Academy of PHYSICAL MEDICINE

Primitive Reflexes - Ref 121CB

with Charles Beck

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TRANSCRIPT

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Steven Bruce
Primitive reflexes, retained reflexes is a pretty hot topic all across manual therapies, I think at the moment and we covered it before of course on a couple of sessions with the Academy. But this evening, I've got an international expert on the subject. I have Charlie Beck joining us from Indiana in the States, where it's two in the afternoon, and he is an international lecturer. He is also an osteopath. I think he's also the first perhaps the only neuromusculoskeletal consultant in Indiana. Is that right, Charlie?

Charlie Beck
Yes, the first and only to have graduated the residency programme in Indiana.

Steven Bruce
Right. Okay. So, do you actually work out of one of the hospitals there?

Charlie Beck
No, private cash practice.

Steven Bruce
Oh, right. Excellent. I suppose, I mean, we can't start this without us at least saying how's it all going over there? You don't look as though you're too frenzied about the election results at the moment.

Charlie Beck
They haven't started riding in the streets yet.

Steven Bruce
Well, I read on the Guardian that Indiana had already been counted. And Trump was successful and all the republicans were successful in Indiana.

Charlie Beck
I do believe that is correct.

Steven Bruce
I kind of feel that we're almost as interested in your election results over here now as you guys are over in the States. But anyway, let's talk a little bit about primitive reflexes, retained reflexes. What's the basis of your interest in this? How did that run?

Charlie Beck
Well, about three years ago, I got asked by my friends in Ukraine to come teach a day or day and a half course on retained primitive reflexes. And my first response was, what's that? Because we didn't really get taught a lot in medical school. So, I went through about two weeks of very deep conversation with Dr. Google, learning everything I could about retained primitive reflexes. And I put together a presentation and went over and presented it, and I'd figured out some things that seemed to work for treatment. And, you know, I'm in a room full of physicians, basically, that's what they are in Ukraine. Most of the osteopath that I teach are physicians that somehow needed osteopathy, or switched from their practice to osteopathy. And so, I'm in a room full of highly educated people. And I look around about the third reflex and half the room's in tears. And I thought, yeah, your response, I'm like, what is up with this?

Because I'm just teaching, I'm not experiencing it. And as the day went on, we taught about 18 reflexes. And I would say, about 80% of the folks had at least 12 of the 18. And they had recognised how much the reflexes being retained impacted their labs. And so big, big shifts for everyone. And I speak about 10 words of Russian, not even enough to get myself in trouble. And at the end of the day, one of the ladies comes up to me and she speaks really good English. And she says, you know, I used to be a paediatric orthopaedic surgeon. But I had to stop doing orthopaedics because my back hurt me so much. That's what brought me to osteopathy. And would you treat my son, he's three and a half years old, and kind of a tornado. And I thought, sure, why not I'll treat your son. So, he comes in the next day, he's the very first thing that we do. And I don't speak Russian. So, it was very hard for me to talk to him and calm him down. We treated one reflex. And I thought, I'm going to get while the getting's good, so that we can go back to class. And the mom comes in the next day in tears. And she says, what I didn't tell you is that since being born, my son hasn't spoken. And he woke up this morning speaking sentences. And I thought, wow, I hope you don't ask me what I did. Because honestly, I have no clue. But it is so cool that we were able to make that change. So, it really opened my eyes to the reflexes and that they're important. So, I started coming back to my practice working with them and realising that they had been present all along. And of course, I've just never been looking. I started to look, they started to pop out. Things that weren't in the book started to pop out. But I thought oh, from an osteopathic standpoint, this is curious. No one seems to have ever written an osteopathic book. And so, I've taught the course a few times. Each time I teach the course I learn some new little titbit, that then opens up more doors. And so that's how I got started. I'm realising and I'm going to talk about this in the presentation that reflexes as we learn them in school, don't even begin to scratch the surface of what a reflex actually is. And I'm hoping to plant a different seed about that with the presentation.

Steven Bruce
Okay, just I'm sure you'll cover this to some extent during the presentation. But I was just thinking, there are lots of practitioners who are probably feeling that what you said chimes with them. And I can certainly think of two or three myself who will say, I don't know what I did on this occasion. But this thing I'm not supposed to be able to fix seemed to change in my patient, particularly children, even if it was only for a relatively short period of time. So, I would be very interested to hear that. Is there any body of research being built up about this that we could legitimately say is evidence for the medicine?

Charlie Beck
Yes, my understanding is that the primitive reflexes as we understand them now started to kind of come around 20 years ago. I have read, I want to say four or five different, fairly well researched books, number of web pages out there that reference different articles. Interestingly enough, it's all from the medical side. None of it's from the osteopathic side. So, what I'm going to present is there are some osteopathic findings that are going to be present with every reflex and they're going to be individual to that reflex. And our job is to kind of go out and, okay I know this reflex is here because I tested it from what the medical literature says. Now what do my hands feel osteopathically? And then when I treat it, does that osteopathic finding change? And is it then repeatable from person to person who has this reflects?
Steven Bruce
Yeah. If I may, you've talked a lot about osteopathy and teaching osteopaths and so on because a lot of my audience is chiropractors as well. I am curious, just as a sort of a bit of a rabbit hole to go down. I don't know if the difference between osteopaths and chiropractors in the states is anything similar to the differences over here. How would you describe it? Of course, I prefer to dwell on the similarities rather than the differences.

Charlie Beck

Correct. Correct. The differences here? I am a physician fully licensed, unrestricted, licensed to practice medicine, I can do brain surgery. I can do foot surgery. I can do neurology. I can do ophthalmology. Chiropractors, at least in most states are limited to chiropractic only. So, they can't prescribe medication. Some states allow them to prescribe X-rays and other things like that. But they are not fully licensed physicians. And so, we're not on an equal ground in this country.

Steven Bruce
Well, you lecture in the UK quite a bit, don't you? So, you'll know that actually most osteopaths in the UK are also not licensed to practice medicine. They're only osteopaths. They don't do prescribing and they don't certainly don't do surgery.

Charlie Beck
Correct. Yes.

Steven Bruce
Interesting for us to know. Would you like to kick us off with your sort of introduction to primitive reflexes?

Charlie Beck
Absolutely, absolutely. Let me bring up. So, I'm going to talk just a little bit about my findings in primitive reflexes and what I have learned osteopathically along the way, just to give you a teaser. So, first, I want to start with what we learn in school. And a reflex is an expected motion from doing something to the patient. So, if I had you seated and I bend your knee and I take a reflex hammer or something else and attack you in the tendon, I expect your leg to move. That is the expected response. And so, what we learn is, with each reflex I can have four possibilities, nothing happens. That's one possibility, something less than what I expected happens, the expected thing happens or something more happens. And if something that is expected happens, we don't think much more about it. They don't teach us to question what that means in school. It's only if something more or something less happens that we begin to ask questions. But that's not reality. So, what they taught us in school is only a small part of what is really going on in the nervous system. And I'm going to be backing way, way, way up from doing a simple reflex hammer test. So, this seems to be what happens when we graduate school. They say congratulations, you're now an osteopath, please don't ever think outside of the osteopathic box, because that questions the dogma and it might get us all in trouble. And so, what I try to do every day is take whatever box I happen to be in and shred it and look for something that's different. So, a reflex is really anything that you need to know to survive before you understand the language required to learn that skill. So breathing is a reflex, swallowing is a reflex, feeding, chewing, walking. Moving is a reflex. And, just because you have a reflex, for example, just because you're breathing, it means that you have met the bare minimum requirement to keep yourself alive with that reflex. That actually doesn't mean you're good at it, it doesn't mean that you're doing it adequately. And it doesn't mean that there are not deficits when it happens. I'm going to give you a little brief musical interlude here to ponder what I just said, about you are adequate at whatever you are doing, doesn't mean you're good at it.

