

# *Trad Method Of Painless Childbirth*

*Explanatory Booklet  
For the use of my patients*

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"Opus Dei Sedare dolorem":

It is divine work to relieve pain.

Everybody knows the lapidary sentence in which the ancient philosopher expressed at the same time his anguish of pain and the extreme difficulty of relieving it. But in pain, as in any thing, there are many degrees. In the nineteenth century, Simpson, the greatest English obstetrician admitted: "The pains women often endure while struggling in the horrors of a difficult delivery defy any description. They seem to be beyond what human nature would be capable of bearing in any other circumstances".

However, just when anaesthesia is developing and pain is little by little repelled in its last strongholds, no method, no medicine conceived to relieve the woman in labour has proved accessible to most parturients, totally efficient and at all harmless. At the end of the Twentieth Century, in which Man has reached the Moon, it is time, it is high time we were able to help the better half of humanity give birth really and totally without any risk nor pain.

## PREFACE

The first edition of this booklet, drawn at 24 thousand copies in 1962 being exhausted, I have decided to publish a 2<sup>nd</sup> edition reviewed and increased which, by the way, coincides with the XXth anniversary of the start of my Painless Childbirth Method. This edition is by all means necessary, for it must account for the progress it has benefited from during this long period and the consecration it has meantime acquired.

In Lebanon, over 4000 deliveries have been performed so far with the administration of TAC (Trad Analgesic Cocktail). Abroad, the results of the tests performed at the university of Kiel, Germany, through the most modern means of Perinatology, such as Cardiotocography as well as Ph-metry during and after delivery have been conclusive. These results have been extolled in Berlin in 1971 on the occasion of the 4<sup>th</sup> International Perinatology Congress, in Saarbrucken, in 1972, during a Congress held by the Rheinische Gesellschaft für Frauenheilkunde, as well as in 1973 on the occasion of the 22d Symposium of the American University of Beirut. The text of the Conference read in Berlin was inserted by Saling and Dudenhausen in their book «Perinatale Medizin» brought out in 1972 by Georg Thieme Editions. At last a whole book about my method has just been published by Baker Editions of London. French and German versions will follow soon. In addition to all this, there is a project of systematizing the technique used by including all the drugs in a «kit of Obstetrical anaesthesia». This 2<sup>nd</sup> edition will thus enable my patients to better understand the characteristics and the advantages of a method which was born in Lebanon and is now on it's way to be used in Europe and else where.

### III. WHY IS THIS BOOKLET NECESSARY?

Now that an ever-growing number of patients are benefiting from this Method of Painless Childbirth, I am being progressively submerged by a flood of almost identical questions to which I always try to reply in the clearest and most objective manner.

But even though these questions may have been a little tiring at times, they have most certainly not surprised me. It is after all only natural that a woman, before giving birth, should wish to assure herself of the effectiveness of the Method and its absolute harmlessness. Later, she may develop an interest in its technical, historical and moral aspects.

In order to satisfy this natural curiosity without excessive loss of time, I have prepared this Explanatory Booklet for the use of my patients<sup>(1)</sup>. I hope that it will be of some assistance to them, and that they will not be disturbed by some repetitions; these are unavoidable in order to make every chapter intelligible when taken independently, and there is no doubt that essential points will become clearer when read several times.

If however, there still remains any obscurity in the mind of some of our patients, they should not hesitate to discuss the matter with us in full. We are always at their disposal for more enlightenment they may wish to have on the subject.

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(1) *The purely scientific aspect of this method has been developed in several articles and lately in a book published by Barker Editions in London. Other versions in French and German must follow soon.*

### IV. AN IMPORTANT PRELIMINARY NOTE

I would like to point out, first of all, that Painless Childbirth is a privilege granted to those patients who are willing to benefit from it, and who specially request it. As for the others, whether insensitive to suffering, whether they despise it or wish to endure it, they may have a painful delivery even in Trad Hospital. Thus, in all cases, it is left to the patient to decide whether she wants to be relieved of her pain, when such relief is required and to what extent.

**In short, this is a voluntary service which is offered to my patients, and they have no obligation at all to benefit from it.**

## V. WHAT DOES TRAD METHOD CONSIST OF?

It is an absolutely efficient medicamentous method of Painless Childbirth. It is easy to use, agreeable and harmless. Furthermore, it speeds up the delivery, and eliminates unnecessary risks and fatigue for both mother and child.

This method is a synthesis of fragmentary results obtained here and there in the world. It consists simply of giving an Analgesic Cocktail by the intramuscular and intravenous routes. Its formula is a happy combination of several medicines, some of which, though in current use, are fairly new, while others have been known for quite a long time, but have been used so far for entirely different purposes.

