

Neurophysiological Treatment of Primitive Preborn Reflexes and their Importance to Child and Adolescent Psychiatry

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Introduction

Primitive preborn reflexes (PPR) may be cause for learning disorders or emotional problems.

New medical studies on child development disorders point towards causes achieved premier to birth, during birth or shortly after (pre-, peri- or postnatal).

This may affect the further development of perception, motoric and emotional control.

In our patients with persisting PPR we meet:

- affective labilities
- motoric difficulties
- concentration disorders

Objectives

New scientific research on child development shows, that the start for difficulties

in perception, motoric abilities, behavioural and learning skills are initiated

very early in your life.

Primitive Preborn Reflexes (PPR) are developed between week 9-18 in early pregnancy.

They give movement facilities and

the power to battle for life, if necessary.

Life preserving reflexes are ATNR (asymmetric tonic neck reflex) and MORO-Reaction.

The reflexes have to save the unborn from harm in pregnancy, later on the prepare

the foetal position for birth and they will

help with movements and the skill to survive press woes (ATNR).

Directly after childbirth, the MORO reaction will help with the first intake of air

and clearing of lungs with the first cry.

The PPR will continue to look after the newborn in the next 6 months to follow.

Afterwards they have to integrate (go

down in reactivity), and it is regarded

pathologic, if they can be released after the age of 4,5 years.

Results

Case report: Alex, 8 years of age: the bully

Alex was presented to our clinic with abrupt and extreme impulsivity. He cries, throws objects or devastates his room. 45 minutes later he will come down and complains of difficulty breathing and starts to weep.

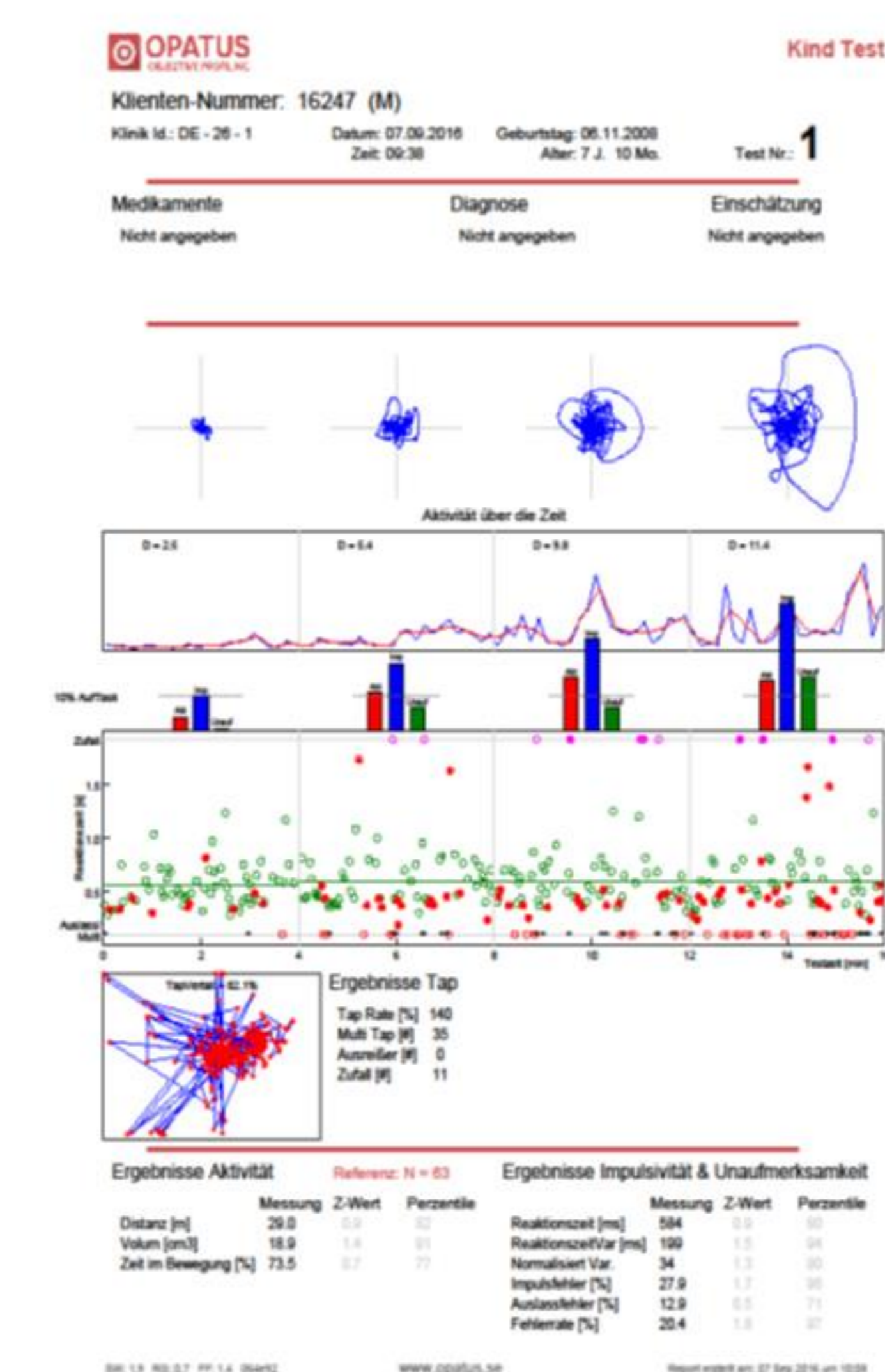
Prehistory: preterm woes starting in week 30. Critical cesarian section in week 34 after decreasing heart beats (ATNR). 6 weeks intensive care for the newborn.