Steven Bruce
I'm hoping a lot of people will sympathise with that, because we've had some speakers on talking about breathing and how to improve breathing and make better use of that, you know, this amazing facility we have for all sorts of purposes. So, I'm sure they're all with you at the moment.

Charlie Beck

So, for the most part the reflexes are designed to operate in the background. And so, I'm going to take an optimal situation of being born. Let's assume you get out the birth canal, and you have no trauma, we know that doesn't happen. But we're going to make it that way. You're breathing should be operating at full efficiency, your swallowing should be operating at full efficiency, feeding at full efficiency. Those reflexes are designed to help us by keeping us alive. When we're healthy, they operate in the background, we're really not aware of them. And our body does not call on them to help us. But, let's say that this happens, okay. And this was just an example of, we have an accident, and the accident, we'll call it fairly catastrophic, I mean, this person's head down in the snow. But let's assume nothing's broken. And so very much like you see on the movies, when a ship gets torpedoed. What happens is the captain of the ship, the brain, says damage report from everywhere. And so all these tissues are checking in, and the brain is going, okay, we're not dead, that's a really good thing. And nothing seems to be broken. What about breathing? Are you working efficiently enough, where I don't need to send help? Or do I need to send the reflex to keep you working? Okay, and if it's a bad accident, the reflex goes. And literally, we start breathing reflexively. We don't think about it. But our optimal breathing pattern changes to the bare minimum to keep us alive. Swallowing changes the same way. And in some cases, reflexes that have been behind the scenes they've been integrated, they start to come to the surface, and we see them or can see them in our patients. So, anything that the body deems unsafe, and we'll put that under the big umbrella of trauma, can either bring a reflex back from being integrated, or if that trauma just happens to coincide at the point in life where the reflex is becoming integrated, it's actually supposed to fade into the background. But if the body deems it dangerous, that reflex stays around. And if that reflex stays around or if it's brought back, those reflexes are termed retained. Now, what I tell people is, because this is the way it makes sense to me, when you are inside mom, and growing, mom is a sound, the heartbeat, and this warm fluid that circulates around her, but you haven't met mom yet. But you've already met a number of your reflexes. So, your reflexes are your oldest friends. And, as a child, as an adult, if you get in trouble, you call on your old friends to come help you out. The problem is, is that if you're an adult, you have a very dysfunctional relationship. The reflexes come back and they're couch surfers that don't know when to leave. And so, all they can help you through a traumatic situation, if they don't fade back into the background, they can cause problems with your body and the way it operates in space.

Steven Bruce
Have you got an example of when that might have happened, Charlie?

Charlie Beck
Ever been in a car accident?

Steven Bruce
I have.

Charlie Beck
You got them. I mean, it's honestly, it is that simple. And as I've been looking more and more at almost every patient that comes in, many of them show up during the questioning of the patient. The rest of them, or let's say more of them show up the moment you put hands on. And they are subtle changes in the movement patterns of the body. So, I'll talk a bit more about that as we go on, I want to finish the presentation first, and kind of save that to, like, I'll maybe do a patient that is a typical patient that might come in. Okay. And we'll go through how I evaluate what they're saying and how it points you to the reflexes. Okay, so, as I said before, the reflexes are patterns of motion, they prepare us to walk, there's a reflex called the stepping reflex, which causes the toes to point downward. So, any patient that comes in walking on their toes, typically has a retained stepping reflex. The heel reflex is the opposite or the balancer of the stepping reflex. And those are people that when they walk into the room, they sound like a baby

elephant, you literally hear them go thump, thump, thump. Our reflexes help us get born, there is a reflex called the spinal gulant, which is there, if we come headfirst through the birth canal, there is a reflex called the spinal press, which literally twists and gets us out if we come feet first through the birth canal. And so when we look at primitive reflexes, those are the retained, first of all, going back a reflexes is an expected pattern of motion. And if it's retained, it's been there to help keep us alive. And really, what that means, is that there is some kind of sympathetic nervous system activation. And that coincides with the retaining of the reflex. So, we've got to look past the reflexes and at what's actually going on with the patient, historically, and in the current, that helps us understand how to turn the volume down on the sympathetics. Okay, the pattern of motion of a reflex, a retained reflex is always going in the background. And so, what we can do is think of this like a virus in computer software, the normal programme is running. So that's the pattern of your motion. But the virus, the reflex, always has ultimate control. So, you're perhaps always fighting your reflex. And that includes breathing. So, breathing can be easy for some people, for other people, because their sympathetic nervous system and the reflexes are active breathing can be very hard. And it appears as things we can palpate. So, as I was teaching, the course two years ago, had a group of folks and we would find a reflex. And we would take all the folks that had that reflex and we'd all go around and palpate their bodies, and we'd kind of note what we found. Then we treat the reflex and we'd go back and re-palpate and we look for the things that have changed. And so, what came out of it was, a number of physical changes that go along with specific reflexes. So, this is, for example, a body with no findings in the spine. Okay, a spinal galant reflex, which is designed as we come through the birth canal and pressure touches the spine, going from head to toe, our body side bends and twists. And it's pretty cool because that's how we come out of mom. So, if it's present in a child or adult, there's an adenomatous feel or a puffiness to the tissues in the thoracic spine. It's not muscular, it's more like stuck lymphatics is what my brain goes to. But it can lightly involve the musculature. It tells me to look for a spinal galant. Tension kind of the same nature, not deep muscle tissue. This is like on the surface and more of a lymphatic field, can be there for the spinal pourrez reflex. And so, I haven't got all of the map yet, but quite a few. And what happens is, then, as you go through and you palpate your patient, you realise, oh, this feeling corresponds to this reflex. And so, it makes you first of all think reflex and it can then begin to narrow down the reflexes that you need to test for. I don't know if you guys do this, but I was taught to, I don't know, can they see my, up in the corner they can see my video, correct?

Steven Bruce
Yes.