**The success of the method depends, to a large extent, on a careful and specialized observation of the patient, which is necessary for a precise timing in the administration of TAC (Trad Analgesic Cocktail). Besides, the composition of this analgesic is necessarily variable, since it has to be adapted to different situations and individual needs.**

## VI. HOW DOES THE DELIVERY PROCEED?

Upon her arrival at the maternity, the patient is warned:  
«As soon as the pains become unbearable, inform the Doctor without delay. After an examination, you will receive a simple intramuscular injection».

A quarter of an hour later, the patient feels completely relaxed and her pains have become much lighter. From then on, she gradually enters an agreeable state of somnolence, during which **the labour follows its natural course but at a faster rhythm and WITHOUT ANY PAIN WHATSOEVER.** The patient is still able to perceive the contractions, but doesn't find them painful, and if she moans, it will always be unconsciously as if in a dream, and without feeling any pain.

According to the length of labour, she will receive one or more intramuscular or intravenous injections. The birth takes place while the patient is in a state of more or less marked somnolence, according to her wishes. Just after birth, the new-born cries vigorously.

## **VII. ADVICE TO THE MOTHER-TO-BE AND HER HUSBAND**

The parturient should arrive at the maternity the soonest possible after the beginning of the pains, so that the analgesic effect of TAC could fully exert itself and the woman in labour benefits from it during the greatest part of the delivery.

-- Contrary to the anaesthetics used so far, TAC can be given to the parturient who has just eaten, but she should not overload her stomach right before delivery.

-- The effect of the analgesic cocktail is slower and not complete when the patient remains awake, conversing with people. That is why husband and relatives are requested to refrain from talking to her as soon as she has been administered the first TAC injection.

-- The woman in labour is anyway transferred at that moment to the labour room where even the presence of the husband becomes unnecessary when the appeasing effect of TAC manifests itself.

-- Likewise, it is strongly advised to abstain from speaking to the patient before she is fully awake, because this could perturb her awaking.

## **VIII. IS TAC AN ANALGESIC OR AN ANAESTHETIC ?**

A confusion may easily arise in the mind of the patient reading this booklet because she will be taught sometimes about «TAC analgesia» and at other times she will come across the words «TAC anaesthesia» and she may rightly wonder whether TAC is after all an anaesthetic or an analgesic.

Let me first point out for the benefit of the reader one essential difference between analgesia and anaesthesia: we speak of analgesia when pain is relieved without loss of consciousness of the patient while anaesthesia more often means that she is completely unconscious.

Coming back to my cocktail, the obstetrician who uses it may, by varying at will the dosage given, either fully anaesthetize his patient, thus using TAC as an anaesthetic, or relieve her pains to a certain extent while keeping her awake, and in this case TAC should be considered as an analgesic.

## IX. WHAT DIFFERENCE IS THERE BETWEEN TAC AND A CURRENT ANAESTHETIC?

- 1) An anaesthesia especially if it is of long duration, is administered by means of a complicated apparatus and requires the constant presence of an anaesthetist, whereas the obstetrician himself or his assistant administers TAC simply by the intramuscular or intravenous route without any particular preparation or equipment.
- 2) It is difficult to prolong anaesthesia without grave risks to patient or foetus, while TAC can be administered during the whole labour, whatever its length, without the slightest inconvenience.
- 3) **An anaesthetic paralyses both the sensory and the motor nerves, and therefore causes a total muscular relaxation which prevents the uterine contractions and stops the progress of labour. Thus anaesthesia may not be used before the very last moment, right before delivery. In contrast, TAC which blocks only the sensory impulses, may accelerate labour considerably, and may be given without any inconvenience from the beginning of childbirth.**
- 4) Besides, an anaesthetist by relaxing the muscles of the pharynx allows gastric secretions or even vomiting to be ejected out of the stomach and aspirated into the trachea, thus causing severe accidents unless the patient has been previously intubated by an anaesthetist.  
This precaution is never necessary when TAC is administered because it does not relax striated muscles; much to the contrary, it increases their tonicity, as well as that of the stomach sphincter and thus constitutes an additional obstacle to vomiting or regurgitation of food. Besides the patient under TAC does not lose her reflexes and coughs to bring up the secretions which hinder her respiration whereas an anaesthetized patient would be utterly unable to do so.
- 5) Anaesthetics pass the placental barrier within a few minutes after their administration, and may cause much distress or even the death of the foetus (as is sometimes the case during a cesarian). On the contrary, my Analgesic Cocktail is not harmful to the baby, who presently cries at birth, and has never caused any accident.
- 6) Some parturients, suffering from heart troubles, could difficultly bear an anaesthesia, especially of long duration. TAC, on the other hand, far from harming such patients, is a remedy in itself, and could be useful to them in any circumstance.
- 7) Anaesthesia is often a disagreeable experience, being accompanied by feelings of stifling, vomiting, etc... Patients do not experience such unpleasantness with the Analgesic Cocktail which, on the contrary, causes an agreeable sensation of well-being.
- 8) After getting the first TAC injection, the patient keeps on having a natural complexion and ample, regular breathing. From time to time, she turns over in her bed and, when she is spoken to, opens her eyes and answers. When a contraction starts, she moves about little, her breathing becomes faster, her body tenses, and she sometimes moans or complains unconsciously. Once the contraction is over, she falls back into a slumbering state. Thus, relatives present before the birth -- though ignorant of medical matters -- can see quite clearly that the patient appears to be merely asleep while labour is processing, and that neither her appearance nor her behaviour resemble those of an anaesthetized woman.



