

Balancing to Resolve Spinal Galant Reflex

and its Effects on Bed Wetting and Irritable Bowel Syndrome

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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

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

with 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:

- 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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* See www.centeredge.com, "Articles" page, "Retained Reflexes in Children and Adults"