Charlie Beck
Okay. So, if you take a hand and you put it in front of the chest, anterior thoracic, and a hand behind the shoulders and you compress, okay springing, if the scapula thoracic joint moves, spring is present. If it is restricted, spring is not present. And that restriction can indicate grasp reflex issues in the ipsiateral arm. So, palm or grasp reflex can be present and cause that scapula thoracic joint to be tight. I'm going to go through just a couple here in the foot. And then I'm going to end the presentation. And I'll go through some questions that I ask and things that I do with my patients, so that it makes a little more sense. So basically, if you locate any reflex in the body, that is not the fear, paralysis reflex, or the mortal reflex, you have to think that if there's any other reflex present, and there are 70 defined reflexes, so that means 68 of the reflexes, if they are present, point to the fact that the fear paralysis, and the morrow are there, and they get treated first, before any of the others. They're the first to develop. So, this is a picture of the foot, it's there for your reference, it's just showing landmarks. That's all this is. The stepping reflex is the toes pointing down. It roughly occurs at six months of age. And if you take a child hold them by the midsection, I believe that you all call diapers, nappies, so you hold them by the nappy, and you set their feet down on something flat like a table, they point their toes and bend their knees, they actually start stepping. And it is the first of the reflexes that teach us the movements required for walking. So, on your patient, I usually placed them supine, put their feet in a neutral

position and try to push them into dorsiflexion. If the foot moves into dorsiflexion, that means the stepping reflex is not present. And it is integrated. So, the person can do both. If the feet resist dorsiflexion, that means that their feet are plantar flexed, and the stepping reflex is present. And it can happen on both sides or one. Okay, and so I included that nice little definition there. So, it's easy to see. Then, with the heel reflex, you need to make sure you aren't too far posterior so that you're not plantar flexing the foot. But when you spring the heel, the heel should be allowed to move out of your spring. So, there should be some give to it. If you press on the heel, and you notice that the heel is firm, and it resists you. And also, you heard the patient stomp into the room, they have a retained heel reflex. And typically, with kids, what I do is I'll talk to them and I'll go whisper in their ear and I'll say, I bet I can make you a ninja and make it silent when you walk so you can sneak up on your brother or your sister. And of course, their eyes get big and then you actually treat the reflex, that's all you do. And all of a sudden, they become much more silent when they walk. So, this one's important to discern Babinski's sign, which indicates really bad brain damage from Babinski's reflex, which is very, very different. Now again, if you can see my hands, when we grow inside of mom our feet are like this. Their bottoms of the feet press together. And as we mature, the feet become like they are when we're born hopefully, if you have trauma, specifically an ankle sprain, that's a great way to get this started. You end up walking on the outsides of your feet. And it is nearly impossible to get those feet to come and stay flat again. This movement is Babinski's reflex. So, if the foot will do this, perfect, Babinski's reflex is present, if it will do the opposite direction, so if it will, evert Babinski's is reflex is integrated and it only takes 10 seconds to do this test on your patient. At kidney one is the reflex for the crossed extensor reflex. I typically find this as tight musculature in the area of kidney one. This takes about three seconds, because you're going to put your thumb on the bottom of the foot, you're going to push, it's either there or it isn't. It tells you whether to look for the reflex or not. And then plantar grasp, so palmar grasp for the hand, if I place a finger in the middle of baby's hand, baby's hand grasps it. Same thing happens in the foot, if I place pressure on the foot, the toes curl. If you wind up with a patient whose toes don't straighten very well, and where the blue circle is, is typically, almost calloused is how it feels under the hand, it means that the plantar grasp reflex is present. And then you treat the plantar grasp reflex. So, this is a little bit of kind of insight into making some of these tests really quick osteopathically, so that you're not taking a lot of time going through the way they explain them in the book. And I wanted to make sure that I included my email address. So, if anybody has any questions, they certainly can get in touch with me.

Steven Bruce
We will share that afterwards, Charlie, will share the email address, your website, will share the pictures and the texts that you've shown us there.

Charlie Beck
Perfect.

Steven Bruce
I will post the recording. So, people have no problem getting in touch with you. So where does that leave us, then? You talked a lot about babies. Can you still test those reflexes as effectively in an adult of whatever age?

Charlie Beck
Oh, yes. So, babies, here's the neat thing about finding out the muscle patterns. Babies don't have to speak. You feel their bodies, and if it's moving correctly, no reflex is present. If it's not moving correctly, there's a pattern. And that pattern tells you about what reflexes are there. So, it makes it really quick to check a baby.

Steven Bruce

I've had a couple of questions, three actually come in already. And Rebecca has said, is there a pattern that you would expect with breech babies?

Charlie Beck
She asked a great question that's actually multiple questions in one, so I'm going to try to answer it, as I heard it. What I try to do is not expect anything with anyone. That keeps me from getting into a rut and missing something that was vitally important, that the patient's body was trying to tell me. So that's the first answer to the question. Second answer is, yes, a breech delivery would kind of by definition be more traumatic than a standard head delivery. So, I'm going to expect sympathetic nervous system to be slightly more engaged in that patient. And I'm probably going to find more reflexes retained, then in a much less traumatic birth.

Steven Bruce
But typically, would you find specific reflexes, I know you don't look for the patterns, you're looking to see what you find, but...

Charlie Beck
The patterns that I look for sure. Fear Paralysis and Moro.

Steven Bruce
Well, and now that you've mentioned more, one of the questions is, can you tell us more about the moro reflex as people talk about it quite a lot, and probably some of us are unclear on.

Charlie Beck
I'll give you my current understanding, recognising that tomorrow, it may change completely. So, what I've been researching and learning more about is that the reflexes come from animals, not just mammals, but animals. But specifically, let's stick with mammals. So, what happens is, we share many of the reflexes with animals that in the animal kingdom are under us in the tree. And so, I'll go down to the apes because this is the easiest way to understand the Moro Reflex. So, when we were much hairier than we are now, and we could cling on to mom, we literally would do this. Okay, so we're holding on to fur, riding along bottom, we may have been feeding, it doesn't matter, and all of a sudden, we slip. So, we've built in this reflex, which is to open our hands, spread our arms as wide as they can go. Quickly bring our arms back in and grasp again, we're looking for more fur, we don't want to fall off of mom. And then just to alert mom that it's happened we start crying. Okay, that's the original Moro Reflex. It's there at birth. Also turn the startle reflex. And what I tell people is the Moro Reflex comes in two forms. The early form, and that is when babies are born with velcro on the back of their head. So, wherever you lay them down, it takes two hands to pick them up, because one hand has to separate the head from whatever they're on. And then at some point, the Moro Reflex switches. And this is the time when you can take a baby and you can grasp their hands and pull straight up. And that baby acts like a statue. And they stand rigid all the way from a lying position to a standing position. That's the Moro reflex that we typically see in the folks that we're going to be treating. And it basically makes every joint in the body stiff. So, what I do is, I'll lay a patient supine, place two fingers under each side of the neck, ask the patient to relax completely, and simply slowly lift the neck toward the ceiling. If I pull and the neck bends and bends and bends and the shoulder and the head stay on the table, till I get to full extension, Moro reflex is not present. And that probably happens 10% of the time. If I pull upwards on the neck and the head starts to come with it, positive Moro Reflex, and it literally took you know, that last sentence as long as that took to say, that's how long it takes to figure out if it's there. And the Moro reflex and the Fear Paralysis Reflex go together. So, if one is present, the other is almost always present. And if those two are present, then there are usually other reflexes.

Steven Bruce
And the Fear Paralysis Reflex, how is that expressed?

