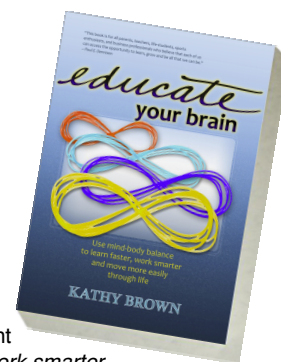


Classic Articles on Brain Gym®
And Retained Reflexes
By Kathy Brown, M.Ed., author of the 2012 Book
Educate Your Brain

www.EducateYourBrain.com

This article was written in 2002 as Kathy was continuing her exploration of the impact of retained reflexes on children and adults, and how Brain Gym processes could help relieve them. More current information is presented in her book, *Educate Your Brain: use mind-body balance to learn faster, work smarter and move more easily through life.*



Balancing to Resolve Spinal Galant Reflex

and its Effects on Bed Wetting and Irritable Bowel Syndrome

by Kathy Brown, M.Ed.

In a previous article I described the challenges resulting from incomplete progression of infant reflexes, and how "retained" reflexes are at the core of many academic and behavior issues. Here is the story of a profound shift experienced by a recent client.

"Annie" suffered from "irritable bowel" syndrome, periodically experiencing extreme pain and bloating in her lower abdomen, along with diarrhea and nausea. Bouts would last for days, during which she was miserable and sometimes had to stay home from work.

After a particularly intense series of bowel attacks two years ago Annie's doctor put her on a program that included a very restricted diet, prescription drugs to relieve bowel inflammation, and colon hydro-therapy (colonics). Her diet included only the most basic, bland foods. She could eat no starchy vegetables, no grains or flours of any kind (which meant no bread, pasta, rice or millet), and especially no processed foods, onions or raw garlic. This regimen helped a lot, but she had to stay on it very closely. If she nibbled on something outside this limited diet (especially her favorite -- ice cream) she experienced extreme symptoms that would last for days.

Annie's story raised my curiosity. I knew that bowel issues are closely associated with retained "Spinal Galant" reflex. In children this often manifests as bed wetting or bowel incontinence. In adults it often manifests as irritable bowel syndrome.

I asked Annie if she had had bed-wetting issues as a child. She shared that she had not only wet her bed until age twelve,

but had also had incidents of uncontrollable bowel movements that had even occurred at school. She described the shame and embarrassment of this (and the subsequent teasing from her peers) when the school nurse had to call her mother for clean clothes in the middle of the day.

Unfortunately, her parents chose the "ridicule and anger" route to deal with this issue. At the time of my session with

Years of effort to control these reflexive movements in the bowel area take their toll, and result in "irritable bowel" issues

Annie she had already been through years of therapy to weave back together the shreds of her self-esteem.

I explained to Annie about retained infant reflexes, and the specific symptoms associated with Spinal Galant. The Spinal Galant reflex is simply this: when one side of the low back is stimulated (touching, stroking, etc.) it will trigger an involuntary jerking of the torso in the opposite direction: touch the left side, and the torso jerks reflexively to the right, and vice versa. It is believed that this reflex is nature's way of supporting the infant in wriggling through the birth canal: the left side is stimulated and the infant's torso jerks to the right, which causes stimulation to the right side and a reflexive jerking to the left, and so on throughout the birthing process.

Under normal circumstances this reflex simply falls away three to six months after delivery: after that time a touch to the lower back no longer results in a reflexive jerking to the side.

A person of any age with Spinal Galant still "active" will typically be very sensitive in the lower back area. To check this reflex we position the person in "hands and knees" posture with their back parallel to the floor. Then, using a fingertip or the eraser end of a pencil, we stroke up one side of the back, two or three inches from the spine, from just below the waist to halfway up the back. As we do this we notice any movement of the torso, and pay attention to any comments the person may make about how that made them feel. **Caution:** Always ask the person being checked to use the toilet first, especially if you suspect that they may have Spinal Galant reflex strongly "on." This check can cause a person to spontaneously urinate, especially if both sides are stroked at the same time.