## X. MAY THE DELIVERY STOP IF THE PATIENT FALLS ASLEEP?

This is what actually happens with anaesthesia, which stops labour by paralyzing both the sensory and the motor nerves. This is why it is only possible to use an anaesthetic at the last moment, i.e. at a time when the obstetrician may decide to deliver the patient by forceps.

On the other hand, as we have seen in the previous chapter, TAC is not an anaesthetic like the others and may be given at the beginning of the delivery. Immediately after it is injected, labour contractions become more regular, more effective and, in fact, they bring about a speedier delivery.

This unexpected result is due to the fact that sensory and motor impulses are conveyed through entirely different nerves. Thus it is possible for a drug to block sensory impulses without affecting the motor ones.

The following points illustrate this fact:

- a) A great many nervous diseases limit or suppress the patient's freedom of movement without impairing his sensory perception. Other diseases abolish sensations while leaving a complete freedom of movement.
- b) In many physiological processes, such as digestion or respiration, muscular activity is not provoked voluntarily and goes on normally even without the individual's knowledge (as when one is asleep).
- c) Again, whilst asleep, an individual may speak, move or even walk unaware of what he is doing. In this case, his actions are not being influenced in any way by his will-power.
- d) Again, a drunken person, may speak and act unconsciously and without our holding her responsible for her deeds or words.
- e) Finally, it is known that certain muscular organs, such as the heart and the uterus have an autonomous nervous system which enables them to contract without any direct stimulation from the central nervous system.

**In brief we may say that if a drug or a group of drugs prevents a woman from suffering and even puts her to sleep, this does not imply at all that the natural process of giving birth will be hindered,** since that process is activated from the start of labour till the expulsion phase by a series of muscular contractions of the uterus due to autonomous motor impulses. As to expulsion itself, it is helped by abdominal contractions which are anyway reflexly triggered and can be replaced or enhanced by a pressure of the midwife's hand on the fundus of the uterus.

## XI. WHY IS CHILDBIRTH FASTER WHEN TAC IS ADMINISTERED TO THE PATIENT ?

- 1) Because TAC by regularising the uterine contractions, makes them more efficient
- 2) Because by loosening a spastic cervix, it makes a faster dilatation possible.
- 3) Because by relaxing the muscles of the perineum, it facilitates expulsion.
- 4) Because by calming the patient, it gives the doctor a better opportunity to control labour constantly and efficiently and intervene easily as soon as he deems it necessary.

## XII. DOES TRAD METHOD ENTAIL ANY DANGER FOR THE CHILD?

NO, because:

- 1) **TAC is not an anaesthetic like the others**, and therefore does not render the newborn liable to the dangers inherent in the use of that sort of drugs. In fact, it is a combination of several drugs which potentiate each other's action and neutralize side-effects.
- 2) Furthermore, the results prove the innocuousness of this Analgesic Cocktail: the newborn cries normally at birth, and **I have never had a single accident out of more than four thousand deliveries**. Moreover, no pediatrician has ever been able to detect the slightest difference, whether at birth or in later years, between children of a mother who benefited from my method, and those of a mother who delivered without the help of any analgesic.
- 3) Finally, **very precise chemical and electronic tests**, done at the University of Kiel during and after the delivery of a great number of parturients who delivered painlessly through TAC , **showed the total innocuity of the Method**. (Read Perinatology, volume IV by Saling and Dudenhausen - Georg Thieme Editions - page 634 and forward; read also on the following page of this booklet the letter addressed to the author by the Chairman of the Obstetrical Department, at the University of Kiel, ranking first in Germany for the number of deliveries **On the contrary Trad Analgesic Cocktail preserves the foetus from possible dangers, because it increases its resistance and vitality, and spares unnecessary traumas**.)

The following points illustrate this :

- 1) It is a well-known fact that the foetus receives its oxygen through the placenta during the interval **between** uterine contractions. While a contraction is in progress, the arteries are compressed, and blood reaches the placenta with difficulty. If the labour lasts too long or if the contractions are too strong, not only does the foetus get tired, but it also receives a decreasing amount of oxygen. Thus, after a long drawn-out period of labour, or on the contrary after a quick birth due to excessively strong or too frequent contractions, we notice all too often stillborns or newborns in a poor shape.  
**This is why TAC by shortening the process of delivery and by regularizing the uterine contractions not only spares the foetus an excessive or lasting trauma, but also, by enabling better oxygenation, it increases its vitality and resistance.**
- 2) In addition, as will be seen in chapter XIV, TAC often makes unnecessary the recourse to a forceps or to a caesarian operation, with all the trauma inherent in such artificial and brutal procedures.