Charlie Beck
That's the one that I'm going to say it's varied, there are just layers of it. So, the very first time I noticed it. And it's hard because I learned a different way of assessing the patient than most people did. So, I'm going to use the words that I'm familiar with. And I'll kind of show you in the air how it happens. We do something called sequencing where we sit the patient down, we palpate one hand on the shoulder, the other hand in the back, and we use rotary gliding motions to move the spine and feel the facet pairs close underneath. Okay, that's the way that I was taught to do it, the back then becomes a roadmap for the whole body. And what I noticed is, most people's spine would move fluidly. But occasionally, I'd get one that was more of a ratcheting motion. And I didn't know what to make of it. That ratcheting emotion is the Fear Paralysis Reflex. So, I'm not doing anything different than I normally do to screen a patient. But that Fear Paralysis Reflex, when it's there, shows up as a ratcheting motion in the body. The second thing that I have found is, and I tell my adults this, fear causes paralysis. It shows up everywhere in your life. So, it is literally mind, body and spirit. When I'm asking them questions and interacting with the patient, I want to know how they interact with me. Are they animated? Are they reserved? Are they scared? Are they withholding information, either consciously or unconsciously? And it doesn't take very long for you to come turn up your radar, you pick up on that and it's like, oh, I bet I know what I'm going to find. I have also found, and there are other things that go along with this, but this is kind of the big umbrella, is that if they have been to see more than one competent practitioner and then they come in to see me and first, second or fiftieth competent practitioner hasn't been able to figure it out, it's because their nervous system is the barrier. And that is a Fear Paralysis and Moro Reflex, that can be other things along with it. So, a lot of it's just asking the right questions.

Steven Bruce
Okay. I know you probably want to get on and do some more demonstration and so on. But we've had some questions about primitive or retained reflexes and behaviour. Someone has asked whether there are common reflexes which are present in kids with ADHD. I presume you use the same term over their Attention Deficit Hyperactive Disorder.

Charlie Beck
Correct. So again, I'm going to say absolutely. The symphony of the reflexes is the book that I read that seemed to be most thorough and it went through and listed tonnes of, here's the reflex, here are the symptoms when it's retained. Here are the disease conditions that it can imitate. But I'm also going to add that those people are thinking more allopathically than osteopathically. So, we can have a reflex and the reflex can show up as ADD for example. But then what happens is, it could come from a different osteopathic origin. And I want to give you a real-life example for me that started driving this home. So, I took my first cranial course when I was a second-year student, and taking many cranial courses, teach for the Osteopathic Cranial Academy over here. And what we learned was that when someone has a sphenobasilar synchondrosis compression, their head feels like a bowling ball. And that was literally the way we were taught to palpate it. If the head doesn't feel like it's moving, it's an SPS compression. And so, honestly, for the first five or six years of my practice, I'd be working on a spouse and feel an SPS compression. And I look over at their partner and I go, huh, your partner's hard headed, aren't they? And both parties would chuckle. And I thought I had actually described what was going on. The more I listened to people's stories, the more I recognised that, and I'm going to relate this back to reflexes, when your body is moving, it has the capability to adapt, when it is not moving, the window in which you can adapt gets more and more narrow. And so, what you then subconsciously do is start to

control your environment. Because when you come into someplace that's too hot or too cold, for example, your body says, hmm, can't adapt to the too hot or too cold, could you please change the temperature so that my body doesn't have to freak out and think I'm going to die by sitting in this room. And then I thought, wait a minute, this is the same thing with lighting, with you're sitting too close to me or too far away, I need to move closer to the door or further away. It's just your nervous system, checking in unconsciously, and saying if I can control all of these things in my environment, I feel like I can adapt. And if I cannot control them, it shows up as ADD or ADHD, or OCD. Or my spouse is crazy. And it literally is just the nervous system telling us its story in the way that it knows how. And if we understand how to listen to it. It all makes a lot more sense.

Steven Bruce
The book you mentioned The Symphony Of The Reflexes, who's the author of that one?

Charlie Beck
Oh...

Steven Bruce
I thought we can find it through the wonders of Google. But Suzanne was asking whether you could recommend any books and clearly that's one of them on the list.

Charlie Beck
That is one of them. It again was very, very well referenced. So almost everything she said was this comes from here, this comes from there. This research says this or that and I found it, although it wasn't an osteopathic book, boy, it got me, as a really good start.

Steven Bruce
Right. Before we move on, are there any other books that you'd recommend to people? You said you'd read five I think at the beginning of this?

Charlie Beck
Yeah. You know, what I did was I went to Amazon, I looked up retained primitive reflexes, bought one of everything. And I thought I'll read them, find out where they overlap. The book that was The Symphony Of The Reflexes was the one that was most thorough and complete. And the one that as a clinician made the most sense to me. So, the other ones are good. That one is. if you're just going to buy one that's the place where I'd start.

Steven Bruce
Sasha has asked about that ratcheting feeling you mentioned in the spine when you said you were doing a rotation of a spine. She said, would that be the same in active flexion of the spine? Would it be there?

Charlie Beck
No, no. When it is, typically, what it is active and not passive. So, when the patient's doing it, their body doesn't show the side.

Steven Bruce
So, if you were doing a passive examination of a spine, let's say sidelying and you were flexing, you wouldn't feel it then either?

Charlie Beck
No, it's something about when you're sitting and the muscles, the erector spine, I have to keep you upright. And what I think happens is that when I start moving you, your nervous system has to check in and go, is this actually safe to do? While it's doing that there's a small bit of resistance. Yes, it is safe to do, the resistance goes away. And I feel that as a ratchet. I have not felt it if someone is lying down, because it seems to put the body in just a different tone from the nervous system standpoint.

Steven Bruce
Right. Okay. I was gonna ask you, while you had your slides up, you were demonstrating what was going on with the feet, but it was a very tiny thing. Would you mind just quickly running through that?

Charlie Beck
No problems at all. So, let's see here, figure out how my cameras working. There we go. That, well. It's backwards for me. Okay, there we go. That's normal. Okay. So, this is no Babinski reflex. Now when we're growing inside mom, our feet start like this. And then the more we grow and the more we develop, they come out this way. So, getting an injury typically would activate a Babinski reflex which is going to rotate one foot. So, this is a reflex, that foot will resist eversion. If the foot goes into eversion, so if both of them started here and went there, no Babinski reflex present, if you had this happen, and this one resisted, positive Babinski reflex.

Steven Bruce
Right. And what are we trying to do, we're trying to get rid of that Babinski reflex?

Charlie Beck
Correct. Yes.

Steven Bruce
Are these reflexes good, should we be encouraging them or trying to get rid of them? And do they go away by themselves? And if so how and when?

Charlie Beck
Correct, they, at least from my estimation, do not go away on their own. I had a retained Babinski reflex for 30 years that I got from falling off of a ladder, the ladder went out from underneath me. And I fell about eight feet and landed standing up on one of the rungs of the ladder. I didn't know anything about osteopathy. So, I didn't know that, I didn't know that anything was bad. I just knew I didn't break anything. And when my wife treated me and got it to go away for the first time in 30 years, I actually felt the ground. And that's the way it's supposed to happen.

Steven Bruce
Yeah, it's a shame you had to wait so long.

Charlie Beck
Yes, I wore through a lot of shoes.

Steven Bruce

Related to what you said earlier on. I've been asked whether you think that, someone has asked whether you think that primitive reflexes or retained reflexes have an effect on mental health and behaviour.

Charlie Beck
Absolutely. So, I'm going to, I'm going to give two examples here. The first one is that we develop when it is safe to develop. And so, this is all from a nervous system standpoint. If you compare a child, and we'll say we could make it the same child, one who grows up in foster care, moving from one family to another, and the other one grows, who grows up in a loving home, whose nervous system, theoretically, is more relaxed and neutral, the one who sees more consistency. And so, the reflexes tell us that there was at least one moment where it got scary enough that you had to call on the reflexes to help you out. And then if no one has truly seen you and witnessed you for who you are, a human who's had a problem, who then needs help and love and kindness and support to get through that, your nervous system doesn't develop the best that it could. And so, there are delays and, in some cases,, things that may not even be able to happen without a lot of work whenever you actually get to interact with the patient.