I find it interesting to note that individuals who have Spinal Galant reflex still "on" frequently had Caesarean section birth or very rapid vaginal delivery, requiring either little or no use of this reflex in the birthing process. My own belief is that, if this reflex is not called on in the birth process, the body is still "waiting" for it to be used, and so does not allow it to fall away. When this is the case, Spinal Galant reflex is left "on" throughout one's life, causing all sorts of sensitivities.

Adults or children with Spinal Galant reflex still active in their body will often experience one or more of the following challenges:



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- Difficulty sitting without squirming - often described as “ants in the pants”
- Extreme ticklishness
- Incontinence when being tickled
- Fidgeting or wriggling, especially when being held
- Does not like elastic waistbands, or labels inside the waistband
- Poor concentration and short term memory, thus making it difficult to take in and process information
- Odd posture or odd balance in walking or running (from years of unconscious body twisting or pivoting to avoid clothing rubbing the waist area)
- Low back pain or discomfort
- Dislikes having their back rubbed, or arm around their waist
- Dislike of seats with lumbar support
- Slanted sitting posture, where upper back touches the chair, but lower back does not
- Preference for sitting on a stool, or on a reversed chair (with the chair back to the side or front)
- Refusal to “sit back in your chair!”
- Bed wetting and/or soiling

There may be other causes for all of the above behaviors. But having a cluster of these behaviors is an indicator that the person may indeed be dealing with retained Spinal Galant reflex.

Annie recognized several of these traits as part of her childhood or present condition. In addition to her bed wetting and soiling issues she found elastic waistbands to be extremely irritating, and was also very ticklish.

We moved forward with Annie’s Brain Gym® balance session. Annie chose to balance for the goal “I live comfortably

in my body,” and we addressed this goal by balancing to resolve Spinal Galant reflex, using the Brain Gym® balance process that is referred to in the first article in this series.*

The “prechecks” for this balance showed that Annie was extremely sensitive to being stroked on her lower back. As I touched one side she jerked immediately and uncontrollably to the other.

At the conclusion of Annie’s balance (20 minutes later) it was clear that she had made a significant shift. In her postchecks the sensitivity of her lower back had greatly diminished. Stroking either side of her lower back now resulted in a “slightly tingly” sensation, and no body movement at all. And Annie was amazed at how flexible and comfortable her lower back now felt. I was interested to see what digestive shifts might occur over time, and looked forward to hearing from Annie.

A week later Annie emailed me to describe her delight: a few days after our session she had been at a university conference. She said, “I ate whatever was available on the cafeteria food line -- things I couldn’t usually eat before, such as fried chicken, mashed potatoes, and corn. This time it didn’t! I also tried Mexican food, and even though it was sort of greasy and had lots of starches, I was fine with it.... In the past ALL starches (except complex carbs from fruits and some veggies) used to make me hurt, especially if I ate them daily. I have had some minor bloating, but it has been far less than what I usually have.”

That was four months ago. In a recent

email Annie shared, “I’m doing even better now. There are so many more things I can eat, with only occasional minor discomfort. And I can even eat a bit of ice cream!”

What is the relationship between bed wetting, irritable bowel syndrome and Spinal Galant reflex? My belief is that, when one’s body is “primed” to react reflexively in this way, it is much more difficult to develop and maintain control over the muscles involved in remaining continent. And years of effort to control these reflexive movements in the lower back/bowel area may take their toll, and result in these digestive issues.

Claire Hocking, the Australian Brain Gym® consultant who developed this means of addressing Infant Reflex issues through the Brain Gym balance process, has worked with numerous “bed wetting” children, and adults with irritable bowel syndrome. She has seen significant shifts, if not complete reversals, of most peoples’ issues after Spinal Galant reflex was resolved.

It is important to note that Brain Gym® balances are not intended as a “cure” for bed wetting or irritable bowel syndrome. But as we address specific life issues through the balance process (such as Annie’s desire to “live comfortably in her body”) we often end up resolving the fundamental developmental challenges that are at their core.



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Sample pages

from the section discussing Infant Reflexes in *Educate Your Brain*, new book by Kathy Brown.