Birth weight 1750g, -length 43cm, APGAR 08/08/08, pH 7,36; First problems recognized with start of grammar school.

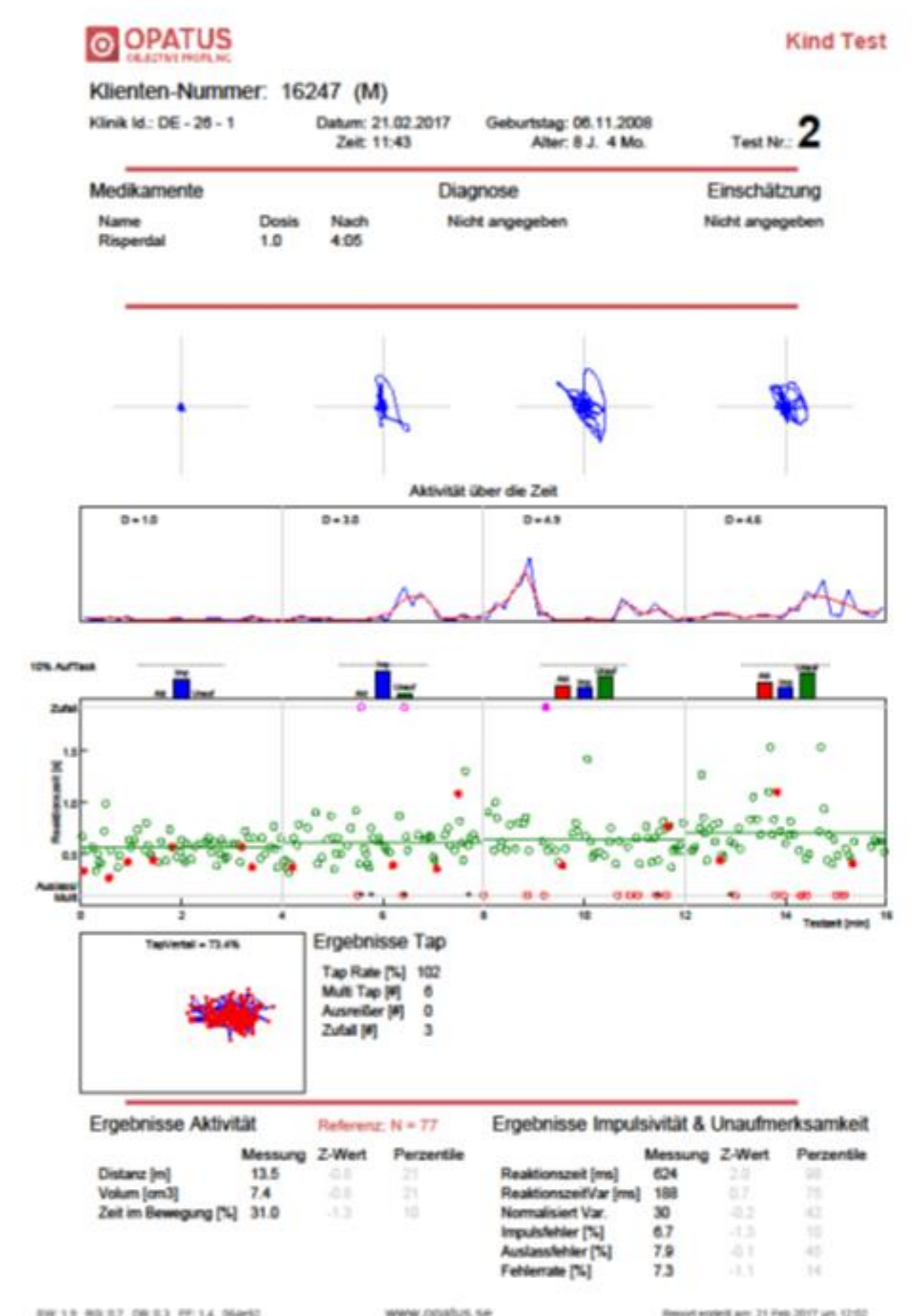
Reflexes when presented first: ATNR 75%, MORO 100%, STNR 75%, spinaler Galant 25%, TLR 50%

Testpsychology: CFT1: IQ=94 (normal intelligence),

OPATUS – CPTa: much impulsivity, few omissions.



Treatment: psychomotoric treatment for integration of PPR, lasting 9 months with daily trainings. Psychoeducation. Controls after 9 months: no impulsivity outbreaks, stabilized mother-child-interaction, better performance at school.