Steven Bruce
Okay. Just one for Elizabeth. Elizabeth, I've got a question from you here which asks me whether something relates to what Charlie was saying, but unfortunately not been told which bit of the talk you were referring to the neck. Could you just elaborate on that question and send it in again, or get one of my team to revise the question for me? And then I can put that to Charlie. Jess has said, If Fear Paralysis and Moro are almost always the first, do you normally have to reintegrate these first? And if so, how do you do that? I suspect there's a course in that. What reflexes are mainly associated with scoliosis, and third, where in Europe can we learn this? Is it still the Institute For Neuro Physiological Psychology?

Charlie Beck
Okay. So, first, let me do the last question first. I have no idea because I don't live in Europe. You're all welcome to come to my office anytime you want to. I'm pretty sure you can get in, I'm not sure you can get home. As far as the reflex, and what order they come in. Fear Paralysis, and Moro typically always come together. And because they call them the gateway reflexes, you rarely have another reflex without Fear Paralysis or Moro being there. I treat those first, I screen for them first, because it gives me a way to talk to the patient about what's going on within their nervous system. What causes scoliosis? For that, I'm going to have to give you a very different answer. About three and a half years ago I got a very specific dental appliance designed by a dentist who works with osteopaths here in the States. I put it in, I could side bend one way, I couldn't side bend the other. I took it out, I could side bend both ways. I put it back in, I could side bend one way and not side bend the other. And I'm like, Oh, that's cause and effect, the appliance is doing something. So being a tinkerer, I started playing with the appliance and figured out what it took to move the appliance to get the side bending to equal. And over the course of about three months, my wife and I mapped out what each tooth corresponds with in the body. Structurally, not acupuncture standpoint. So, the current map that you find when you look up to chart is not our map. And in doing that, I realised that, as I was going through anatomy, there's a ligament that goes between the teeth called the trans septal ligament. And literally, it allows two teeth to move closer together if it's tight. If it's too tight the teeth can't move apart. And so, it was an incidental finding at the beginning until I found my first patient with scoliosis. And I'm like, oh, wait a minute, it's showing up exactly in the back where the teeth are stuck. And I'm not saying that this happens every time. But the great thing about being a physician here, unlimited license to practice medicine, technically dentistry falls under my license. So, I can do everything a dentist can do. Not that I'm knowledgeable about everything, but it's possible. And so, what I did was, I've got a really good friend who's a dentist, I sent the patient over and had them put a spacer between the two teeth, aspacer is just a rubber band, between those two teeth that were super tight to get them to spread apart just a

little bit. And the tension in the scoliosis went away immediately. And yeah, I was like, wait a minute, they never said that can happen in school. And so, spacers are supposed to fall out after about a week or two. This patient spacer has been in for six months, the teeth are pushing against that so hard, that it's keeping that spacer in place. But her scoliosis is starting to change and I'm not doing any other treatment. So that's the best answer I can give you at the moment. It is definitely a work in progress. But there seems to be something related to the teeth that goes along with scoliosis.

Steven Bruce
Okay, Lucy has asked whether congenital talipes would demonstrate retained Babinski.

Charlie Beck
Goodness my brain just short circuited. I have no idea. I don't know that I've ever seen a patient who has come in and given me that diagnosis.

Steven Bruce
Right. How about C-sections? A different Elizabeth is asking whether C-section birth can cause retained reflexes.

Charlie Beck
Yes. For a number of different reasons. Are any of you in the UK familiar with Robert Fulford?

Steven Bruce
I suspect some may be, I'm not myself.

Charlie Beck
Okay, so he was a pretty famous osteopath here, who died in 97. And he was the one who talked about using the Foredom Percussor, which is now Fulford's Percussor. That's what we typically term it here. And he said that in his practice 95% of the patients didn't take a good first breath. From an osteopathic perspective, that first breath is supposed to basically puff everything out, get it moving. If you are C-sectioned, you never get squeezed. So, taking a first breath is almost impossible. And yes, we know that not only do you not get the bacteria that come from the vaginal flora, that helped populate your gut and keep you healthy later in life. And so, what they're doing now is literally taking swabs, vaginal swabs and putting in the baby's mouth so that the baby gets mom's flora. That's something that medical science seems to have learned. But the first breath and the calming of the nervous system is missing in almost all of those C-section patients. It can be recovered with good osteopathic treatment.

Steven Bruce
Right. I mean, I would have been surprised to be honest, if you hadn't said that C-section was responsible for quite a lot of things going wrong in babies because everyone we've had on the show that talks about infant says exactly the same thing. But encouraging to know what we can do with or that there is something we can do about this. Elizabeth has elaborated on the question I didn't know about earlier on. She says with the palpatory findings that ratcheting movement in the spine and the feet be the same in patients with global low tones, such as seen in children with Down syndrome and or in people with connective tissue disorders, Ehlers-Danlos, Marfans.

Charlie Beck
So, I'm going to spread them apart here. Down syndrome in my patients that I've seen with that, yes. Ehlers-Danlos, and connective tissue diseases. I've got a really good friend of mine, colleague in Ohio, one state over. And he has

found, through his research, and working with his patients that a number of connective tissue things that we're finding are actually deficiencies in manganese. There are just a couple of supplement companies here who make products that have fair amounts of manganese in them. And if you give it to the patient every other day, because manganese is apparently something where if I give it to you every day, it's actually going to make your condition or deficiency worse. But if they give it to you every other day, the body knows how to assimilate it and over the course...

Steven Bruce
So at what sort of dosage would you be doing that?

Charlie Beck
I don't know if you can get the same products. Standard Process makes something called manganese B12. And they make something called Bio-Dent, B, I, O, D, E, N, T. Those are the two products that I use from Standard Process. And if you can get those, the dosages on the side, it's again dosing every other day. But what happens is the connective tissue starts to change, almost immediately, but it takes about a month or two for you to see these differences. And then, because their connective tissue problems aren't as bad, their nervous system gets to change, because it isn't trying to protect the body.

Steven Bruce
Okay. One more before we ask you perhaps to move on. This is an observation really, Carolyn has sent in a book recommendation. She says it's an old but accessible book Reflexes, Learning And Behaviour by Sally Goddard, have you come across that one?

Charlie Beck
I don't know if I've read that one or not, I'd have to look and see if it was in my book list.

Steven Bruce
She said it's a good introduction to the sequence of reflexes. I was, I was kind of hoping, actually, Charlie that you might have a willing volunteer somewhere nearby so that you could demonstrate some of the things that you've been explaining to us.

Charlie Beck
Let me go see if I can find my wife. I will be right back.

Steven Bruce
Thank you very much. While Charlie's off finding his willing volunteer do keep the questions coming in, because I'm sure he'd be delighted to answer what he can. And we haven't got any plan for this. But sometime in the future, we will do everything we can to facilitate some form of learning whether online or face to face with Charlie here or reference later. Um, good afternoon to Charlie's willing volunteer.

Charlie Beck
This is my wife, Katherine.

Steven Bruce
Katherine. Nice to meet you. I'm Steven.