For more information and to order, go to

www.EducateYourBrain.com

Palmar Reflex: A touch to the inside of the infant’s hand causes her to grip very hard, curling fingers around that object: perhaps your finger, hair, or necklace. A neurological loop between the mouth and the palms of the hands (sometimes active when nursing) may cause the mouth or tongue to move when manipulating objects, drawing, etc. Palmar Reflex emerges at 11 weeks in utero (present at birth); should integrate by age 2-3 months.

Birgitta has poor manual dexterity and holds her pencil in a tense, fist-like grip. She has speech articulation issues and moves her mouth or tongue while writing.

Asymmetrical Tonic Neck Reflex (ATNR): When the infant turns his head, his arms and legs automatically assume specific positions. Head to the right—right arm and leg extend and left arm and leg draw in toward the body. Head to the left—the opposite limb movements occur. This reflex builds the ability to move one side of the body while the other side is still. ATNR emerges at 18 weeks in utero (present at birth); should integrate by age 6 months.

Rafael struggles to concentrate and has challenges with reading and writing. Unable to fully combine input from both eyes, he avoids working in the midfield, so he often positions his book or paper off to one side. He has a history of coordination challenges, from tying shoes to balancing and ball-catching. He’s learned to stare straight ahead when riding his bike because if he turns his head, his hands jiggle the handlebars and he risks steering into a parked car—or oncoming traffic.



Infant in ATNR position.

Tonic Labyrinthine Reflex (TLR): a reaction to changes picked up by the vestibular system, the body-balance mechanism within the inner ear. Forward movement of the head (relative to the spine) immediately causes her arms and legs to bend; backward movement of the head causes her arms and legs to extend. When fully integrated, this response becomes the muscle tone that allows us to automatically hold our body upright in opposition to gravity. TLR emerges in utero (present at birth); should integrate at about age 4 months.

Akemi has low muscle tone, or hypotonia. (Other children may have high muscle tone, or hypertonia.) She assumes a multitude of peculiar sitting postures including slouching and propping up her head on her hand. She struggles with sequencing, organizational skills, short-term memory, and sense of time. She experiences difficulty focusing near to far (copying from the board in the classroom) or accurately perceiving figure-ground (seeing the words in a sentence rather than being distracted by the white space around them).



Seated postures that relieve the STNR impulse

The book *Stopping Hyperactivity: A New Solution* by O’Neil and Cook describes retained STNR as a significant root cause of ADHD diagnosis in children.



find reasons to stand, sit on the floor, or even lie down, all in an unconscious attempt to straighten his legs.

Yet, even standing can be a challenge, especially in the “soldier” position, which leaves his legs and his arms straight—triggering the unconscious need to bend one or the other. This is the source of much agitation as such a child tries to stand for

very long, even unintentionally “poking” or “tickling” others as he reflexively bends his arms. Such a child would do much better with his hands resting on opposite elbows or clasping his hands near his waist.

Of course, these behaviors are not the child’s fault: they’re the direct result of delayed integration of this basic reflex. The effort required to maintain a “proper” seated or standing position may drain him of energy needed for focus, resulting in all sorts of behaviors that may be categorized as hyperactivity. In this case, a child may end up being medicated to control impulses that are part of a retained reflex.

Edu-K courses addressing infant reflexes are available as part of the Edu-K curriculum. Please see Appendix A and the course listings at www.braingym.org.

Calling on Edu-K balancing to resolve reflex issues

One of the things I appreciate most about the Brain Gym® Edu-K program is that it offers a means of resolving core issues behind learning challenges. Through various upper-level courses, those trained in Edu-K can learn to address retained reflexes through the five-step balance process.

Here’s an example of how this process was of use in supporting a student who simply couldn’t sit still and focus:

I recently worked with Ronny, a very bright, likable boy, whose teacher was amazed (and frustrated) by how agitated he was when sitting and how poor his focus was. Now in eighth grade, Ronny was still struggling to achieve academically. I had seen him several times over the past few months, and after each session, he showed progress but still lacked the ability to sit quietly, and he was not reading at grade level.

Smarter standing up

Throughout the course of our sessions, perhaps as a direct result of the way Brain Gym processes foster inner noticing, Ronny became a very good observer of his own state. One day he commented, “You know, I