PRIMITIVE REFLEXES

With Bob Allen

About Bob Allen

- A Neuro-developmental therapist
- Has over 20 years of experience treating people with retained primitive reflexes

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Primitive reflexes

• They are part of biological development, tested for at birth. Roughly appear at the end of the first trimester and are exhibited by normal infants for their survival after birth. Responsible for teaching the baby brain everything i.e. balance, coordination, eye movement, etc.

• There are over 100 primitive reflexes. All the adult reflexes that follow them should be in place by the third year from birth. If these reflexes do not go through their normal processes, then the functions associated with them will become problematic.

• Children with learning problems also have retained primitive reflexes. Neurologically, children with retained primitive reflexes have brain damage.

Neurodevelopmental delay

• This is best illustrated by the retained presence of primitive reflexes. For example, in children with Dyspraxia, Dyslexia, ADHD, and ADD the common manifestations are - very late to walk, talk, or speak; fussy eaters; have balance and coordination problems, handwriting problems, and physical problems.

• ADHD, ADD, and hyperactivity can be influenced by addressing retained reflxes (“bringing the central nervous system to a point of balance”). Function and behaviour can be influenced.

• C-section hugely affects developmental delay.

• Since the human body is set up to be right-sided, children who are completely left-sided show signs of developmental delay.

- Developmental delay is hereditary. All children with retained primitive reflexes have parents who have them too.

- Tourette's Syndrome sufferers also have developmental delay. They are treated along with children who have Autism Spectrum Disorder (ASD) and Asperger's.

- The likelihood is that more than 90 percent of schoolchildren

  - This is regarded as the norm.
  - It becomes a problem when children lag behind in learning, communicating, socialising, responding emotionally, etc.
  - Children who behave and conform to rules at school are the ones whose retained primitive reflexes are missed.

Type of primitive reflex	Description and manifestations in adults
Asymmetrical Tonic Neck Reflex (ATNR)	• Responsible for how a person integrates upper-lower body coordination (i.e. left-right hemisphere integration); and how a person develops tracking skills, fine motor skills, etc.
Babinski reflex	• Part of a person's development pattern. • Will affect a person's gait, posture, and movement if it did not develop into adult plantar reflexes.
Babkin reflex	• Present up to three months after birth • Hand-mouth coordination in response to stimulation of the palms in infants (Example: palpating a neonate's hands produces a sucking response) • Children with Babkin reflex have an unintegrated upper and lower body.
Fear Paralysis Response (FPR)	• Precedes the Moro reflex • Emerges in the embryonic stage (i.e. early freezing response to stress and stimulation) • People with FPR have difficulty with eye contact – always anxious, have cold sweaty hands, etc.
Galant reflex or spinal reflex	• Triggered during birthing and essentially helps the baby swim down the birth canal. • Children with retained spinal reflex are surface over-sensitive – tickly children. They do not like being touched or held as the stimulus is too much for them. They do not like labels on their clothes and are sensitive to certain materials touching their skin. • Enuresis (involuntary urination especially among children at night) is associated with retained spinal reflex.
Moro reflex	• Emerges at the womb between 9 to 12 weeks of pregnancy • Is a two-phase reflex

Type of primitive reflex	Description and manifestations in adults
	a) Startle b) Decide (adrenaline response) • Should begin to inhibit by six months of age • Precursor to individual's adult Strauss reflex • Strauss reflex is a three-phase reflex: a) Startle (stress chemistry is released into the system) b) Evaluate c) Decide (flight-fight routine - either to ignore by filtering out unwanted stimuli or pay attention and fight the stimuli) • Very difficult to self-discover or self-heal. • People with massively strong external Moro reflex seek danger, have high adrenaline level, and like being on the edge because it is where they feel most comfortable. • People with internalised Moro reflex are avoiders – do not like conflict, do not like getting into confrontation, are not in big company, and like being on their own.
Tonic Labyrinthine Reflex (TNR)	• Linked to balance and muscle tone • People with TLR walk tilted forward and tend to walk up on their toes; or with a reflexive heel lift with each step.

Causes of retained primitive reflexes

- Heredity.
- Problems in early pregnancy – stress, illness, toxic event, environmental factors.
- Breech birth.

Tests to determine central nervous system damage

- There are more than 50 tests to determine whether or not an individual has brain damage - could be drawing or visual tests, etc.
- The inability of a child to copy a set of shapes in a drawing test is a marker for developmental delay.

Strategies to help manage children with developmental delays

- First step is awareness: Children with developmental delays do not like learning, do not behave, and cannot do things that normal children do. They are not right with their sports and games, they are clumsy, they are always walking into someone, they fall over a lot, they struggle with handwriting, they can read but very slowly, and they jump lines or read the same lines again, etc.

- Second step is seek professional help:
  - Most developmental therapists are found online.
  - Conditions associated with retained reflexes can be addressed by reconstructing development, in that if development has stuck, then there is a need to rerun it. (For example, one of the large areas in development that is problematic is

underdeveloped vestibular system. Remedy this by employing movement work – put the patient on a chair and rotate the chair).

- Working with the vestibular system has an impact on vision, balance, coordination, spatial awareness, posture, and proprioception.
- Reflexes can be trained as in the case of martial artists – have the ability to control breathing, blood pressure, etc.

Connection between premature birth and developmental delay

• A number of primitive reflexes are there to assist in the birth process. The spinal reflex allows an infant to slide down the birth canal. The asymmetrical reflex allows the infant to participate in the birthing process during natural delivery. If these reflexes, along with several others, are not present and have not matured by the time they are needed, then the functions associated with them are lost. The child grows without the right 'tools' to function – to sit, listen, concentrate, hold a pencil, write, etc.

• Children with developmental issues have them before birth (i.e. are actually conceived with developmental delays – ascribed to heredity).

Capabilities of cranial osteopaths

• They can detect developmental delay through their hands and can sense the change in a child undergoing treatment.

• Can diagnose areas of strain and dysfunction in human bodies.