Charlie Beck
Okay. No, come a little bit closer so they can see your eyes a little bit better. The first one I'm going to demonstrate is Fear Paralysis Reflex. And what happens is best on someone who can understand your verbal commands. If not, you got to figure this one out. But you tap the sternum and you watch the eyes when they're closed. If the lids stay closed and do not flutter, Fear Paralysis is not there. If they flutter then Fear Paralysis is present. And in some patients, and this is where it gets crazy, because you have to look at this from an electrical standpoint, I can have my hand this far away and do that. And the patient flinches. Okay, and I'm two or three feet away from them. So, this is definitely a Retained Fear Paralysis Reflex. So, close your eyes. And all I do is tap. And you can see how the eyes flutter. Yeah. Now, I know what's going on in Katherine, because my mother passed away and we buried her on Saturday. So, both of us are kind of reeling and our nervous systems are not stable yet. So, I would expect to see this in her. In a month, I would expect to see it fade back into the background. Okay. Fear Paralysis also works if I tap joints, and let me just make sure you can see. So, tap here, okay, and I'm going to do the same fluttering in the eyes. When it comes to Moro, Moro is, again, that resistance to extension in the neck, so I would have her lying down, if I put her on the table, although you can see her, I can't talk and neither one of us can hear. So, I'm going to put two fingers behind the neck, and I'm going to pull straight forward. Okay, if this happens, shoulders stay on the table, head stays on the table, all happens is the neck extends, that's normal. If this happens and the head comes along with the fingers, Moro Reflex is retained. Okay. Those are the first two. What I have been finding recently, and when I first started doing this, I tried to get through about 10 reflexes in ,one-hour session. Finding, treating, explaining to the patients, not only did the patients themselves get overwhelmed from the treatment, but there was so much information that people just didn't seem to retain it. I've taken a different approach now where I'm doing the two reflexes, Fear Paralysis and Moro, treating those pretty well, so that the nervous system gets to relax, and sending them for a deep consultation with Dr. Google and look up a list of reflexes that I find present. And then with YouTube, to look up treatment. And what I've been telling patients is, look, you can pay me lots of money to come in and treat these and I'm happy to do that. Or you can do the treatment on your own for free. And it's just going to take long. Oh, well, we're happy to do the treatment on our own. Oh, that's perfect. You come back and see me when you need me. Yeah, what I've been finding is that seems to work, maybe even slightly better than me trying to treat 10 reflexes at once. So, in this case, less is more. And what it seems also to correlate with is if you can get the Fear Paralysis and the Moro volume to turn down a lot of the other reflexes just fade into the background on their own and they don't specifically need treatment.

Steven Bruce
Right. Can I ask when you were doing those tests on Catherine, in a, you know, a real patient, if I can put it that way, would you expect any difference if you warned the patient you were going to tap their sternum once their eyes were closed? Because we would expect to have to warn them that we were going to do it from consent point of view anyway.

Charlie Beck
I tell them, I'm going to check your chest gently. That's it.

Steven Bruce
Okay.

Charlie Beck
So, I do let them know. And it's funny because if you get somebody that you know fairly well, you can say, don't do that. Don't move your eyes. And literally they cannot fight it. You know, oh, relax your neck. I know. I know. You're

really trying to be stiff for me, but relax, they can't. And so, it can become like a running joke. If it's someone you know well.

Steven Bruce
And so when Catherine comes into you as a patient who you don't know, when she tells you she's had a trauma like the one you just described, would you do anything about that reflex now or would you just say, well, this is going to go away in time, as you get over the grief process or whatever? Or would you attempt to help it on its way?

Charlie Beck
I think it definitely needs help along the way. And what I've found is, and I talk about this in the course, there are some things that in my clinical practice, seem to trump reflexes. Reflexes are very important. But some things, if they are present, need to be treated before you can get to the reflexes. And they are bigger insults to the nervous system, which I put under the big umbrella of shock, you can have shock that affects the entire dura. So, the spine itself feels more like a lead pipe than individual pieces. You can have a physical, emotional or spiritual shock, that causes the body to tense, restricts all of the diaphragms of the body. So fluid isn't moving, makes the spine feel rigid. And that needs to be removed before the reflexes, it makes the reflexes actually harder to find. And you can have solar plexus shock, which tends to make the lumbar spine feel like one vertebra instead of five. If all of those are gone, you can start with the primitive reflexes. In Catherine's case, my case, because it's more of a shock, the news that my mom and passed away, and we were both very close to her. It's more of the body gets news that it couldn't handle in that moment. And so, it protects itself by tightening.

Steven Bruce
Yeah. Okay. And just while Catherine is still here, obviously, I'm getting lots of people asking how would you treat these reflexes? What would you do about the Fear reflex that we've just had, Fear Paralysis Reflex that you've just demonstrated?

Charlie Beck
Okay, so this is one where it's much, much, much easier to show you in live demonstration. So, I can say, hey, it's here. Now you can feel what I felt. But what effectively happens is an electrical change in the body. So theoretically, this thing right here is negative energy. This is positive energy, okay. And the electrical pathway should flow into the path of least resistance. Which means if I put my negatively charged hand on top of her head, so negative and positive charge, and feel around, there's no electrical signal that seems to be sparking or arcing or doing something different. So, this should all feel relatively homogeneous. The moment I activate the reflex, I'm going to feel something different in the head. That is the pathway, electrically, that is not following the path of least resistance. So, it's doing something odd, abnormal, whatever word you want to put with it. And then what I do is find that electrical place in the head, connect it with another part of the nodal cord. And there are specific places that I teach during the class. But the reality is, it's anywhere along the midline, front or back, that gets the electrical signal to come back to normal.

Steven Bruce
Okay, connecting that just manually.

Charlie Beck
Yes, I have found you can also use lasers, low wattage or cold lasers, magnets, acupuncture needles, because the reality is all you're doing is trying to fix the electricity. But manual certainly works really well in my practice, since that's what I travel with.

Steven Bruce
I just had somebody send it to me, there's a lot of people tapping their sternums right now just to see what happens. I'm hoping they've got their eyes open, otherwise, they're not going to see what you're doing.

Charlie Beck
What happens when you tap your, so first of all, very hard to tap your own sternum and startle yourself. But, if someone else taps your sternum and it feels welcome, and your body doesn't have a reaction either way, so it's just kind of neutral. I would say you probably don't have a Fear Paralysis Reflex. If someone else taps your sternum and some part of your body is going, if you don't stop that right away, I'm going to throttle you. That is a Fear Paralysis Reflex talking to you.

Steven Bruce
I think we need to clarify something here, you did distinguish between these earlier on. But Carrie has said, we were taught not to use Babinski as it relates to babies and we should use an upgoing planter as a sign of an upper motor neuron lesion problem. I think she means not use the terminology and you distinguish between that motor neurone sign and...

Charlie Beck
Correct. The interesting thing is, if you're going to talk to most GPs or paediatricians, and you mention Babinski's Reflex, they will not have a frame of reference for it. And they will either assume that you have mistakenly referred to Babinski's sign, or that you're from another planet and using a different language.