**XIII. LETTER SENT BY PROFESSOR KURT SEMM,  
CHAIRMAN OF THE DEPARTMENT OF  
OBSTETRICS AT KIEL UNIVERSITY**

Dear Colleague,

May I express to you in the first place my special thanks for your friendly gesture whereby you spent your time in our hospital from the 10<sup>th</sup> till the 27<sup>th</sup> of January to acquaint us with your new method of painless childbirth.

Making good use of our big number of deliveries (about 4000/year) you could test your method on a big series of cases in collaboration with my co-worker Dr. Ring and in a precise and scientific way using Cardiotocography and PH measurements.

As we informed you already during your visit, neither the cardiotocographic control of the fetus during the delivery nor the PH measurements of blood samples taken from the umbilical cord immediately post-partum gave us any reason to believe that your analgesia leads to a depression of the fetus.

Although the mothers were completely under analgesia and deliveries took place without pain, the newborns were found after birth to have an Apgar Count of 8 at least, and their PH values to be within normal limits. The mothers are according to our own observation very happy with this kind of obstetrical analgesia.

May I my dear colleague thank you once more very specially in the name of my co-workers for the opportunity you gave us to get acquainted with your method and we hope that you will further seize the occasion to participate in our hospital work in order to better develop for us this method and its techniques.

With best regards  
Yours very faithfully  
**Prof. Dr. K. SEMM**

Attachment 10103

#### **XIV. WHY DOES TRAD METHOD HELP AVOID A FORCEPS' APPLICATION OR A CESARIAN SECTION ?**

Without going into technical details which fall beyond the framework of this booklet, I may mention as among the most common reasons of a forceps application or of a cesarian section :

- A. The fatigue of the foetus.
  - B. The exhaustion of the mother
  - C. Any obstacle to the progress of labour.
- A. As explained in Chapter XII, TAC, by regularizing the uterine contractions and helping the rapid dilatation of the cervix, shortens labour, spares the foetus a prolonged or excessive trauma and, through better oxygenation, increases its vitality and resistance. Thus my method enables the doctor to wait as long as necessary for the delivery to take its natural course, with the minimum risk and without having to take prematurely urgent measures such as a forceps application or a cesarian operation.
- B. As regards the mother, TAC accomplishes the following :
- 1) By shortening labour, it becomes unlikely that the patient will reach the point where her exhaustion would necessitate a speeding up of the delivery.
  - 2) By suppressing the factors which contribute to the patients physical and nervous exhaustion during labour, TAC injection enables her to endure a much longer one without reaching a state which would incite the obstetrician to deliver her instrumentally or by means of a cesarian section.
- These factors are:
- a) Continuous muscular tension
  - b) Acute pain that accompanies every contraction, becoming stronger each time.
  - c) Last but not least, anxiety with its 2 components:
    - I. The conscious fear of pain, of complications and of the unknown.
    - II. The still more redoubtable unconscious fear, for it is more deeply rooted, more difficult to overcome than conscious fear.
- 3) Thus the Method is eminently suitable for women with mild cardiac disease or who are over-sensitive to pain, or for those who have already had a cesarian operation, and are therefore less able than others to bear a long drawn-out and tiring delivery.

C. Concerning the obstacles to the progress of labour, which are obviously the most important indication for a forceps application or a cesarian section .

- 1) if these obstacles are functional, TAC eliminates them by relaxing cervical spasms (Physiological rigidity of the cervix) and by fighting the uterine inertia due either to an excessively high muscular tonus or to irregular or disordered contractions.
- 2) If, on the other hand, the obstacle is anatomical, such as, for instance, slight disproportion between the head of the foetus and the maternal pelvis, the Analgesic Cocktail helps overcome this without a forceps or a cesarian whenever possible, by regularizing the contractions which become more effective, and by enabling both mother and child to endure, with a minimum fatigue and risk an extended period of labour, the natural conclusion of which necessarily lingers on.

NOTE 1. It goes without saying that in the case of a clear disproportion due to a contracted pelvis or to any other cause, forceps or a cesarian, as the case may be, are indispensable, and the doctor must of course use them without hesitation as soon as he sets his diagnosis.

NOTE II. It should also be understood that there are other causes for a forceps application or for a cesarian, which are outside the scope of this booklet.

