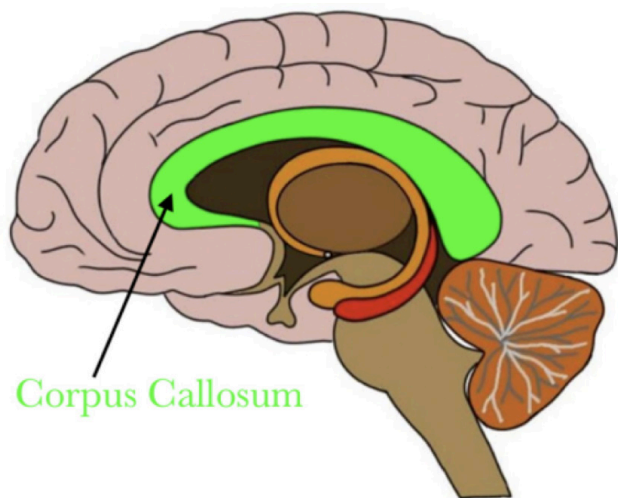


Fig. 4 The two hemispheres of brain are connected by the corpus callosum, a structure that ensures both sides of the brain can communicate and send signals to each other.

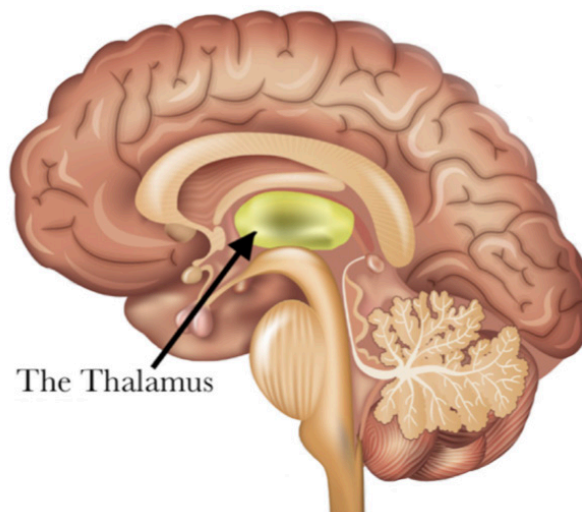


Fig. 5 The thalamus is a mostly a gray matter structure having essential roles including the relaying of sensory and motor signals, as well as regulation of consciousness and alertness.

BBBL is generated from imprinted somaticized energies, similar to what happens to a spring when it is compressed. This inclination radiates into gestures during the windows between the baby's states of social attentiveness, active feeding, and when the baby is sleeping. As in the classic magnetic field, there are two poles: 1) typically hands or fists or fingers 'point to' or are 'attracted to' the; 2) cranium and to the areas of consequence. This invisible field of attraction is

called somato-magnetism\* and functions somewhat like an invisible puppeteer, causing the baby to indicate his or her maladies.

When recognized, BBBL is a valuable diagnostic tool that distinctly indicates specific trauma pathology and its location, thereby prompting specific treatment protocols for osteopaths, cranio-sacral therapists, baby massage therapists, chiropractors, doulas and midwives, pre and perinatal practitioners, post-partum coaches, and other somatic-oriented baby practitioners. Even parents can be informed by BBBL and can offer Accurate Empathy and specific healing contact.

~~Karlton Terry, Feb. 2021

\*Somato-magnetism:

Def: a. Somato: of the body.  
b. Magnetism: attractive forces between body parts [sic.]

The two main forms of Baby Body Language (BBL) are:

- 1) Birth Baby Body Language (BBBL). Most BBBL occurs in connection with the cranium, and emanates from unresolved perinatal mechanical forces, and;
- 2) Prenatal Baby Body Language (PBBL). Most PBBL occurs below the cranium, and emanates from embryologic cellular events, morphology, and other embryological influences such as Umbilical Affect.

All BBL is non-volitional, but non-random. Somato-magnetism is the unconscious invisible force that drives BBL. Somato-magnetism consists of specific event energies imprinted upon the soma and the psyche from minor (normal) Prenatal Traumas (mPT), and minor (normal) Perinatal Traumatic Brain Injury (mPTBI). As to BBBL, mPTBI's include minor traumas to the brain, brain structures, dural & epidural levels, connective tissues, cranial bones, muscles, ligaments, tendons, and. even the scalp and areas of hair follicle patches.