Steven Bruce
You got me, I looked at your slide deck when it first came through. And I thought we don't call it that, Charlie, and I'm humbled and I am wrong. Oh, Carrie has said could you demonstrate the Fear Paralysis ratchet test that you mentioned earlier on? Are you able to do that? I'm very conscious that poor Catherine can't hear me. And she didn't hear me when I said, Hello, Catherine. We're all very grateful for her time

Charlie Beck
They say they're grateful for your help. So, what I'm going to do is show you on this side of the spine, and then I'll show you with my hands the other way on this side. So, I've got a handle on the shoulder, the other hand is almost at midline. And as I am side bending, rotating, and translating I'm feeling for facet pair closure. And so, it looks, it's a very smooth motion, looks like this. It's taught in the sequencing course. That's on one side. That's on the other. And so, what I feel when Fear Paralysis Reflex is not present, is this side bending motion is very smooth. When Fear Paralysis is present, I feel da-da-da. Yeah. And so, it's just, like I said before, something that 10 years ago, I didn't think twice about until I realised ooh, that's this reflex telling me it's there.

Steven Bruce
Yeah. Okay. And we've got a sort of a variety of questions here. They're coming in. I'll give them to you in a random order. Jos says who do you recommend in San Diego?

Charlie Beck
Um, Terry Cyr, Mary Anne Morelli Haskell and the Osteopathic Centre For Children which is where Viola Frymann practised before she passed.

Steven Bruce
Thank you. What about babies, Juliette says, babies that don't like tummy time and or are slow to roll? How does that fit in with the reflexes you mentioned?

Charlie Beck
I back way up from that. So, in babies, I do check reflexes, but only after everything else is moving. So, I'm going to do a full structural cranial, every other exam that I can. Because if those things are happening, usually it's something structural that's at the root of it. And I need to get the structure corrected before I can expect the nerves to improve.

Steven Bruce
Okay. Carrie says, how do you know that teeth are stuck? How do test that one?

Charlie Beck
You palpate them? And it sounds like a lame answer. But that's true. So, the way I keep it simple in my head is that every part of the body that you can put a finger on should move in every plane of motion you can imagine. So, teeth should move forward and backwards. And I'll use compass directions because it's easier. So, if you're looking at a tooth from wherever you're looking down on a tooth, they should move north south east west, they should rotate clockwise and either counter anti-clockwise, whichever you call it. And then they should go into the socket more and out of the socket. If they can do all of those motions, the ligaments that support them are correct. Doesn't mean the tooth is correct because that's a different test. But if you can do that then the tooth moves the way it's supposed to in its socket.

Steven Bruce
Have you got a protocol for treating the teeth? Or is it simply a question of sticking rubber bands between them as you described earlier on?

Charlie Beck
There is now a 24-hour dental course, which takes you through what every tooth does, where it shows up in the body, how dentists move them or get them stuck, how you can help a dentist, how the dentist can help you. So, yeah, there's a whole course on it.

Steven Bruce
Well, I, there's one thing I dislike about getting people like you on this show is, I'm constantly reminded of how little I know. And you and me both. Liz has asked, I suspect this is fairly obvious from what you said earlier on, but Liz asked whether individuals with PTSD are likely to have retained reflexes?

Charlie Beck
I would say almost 100% of the time.

Steven Bruce
You've seen many of them. I'm conscious that you've got quite a lot of veterans in the states who have done nasty tours of Afghanistan and places like that.

Charlie Beck

I have a number of veterans in my practice, some of them, so I look for the reflexes when you're a new patient. If you've been with me for a while, the reflexes tend to go away. I mean, you can treat them directly or you can just treat the patient. And in many cases the reflexes just go. If the reflexes are primary, it's important then to treat the reflexes. And so, yes, I have had a number of patients actually have a patient who has become a really good friend, who is getting ready to set up a nonprofit to help veterans with PTSD. And we're hoping to do a pilot study to see if the reflexes, like if we just pick a few of them, and treat the reflexes, will it help their PTSD? So, look for more information on that in a few years.

Steven Bruce
Yeah, where will we find it on your website?

Charlie Beck
Um, yeah, or published in whatever journal I could find accepted.

Steven Bruce
Okay, um, Maria asks, what do you think about skin stimulation with brushing? And the Retained Reflexes exercises offered online on YouTube to help the reflexes mature. She's heard that they can take 9 to 18 months to mature.

Charlie Beck
Correct. So, I'd say yes to everything that she said, skin brushing is a way to stimulate the nervous system. And everybody is individual, which we of course, learn is osteopaths. So, if you are brushing in a way that that person's nervous system sees as something therapeutic is helpful. If you happen to be brushing in a way that their nervous system doesn't see as therapeutic, it's fingernails on a chalkboard, and so you won't get a response. That one is, again, hard to teach via YouTube. But it's easy to experience once you felt it the wrong way and the right way. I have found that most people if they're doing home exercises that 9 to 18 months is probably realistic. But if as an osteopath, you can see them a few times, in between that period you're going to lop months off just by doing what you do as an osteopath.

Steven Bruce
Vladimir's asked how you treat the Fear Paralysis Reflex. And I wonder that there's probably not enough time left for you to run through all of that. But can you describe an outline what you would do.

Charlie Beck
Yeah, so basically, you stimulate it, it causes some reflex arc in the head, you neutralise the reflex arc, you stimulate it again, and you keep treating, you keep repeating the cycle until you've turned the volume down. I don't think I've ever been able to get one to completely go away in one visit. But you can take it from ten to one.

Steven Bruce
go pass on that you talked about in the head and correct. And is that the is that the only mechanism that you use in treating it?

Charlie Beck
It's the one that seems to give me the fastest results. So,, for my practice, yes.

Steven Bruce

Okay. Yvonne has asked her if it's possible that there's an emotional block leading to a structural disengagement.

Charlie Beck
Well, of course, I mean, mind, body, spirit are interrelated. Yes. But then the real question I would hear from that is, would we need to treat the emotion to release the structure? Yes. And so, with some people, you treat a reflex, and there's no emotional expression on their face, the reflex just goes away. Other people, you tap into this reflex and all of a sudden, they are wailing in front of you, just uncontrollable sobbing, because you've tapped into some stuck emotion that nobody else has been able to get to and you've released it, right there for them.

Steven Bruce
Well, we are of course getting a lot of questions about how you treat things. And I'm conscious that it's very difficult for you to demonstrate them online, especially in the time we have left. But Amanda has asked about talking about treating these Retained Reflexes. Are there particular types of techniques recommended? And is there a particular reflex to check regarding speech delays and dysfunctions? Apraxia, dyspraxia?

Charlie Beck
Okay. So that question kind of goes dovetails into the dental course. So, for me, the body is the guide for what's going on in the mouth. If there's a tongue issue, it shows up in a very specific place in the body, if there are teeth issues shows up in different places. If there are no issues with the teeth or the tongue and it's neurological, it shows up someplace different. So, for me that is the metric that I guide my treatment by. And so, it's individualised for each person. Which is to me kind of a lame answer, but it's the one that I use all the time. It's much easier for me to show you in a lab demonstration, I could pull somebody out of the audience and go, okay, they got a problem. Let's see what we can do to fix the problem in, let's say, five minutes.

Steven Bruce
Well, I'd love to, I really hope that we can help facilitate that at some point in the future, because...

Charlie Beck
I'd like that too.

Steven Bruce
Everything you've said sounds really exciting. I'm very conscious a lot of people were looking forward to attending your course in Ireland until it was cancelled recently. Yvonne has come in again and said, do you think that working the reflexes will release the emotional issues? Or do we need just to wait for your research on that one?