## **XV. A SUMMARY OF THE ADVANTAGES OF THE METHOD OF PAINLESS CHILDBIRTH BY INJECTION OF TAC.**

### **I. FOR THE MOTHER-TO-BE:**

- 1) The **whole delivery** is always completed **without pain**. The woman is relieved as soon as she requests it, and to the extent which she requires.
- 2) **Likewise, the patient is rid of her anxieties** and psychic tension which can be very strong in some women and render their childbirth too difficult even in the absence of pain.
- 3) The administration of TAC has a euphoric action and causes **no unpleasantness nor side effects** to the patient as it may happen when various anaesthetics are used.
- 4) **The delivery is at least twice as fast.**
- 5) There is a much higher probability that the birth will finish naturally because this method eliminates those interventions by forceps or cesarian, which are due to a functional uterine disorder or to the patient's inability to endure pain for an extended period.
- 6) **If, after delivery, the patient has an episiotomy wound** which must be stitched, TAC spares her the pain of this small operation as well as the unpleasantness of an anaesthesia.

### **II. FOR THE NEW-BORN:**

- 1) **Birth is less tiring** since it is spared the trauma and the decreased oxygen supply which result from a prolonged labour or strong irregular contractions.
- 2) The incidence of forceps or cesarian operations is smaller thus **reducing the risks** to the new-born.

### **III. FOR THE HUSBAND:**

- 1) If he is sensitive and if he loves his wife, he is spared the psychological ordeal of witnessing helplessly his wife's intense suffering, while knowing that he is responsible for it.
- 2) Above all, conjugal relations are no longer poisoned by the dread of the next delivery, a fear which many women develop consciously or unconsciously after a first, particularly painful experience.

### **IV . FOR THE OBSTETRICIAN :**

**Labour is shortened and better controlled. Delivery is easier and the obstetrician may predict with more accuracy the expected time of birth.**

## **XVI. SINCE WHEN HAS THIS METHOD EXISTED? IS IT APPLIED ELSEWHERE?**

This method, the fruit of a long experience, came to light in 1960 and was progressively perfected. Since then, more than four thousand patients have benefited from it in Trad Hospital, and have expressed their enthusiasm and gratitude verbally or in writing. I have thus gathered numerous attestations from various countries. I insert a few at the end of this booklet.

The first publication about my method appeared in the German medical press in 1972. Since then obstetricians have within reach all the information indispensable for its use. But it is mainly in my book, delayed because of the war in Lebanon, that Programmed Painless Childbirth is explained in detail, thus enabling any qualified doctor to practice it without any difficulty. However this "Medicamentous Approach to obstetrical Anaesthesia" requires a knowledge of anaesthesia that an obstetrician does not normally possess. On the other hand, an anaesthetist as a matter of fact is not trained to do vaginal examinations and synchronize the progress of labour with that of anaesthesia. As it is not practical to request routinely the presence of both specialists at the bed-side of the parturient, the obstetrician who is aware of my method and willing to practice it should have some insight into obstetrical anaesthesia or attend a short practical training Course in Trad Hospital.



## XVII. ARE THERE ANY OTHER METHODS OF PAINLESS CHILDBIRTH?

Many methods, claiming to lighten the pains of a parturient, have been introduced, but none has so far been able to assert itself on the majority of patients, and most of them have now been forgotten.

The methods put forward have normally been based either on medication or psychology. Of the medicamentous ones now used, none has gathered many adherents, since either they are inefficient or have obvious disadvantages. Epidural anaesthesia which succeeds totally in only 80 per cent of cases does not cover the whole duration of labour if the latter proves a bit long. Its technique is difficult, needing the constant presence of an anaesthetist in possession of a delicate equipment. Sometimes it is impracticable, or gives extremely brutal and dangerous reactions. Often neurological sequels remain for quite a long time, the most harmless being headaches and pain in the back. Anyway, epidural anaesthesia is psychologically disadvantageous to the patient for it tends to increase her anxiety instead of suppressing it. As for the delivery itself, it practically always ends with a forceps because this kind of anaesthesia paralyses the muscles of the pelvic floor.

As regards psychological methods, such as those of Velvovski, Lamaze or Read, all psychologists are agreed that they have an essentially hypnosuggestive character, though their promoters have sometimes been loath to admit this.

Those methods have certainly had a "disciplinarian" effect on the behaviour of the patients, but their analgesic efficiency has been mediocre. In particular, those patients who are over-sensitive to pain, and who consequently have the greatest need to be helped, have been the ones who derived no benefit whatsoever out of such methods. Their mechanism and the poor results they have achieved are very much dwelt upon in a book which has just come up in the Balard Editions in Paris, the title of which is "Les Bateleurs du Mal - Jol i- Le Mythe de l'Accouchement sans Douleur". The author, Marie-José Jaubert has gathered in it the impressions and the comments of a great number of women who had believed in these psychological methods of painless Childbirth and who speak out their disappointment after delivery. I strongly advise my patients to read this book as well as the first part of my own book "Painless Programmed Childbirth" published by Barker Editions in London, in which I analyse the nature of these psychological methods, their development and their results.

