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The Galant reflex is better known as a deep abdominal reflex in the newborn. It was originally explained that tapping the anterior superior iliac spine or touching the skin along spine from shoulder to hip caused the contraction of the abdominal muscles. Either way, the reflex apparently causes the facilitation of the ipsilateral quadriceps.

Medical papers indicate that the Galant reflex is physiologically present from birth through about the sixth month, and that it is always pathological at any older age.

This author believes the Galant reflex is important in every patient no matter their age. The pathological finding is the one that shows a dysfunctional response to functional muscle testing.

Functional manual muscle testing should show exactly as the original author states: the functional facilitation of the abdominal and quadriceps muscles. This author also believes in the importance of Galant integration with the rest of the functional reflexes, and has observed a concomitant functional inhibition of the ipsilateral hamstrings.

Receptor Based Solutions™ for the Galant Reflex *The Postural Response to Stroking the Lumbar Flank*

The Galant reflex (or Galant's infantile reflex, named after the Russian neurologist Johann Susman Galant) is commonly observed in newborns and is said to fade between the ages of four and six months. It helps rule out brain damage at birth.

Elicit Galant's reflex by holding the newborn in a face down posture or laying them on their stomach and stroking along the one side of the spine. The normal reaction is for the baby to swing their lower body toward the stimulated side. This reaction involves the facilitation of the ipsilateral quadriceps, eventually helping the baby turn onto its back.



The belief is that a persistent Galant response beyond six months of age is pathological. Functional use of this reflex, however, shows this belief to be unfortunate. The reflex *should* endure, physiologically integrating itself with the functional matrix that eventually enables upright posture.

It is unfortunate that the general belief holds Galant reflex to be pathological if it persists beyond six months of age.

Case Study: Kelly (37yo) has been a patient for a long period. She came in complaining of lower back pain along her lumbosacral and sacroiliac joints bilaterally, with that of the left being more involved than that of the right, for the past two weeks. She had been doing a lot of bending and twisting to unpack boxes, but she felt no specific incident that would create such pain. There was no other significant history.

Examination: With the patient in the prone posture, the hamstrings appeared to be able to meet the demands of manual muscle testing bilaterally. Further, tapping the tendon of the insertion of the ipsilateral medial hamstring caused appropriate functional facilitation of that hamstring. Subsequent deep tendon stimulation of the tendons of the hamstring's origin and insertion appeared to be appropriate on each side.

Stroking along either side of the distal paraspinal muscles from the dorsal to the lumbar spine, with a sharp object, appeared to cause a functional facilitation of the ipsilateral hamstring.

Discussion: The Galant response involves the functional facilitation of the ipsilateral quadriceps. Therefore—through crossed cord responses—the reciprocal response should cause a functional inhibition of the ipsilateral hamstrings.

One general rule in applied kinesiology is that the bilateral inhibition of a muscle indicates a possible spinal fixation, and each muscle involvement indicates a particular level of the fixation. For example, a bilaterally inhibited hamstring suggests a possible sacral fixation. In this case, the hamstrings appear to be functionally facilitated when tested individually, but they indicated a bilateral functional inhibition relative to the functional facilitation of the ipsilateral quadriceps secondary to Galant stimulation.

Treatment: Sacral challenge revealed the need for its coupled structural manipulation. Reevaluation of the Galant reflex indicated a functional inhibition of the hamstrings ipsilaterally and functional facilitation of the hamstrings contralaterally.

Summary: This patient is a neurotypical 37 years old female. She has no frank brain pathology. The Galant reflex showed itself to be a valuable part of her functional neurological examination because it revealed a functional pelvic instability and its treatment provided the proper resolution of that dysfunction. The Galant reflex should be a fundamental part of every patient's neurological examination.

Dr Michael D. Allen is a healthcare leader as both a Doctor of Naturopathic Medicine (NMD) and Doctor of Chiropractic (DC), with certified specialties in functional neurology and applied kinesiology.

Internationally recognized and with 37 years of clinical experience, Dr. Allen has frequently lectured on four different continents. He has authored several books and professional papers dealing with uniquely human movement patterns and their autonomic concomitants, pain management, and learning issues.

Dr. Allen has served the International College of Applied Kinesiology (ICAK) as the Vice-President and Secretary of the American Chapter, as President, Vice-President and Member-at-Large of the International Council, and as the Neurology Consultant to the International Board of Examiners, overseeing 18 chapters worldwide.

He is the President of the brain-based healthcare facility known as Allen Chiropractic, PC, and Founder of its educational division called, HealthBuilderS[®], both being in Orange County, California.

For more information about Dr. Allen's two books—*What Your Brain Might Say if It Could Speak* and *Receptor Based Solutions[™]; Functional Neurology Every Doctor Should Know*—go to www.receptorbasedsolutions.com.



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