Charlie Beck
I'm going to give you an answer after I say yes. So, from a Chinese medicine standpoint, when emotions get stuck in the body organs get restricted. The Chinese use acupuncture to release the energy, which then osteopathically frees the organ. What we do osteopathically as we free the organ and that frees the energy. And so, I have seen in my practice over and over again, someone comes in with an identifiable emotion, whether it's anger or fear or whatever it is, and you go to the organ and you mechanically release the organ. The emotion flows. It may not flow in your office, but it flows for them so that when they come back symptoms are improved. Same thing happens with the reflex. If you get the hinderance out of the way that's been keeping the energy from flowing, the energy starts to flow and the emotion comes out.

Charlie Beck
Over here, Charlie, if any of us went to an allopathic doctor, you know, a conventional doctor and explain them this, I suspect we will be laughed out of their surgery, you are trained as a physician. Is this more widely accepted in America than perhaps it is over here?

Charlie Beck
Oh, goodness, no. I am the town witch doctor, and I'm happy for that.

Steven Bruce
But it must help at least that you have a medical qualification. They can't deny that.

Charlie Beck
Yes, yes. The way I run my practice, again, it's cash based, where most practices here are insurance based, you have to find out about me, I don't advertise. I might get one referral in a year's time from another physician. There are dentists that refer to me. But most of the time, it's word of mouth, you have to find out about me and then and I've literally have people that come from all over the world.

Steven Bruce
Harvey's asked whether you can talk about connection of primitive reflexes and neuro development in children.

Charlie Beck
When the reflexes integrate, let me back up, when they appear on time and integrate on time, you are optimally developed. When a reflex gets hindered, either in its appearance or its integration, it affects neuro development. And the more reflexes that you have that are hindered, the worse your neural development.

Steven Bruce
Right. And Shivam has said you have any experience working with autistic children and primitive reflexes?

Charlie Beck
Yes.

Steven Bruce
Good, effectively.

Charlie Beck
Yeah. Yeah. Yeah, it definitely helps them.

Steven Bruce
Now, in terms, while we're waiting for the opportunity to get courses with you face to face, Charlie, what are the resources? Are there some specific resources on YouTube that people can go to look at for this. Have you got any videos up there that would help explain this further?

Charlie Beck
No videos. I have been asked on numerous occasions to do online courses and online teaching and feel like I want to give a quality course, I want to make sure that at the end of the course, you come out understanding the things really

close to the way that I do, if not exactly the way that I do. And I feel like the only way for me to do that is to have my hands over yours, to make sure that we're both on the same page, and to give you an opportunity to ask questions and to give enough feedback so that your body gets it. I haven't figured out how to do that. Even using 10 cameras, because the feeling you need to get in your tissue. So, at the moment, I have limited what I've been doing online, got courses that are ready to go at any moment. And certainly, people are welcome to come spend time with me.

Steven Bruce
Yeah, well, we'll try and we'll get some details from you after the show. And then we'll post them on the website so people can find you if they want to travel to the States. But again, we'll try and facilitate something over here if that's what you'd like us to help with. Paul's asked a useful question. Interesting question here. You were talking about articulating the teeth, moving the teeth. He says, how does he separate the finger pad movement from the actual movement of the teeth?

Charlie Beck
Goodness, I mean, I guess I could ask you the same question about any other joint that you palpate. When you learn to palpate, you try to figure out what's you and what's the patient. So, and I mean, it's a great question. I feel like I do it, perhaps unknowingly. I have also tried to palpate with different kinds of probes. So, a piece of metal on the tooth, and have figured out that it gives me the same results. So, for me that means that a and b equal.

Steven Bruce
Yeah. Okay. Rebecca has asked about tongue tie issues. Is there any connection there with primitive reflexes? Either causative or as a result?

Charlie Beck
Yeah, let me think about that for a moment. There are definitely structural issues in the entire body. Tongue tie issues cause tension in the lumbar spine, they cause tension in the sacrum. They cause tension in the reciprocal tension membrane. They cause the mandible to not move right, they cause upper cervical tension. And those are just simple anatomical connections. Reflex wise, I know that there are, and I forget the reflex that it is, there's one that's associated with the class two bite. So that's where upper teeth, lower teeth, the upper teeth are on the outside of the lower teeth. That's a class two. This is a class three. That's a different reflex. This technically is a class one. That's where we're all supposed to be. And that's all I know, I don't think anything else that I've read relates tongue tie to reflexes.

Steven Bruce
Actually, it's interesting you mentioned that, I did have a question sent in earlier on from John, who was saying that those dental crossbites and overbites class two are a good place to start with scoliosis he says.

Charlie Beck
Yes.

Steven Bruce
It was an observation.

Charlie Beck

Yeah. Yeah, absolutely. Absolutely. The bites will also cause cranial strain patterns. Yeah. And so one of the ways that you can work with a dentist is to identify the cranial strain pattern, use the adjustment on the appliance, whatever the appliance is, that neutralises the cranial strain pattern.

Steven Bruce
Right. What about dyspraxia? Linda's asked about treating, whether primitive reflexes have an effect there.

Charlie Beck
I think so. And I'm going to say think because I don't get patients in for specifically that item.

Steven Bruce
Yeah. Okay. And Carrie says, does treating the reflex take patients back into the trauma vortex as she describes it? It seems so simple to treat a reflex to release the trauma wound.

Charlie Beck
Not that I've seen, I mean, I've had patients that have emotional releases on the table. And the moment that releases over they're aware of what it was, but they don't seem stuck there.

Steven Bruce
Okay. So, Charlie, we can't actually do any sort of practical training as we're online though. What would you like to say to sum up what we've been talking about over the last 90 minutes then?

Charlie Beck
I'd love to come and do a class or a bunch of classes. I know that I traditionally kind of travelled to Europe once or twice a year. So, let's see if we can work something out to piggyback to a trip and love to come teach folks.

Steven Bruce
And when you say Europe is, is that all over Europe, or specifically the UK or?

Charlie Beck
Um, sometimes I fly over sometimes I fly through.

Steven Bruce
January, I think from January, which used to be part of Europe anyway.

Charlie Beck
Oh, well, there you go. There you go. Well, I'd love to come visit your island.

Steven Bruce
I love the way earlier on you referred to a colleague in the next-door state of Ohio. And I was thinking that makes it sounds as though it's a nice easy trip, whereas the UK would probably fit into it, Indiana and Ohio.

Charlie Beck
It's only about a three-and-a-half-hour drive. So that's not bad. But you know, in the UK, if you drive three and a half hours from the centre, you're in the pond.

Steven Bruce
That's right. Yeah. Charlie, it's been great talking to you. Thank you.

Charlie Beck
And thanks so much for having me.

Steven Bruce
Clearly, people are very, very interested in what you've got to say I'm, I hope we can help out those people who missed out on the course in Ireland that you're running. I'd really love to facilitate getting you over here again in the future. But for now, thanks to you, and thanks to Katherine. And of course, I had been made aware that your mother had passed away before the show and I'm doubly grateful that you've given up your time, and what can't be a very easy time for you. So, thank you very much. And condolences have been sent in by many of the people watching this evening as well.

Charlie Beck
Thank you so very much.