**In view of this, there is no other method today that can claim to suppress childbirth pains constantly completely, and without any risk.**

## PSYCHOLOGICAL MEHTODS OF ANALGESIA

Analgesia by Hypnosis first practiced by Cutter	1837
Introduced by Liebault in France	1866
Hypnosuggestive Method of preparation to Childbirth published in Vienna by Kogerer.	1922
Hypnotariums in Kiev and Leningrad.	
"Childbirth without Fear" explained Read's Method.	1933
"Motivated Suggestions" by Kopil Levina.	1940
Method of "Psychoprophylaxy of delivery for Pregnant Women" initiated in Russia by Velvovsky and Nicolaiev	1947
Improved in France by Lamaze and Vellay.	1953
Modern Hypnotic Techniques using the terminology and the exercises of the PPM practiced by Chertock in France. Clark, Michael and many others in USA.	
"Naissance sans Violence" by Dr. Leboyer a modern version of Read's Method	1979
Acupuncture: an old Chinese technique recently introduced in Europe.	

## MEDICAMENTOUS METHODS OF ANALGESIA

Simpson's "Accouchement à la Reine" The first Inhalation analgesia.	1847
Spinal Anesthesia first used by Kreis.	1901
Gauss "Twilight Sleep.	1905
Caudal Anesthesia started by Cathelin Used by Stoeckel in Obstetrics.	1909
Epidural Block initiated In Spain by Fidel Pages	1921
Infiltration of the perineum with local Anesthetics by Gellhorn	1927
Continuous Caudal and Epidural Anesthesia By Hingson in the USA	1942
Pudendal Block: infiltration of the pudendal nerve	
Paracervical Block revived by Freeman	1956
General Anesthesia achieved by Laborit with injection of Gamma OH	1960
Trad Method by IM and IV injection of TAC (an analgesic cocktail).	
Started	1960
First published	1971

## XVIII. IS IT NOT PREFERABLE TO GIVE BIRTH NATURALLY?

This is certainly a strange question. It is as if you asked a person suffering from a lack of vitamins why he took pills instead of satisfying himself with fruit juice. Vitamine pills have been provided by modern medicine as a means of correcting speedily a severe deficiency in the organism and of **re-establishing the natural, ideal functioning of our body.**

One must be careful not to confuse the methods used by a doctor and the results which he achieves. In obstetrics, as in all medical fields, the methods employed should always reflect the latest developments in medicine. As regards the results. I believe that **"Programmed Painless Childbirth" brings about a delivery which is as natural as possible**, since it uses best the natural resources of the body, and has much more chance of finishing without any artificial intervention, that is without forceps application or a cesarian operation. (The last point has been fully explained in section XIV of this booklet and is borne out by our statistical record).

If one speaks of "Natural Birth" in connection with certain psychological methods that are both difficult to put into practice and very uncertain in their effectiveness as, for example the Read Method, there is no justification in applying to them the adjective "natural". Why should an analgesia obtained by means of hypnosis or suggestion (if obtained at all), be more "natural" and contribute better to a "Natural Birth", than an analgesia got through an intramuscular injection?

If, on the other hand, one understands the term "natural Birth" as meaning a delivery which takes place while the doctor remains completely passive, without furnishing any adequate medical assistance to the patient, then the fore-going objection is to say the least irrelevant: why should we return to a primitive state of our technical evolution only when it is a question of giving birth, and why should not we benefit from scientific development in this instance, as we do in all other cases. Besides, the women of today, softened by the comforts and refinement of modern life and tensed by the speed of its activity, are far less able to endure pain and suffering, than the women of primitive societies. We find it absolutely normal and natural to use a sedative when we have a toothache or a nephritic colic, or before an operation. We find it just as normal to take a sleeping-pill against insomnia. Nothing is natural today in our way of life, our social and society conventions or our working techniques. In fact, we are becoming civilized only in as far as we are able to correct and improve our natural conditions of life. **Why, therefore, should we reject the benefits of civilization purely when it is a question of giving birth?**

## **XIX. OPINIONS OF PATIENTS WHO HAVE EXPERIENCED TRAD PAINLESS CHILDBIRTH**

No sooner had I perfected my method than I decided to ask each parturient to write me a statement of her impressions during labour. I Wanted to confirm my clinical opinion as regards the quality and duration of the given analgesia. But I wanted also to know if the parturient had had a feeling of anxiety while falling asleep, if her sleep had been tranquil or full of nightmares, if her waking had been agreeable or unpleasant, in short, if she had been satisfied with the delivery.