Conclusions

It is essential to inspect persistence of PPR in child and adolescent psychiatry, for it may have a severe effect on problems that are frequently presented at our clinic. That means, you will not be able to treat sufficiently any anxiety disorder, eating disorder, obsessive compulsive disorder, impulse control disorder or attention deficit disorder with verbal therapy or drugs only, if PPR are involved.

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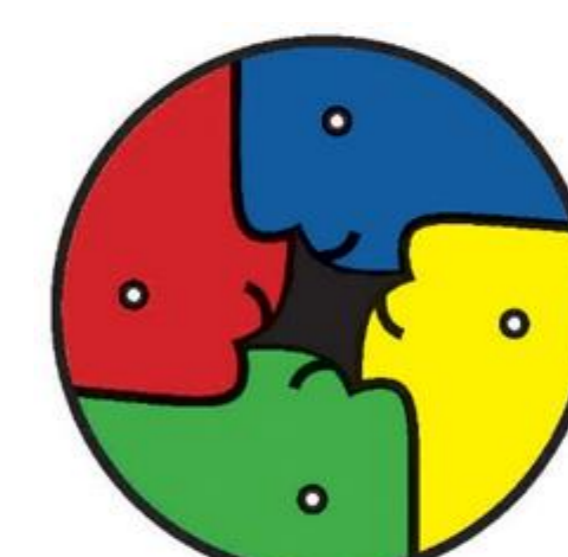
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