### **LETTER FROM PARTURIENT**

When I was younger and on the verge of having my first baby, I was worried about that first delivery. A friend of the family's having hotly recommended Doctor Sami Trad with his painless and dangerless method, I trusted to his care. All went very well, so that when I woke in my bed, asking when I was going to be delivered of the baby they showed it to me, well rested in its small bed.

Later on, I had another two children, always through the same method. They are superb and I feel extremely well and have not any bad souvenir, contrary to many young women, of the delivery of my children.

**C.F.**



## LETTER FROM PARTURIENT

I consider giving birth to be the hardest test in the life of woman, And the way in which delivery takes place ducted affects the woman more than is generally believed.

My first child came into the world after 22 hours of continuous and unbearable pain. Terror and fear increased with each contraction, especially as I had been assured that I would give birth without pain. The pain did not cease in any way after I had been given a spinal injection and I was panic stricken, I felt nothing but the pain, I thought neither of my child nor of anyone else. I was convinced that I was going to die because nobody came to my aid.

The next five years were full of hesitation and bad memories. I wanted a second child but I could not make up my mind. Even the thought of a second birth filled me with fear and apprehension. By chance I heard of the "Trad Method". I let myself be persuaded but deep down I did not believe in it. Besides I thought it impossible to be completely released from the pain of birth.

Two days before my confinement was due, I went to see Dr. Trad for a routine check-up. He informed me that I was ready to give birth and that I could have my child that afternoon. This seemed strange to me as I was feeling no pain at all. I went for a long walk with my husband and we spoke of many things except the approaching event. At midday I was at the clinic but still there was no sign of imminent birth.

After I had been prepared I was laid in bed and given an injection in the hand. I waited for the great event of which there was no sign.. After a short while, the contractions began and as soon as they became painful, Dr. Trad, who was following the course of the labour, gave me an intramuscular injection. After 10 minutes I interrupted the conversation I was having with my husband and felt the need to close my eyes. I fell asleep and had a strange dream. I wanted to escape and could not. I heard someone calling to me but could not answer. In the evening I woke up. My husband was by my side and told me that I had already given birth. I could not believe him. At first I thought he was joking as I had felt nothing, absolutely nothing. In fact it was an hour and a half after the injection that my little girl was born crying just like any other baby. A wonderful calm came over me. "I will not suffer", I thought "everything is finished". That was true. I thought it was too good to be true, for this time it really had been a painless birth".

**C.C.**

## LETTER FROM PARTURIENT

Since the first confirmation of pregnancy, the feeling which had always haunted me relentlessly was anxiety in all its forms.

First, the anxiety of that Unknown with all its fears and responsibilities regarding the child and later on the process of delivery itself. All the literature and psychoprophylactic preparations may well pretend to reduce the pains of childbirth but anxiety always remains and increases as the moment of delivery draws nearer.

That is why I had decided to deliver at Dr. Trad's who has a special method of painless childbirth which enables the parturient to sleep at the beginning of delivery. Actually, as soon as I felt the first pains, I rushed to the Maternity. I was administered, after examination an intramuscular injection and presently, I fell asleep. When I woke up, my husband was near me and announced the birth of a very pretty girl. My joy and relief are beyond description, that was exactly what I had dreamed of: a painless childbirth, and what is more appreciable, a childbirth without anxiety.

**R.N**

## LETTER FROM PARTURIENT

Dear Dr. Trad,

I am writing this present letter to express my gratitude after delivering painlessly thanks to your method and your care.

The only thing I remember is the intramuscular injection of the analgesic cocktail, and when I woke up, a short time later, how great were my joy and astonishment to learn that I had delivered of a baby-boy in the most natural way, without effort and pain.

I encourage vividly all the mothers-to-be, especially those who are afraid of the pains of the delivery, to have recourse to your method of painless childbirth.

**M.B.**



## LETTER FROM PARTURIENT

Dear Dr. Trad,

My elder son will be six soon. I remember well the moment when I rushed to the Maternity and the doctor told me I was in labour. The pains were so strong and I was so much afraid that I insisted on having epidural anaesthesia, despite its disadvantages, which I had been warned about. Finally after hours of suffering the epidural was given to me shortly before delivery. As a result I suffered from a pain in the back for a year. That is what people call painless childbirth.

Friends told me about your method during my second pregnancy, so I came to you and I must admit that I delivered painlessly and effortlessly, as expected this time. when I woke up a short time after, I had the agreeable sensation of emerging from a dream, not knowing that my baby was already born. Now I know that painless childbirth does exist.

**M.H.**

## LETTER FROM PARTURIENT

"Painless Childbirth" was to me like the launching of a new product. It looks like a magic phrase which the consumer doesn't much believe in. And yet. The method of painless childbirth of Dr. Sami Trad has been first, for my part a wonderful surprise, for despite the confidence I had in him I was difficultly used to the idea of delivering painlessly, remembering the words from the Bible; " You will deliver in pain".

I had twice this experience, and those two times were so conclusive that when I woke up, I realized that I had delivered only when I noticed that my bulky belly had disappeared, for I remember neither the evolution of the delivery nor any disagreeable sensation.

That is why it was a wonderful surprise.

**C.N.**

## XX. DOES THIS METHOD OF CHILBIRTH CONFORM TO RELIGIOUS MORALITY?

To those who desire to have a moral justification for the use of this method and who are troubled by the divine malediction, reading: "I will greatly multiply your pains in child-bearing, in pain you shall bring forth children" (Genesis III-16) I would like to answer that the **highest religious authorities have completely supported Painless Childbirth** (see Addenda). Besides, why should a doctor think it normal to relieve the suffering of a pregnant woman during the whole course of her pregnancy, and yet have scruples about relieving her suffering at the very moment of delivery?

Finally, in spite of all efforts, a woman will always suffer a little before one can start to help her, since one would not endeavour to calm her pains before she starts feeling them

Thus we can satisfy even those who, in spite of all logic, good faith and simple charity, insist on interpreting the words of the Bible in a fragmentary and tendentious manner.

God, who created suffering, gave Man also the means to relieve it, and the first duty of a physician, ever since Medicine began from the time of Hippocrates, has been to relieve the pains of those who come to him and who suffer.

## **XXa ADDENDUM 1, EXCERPTS FROM SPEECHES OF POPE PIUS XII.**

### **1. EXCERPTS FROM THE ADDRESS OF POPE PIUS XII GIVEN ON JANUARY 8, 1956, ON PAINLESS CHILDBIRTH**

In Genesis (ch. III, 16) we read: "In pain you shall bring forth children" In order to understand these words well, we must consider the malediction of God in its whole context. While inflicting this punishment on the first parents and their descendants, God did not, nor did he wish to, forbid man to search for and use all the richness of creation, to advance culture step by step, to make life in this world more endurable and more beautiful, to lighten work and fatigue, pain, sickness and death and, in short, to be master of the Earth (Genesis I, 28). Also, while punishing Eve, God did not forbid mothers to use any means rendering birth simpler and less painful, nor did he wish to do so. We must not try to escape from the words of the Holy Writings; they remain true in the sense meant and expressed by the Creator; "Maternity will give mothers much to endure". And later on :

"Christian charity has always occupied itself with mothers at the hour of giving birth. It has tried, and still tries, to give efficient psychological or physical assistance, in accordance with the development of science and technology".

### **II. EXCERPT FROM THE SPEECH OF POPE PIUS XII MADE ON FEBRUARY 24, 1957, ON THE RELIGIOUS AND MORAL PROBLEMS**

"The patient who wants to avoid or calm pain may, without an uneasy conscience, use the means found by science which in themselves are not immoral...

The duty of renunciation and of internal purification put on Christians is no obstacle to the use of anaesthesia.

From the point of view of religious and moral judgment, it is of little importance whether the suppression of pain be caused by anaesthesia or by other means. Within the indicated limits, it does not give cause to any objection, and is compatible with the spirit of the gospel.

### **III. EXCERPT FROM THE ADDRESS OF POPE PIUS XII TO THE MEMBERS OF THE IVTH INTERNATIONAL CONGRESS OF CATHOLIC DOCTORS ON SEPTEMBER 29, 1949.**

" The doctor at least attempts to alleviate the illnesses and suffering which afflict Mankind.

## XXb ADDENDUM II.

EXCERPTS FROM FATWA No. 436 OF  
EL AZHAR UNIVERSITY DATED MARCH 5, 1962  
RELATIVE TO TRAD METHOD OF PAINLESS  
CHILDBIRTH AND PUBLISHED BY  
THE OFFICIAL JOURNAL OF EL-AZHAR <sup>(1)</sup>

In the name of the Clement and Merciful God... that a doctor has succeeded to find, after study and trial, a medicine which suppresses the pains of childbirth, is an act of humanity of which religion approves of, for it is an aid he gives to his patients, and God always supports his servant when the latter tries to help his fellow-man.

If this invention suppresses the pains and the anguish of childbirth, it is towards this end that religion exhorts us and it is just towards this aim that it strives. God says (in the CORAN) that he has always wished to lighten our pains. God wants to facilitate or path and not to render it more difficult for us, and the Prophet has said : "Religion offers you the easiest way".

Besides, the use of this medicine... is not forbidden, unless it accompanies a reprehensible act, such as delivery in the presence of strangers or delivery before due time without valid reasons. In such a case, the use of these medicines would be just as reprehensible as it is in its essence an act of humanity.

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(1) *Maggallatul - Azhar, Volume 1, 234<sup>th</sup> year, Month of Al Moharram in the year 1382 after the Hegira, i.e. June 1962, page 122.*