

# Uncoiling primal reflexes

## Pain sufferers might find relief in 'downloading' stress signal

BY STEVE VANTREESE

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A groan, gasp, grimace or the grabbing of a painful body part is often the first sign to physical therapist Gary Brown that somebody's problem has abruptly uncoiled.

Those "four G's" are responses that Brown and other practitioners of primal reflex release technique look for when they find and contact what is identified as a trigger region for an overwrought nervous system playing nasty tricks on the body.

Brown, who operates clinics in Reidland, Draffenville and Salem, is

one of about 200 physical therapists worldwide who have been trained in primal reflex release technique, or PRRT. It is a pain-relief therapy developed about a decade ago by San Diego physical therapist John Iams, who found

that easing overactive and ongoing bodily stress reactions can ease pain associated with a wide variety of conditions and injuries.

"The primal reflexes are what the body does to protect itself as a reaction to pain," Brown said. "There's the startle reflex, like jumping when there's a loud noise or experiencing a sudden pain. There's the withdrawal reflex, like pulling away from something that scares or hurts you."

The body's protective reflexes become activated and stay that way in response to injury or discomfort from inflammation or other traumatic condition, Brown said. The primal reflexes, "hard-wired into our central nervous system," then tighten our muscles and joints and cause more pain that the condition that resulted in the reflexes in the first place.

"The body uploads itself," Brown said, using computer language to describe autonomic nerve signals to

stress or tighten. "It stays startled, on guard, and that worsens the pain — even after the condition that causes it begins to improve. The pain can outlive the trauma."

Brown's mission with PRRT? "Download the reflexes."

"Western medicine treats the segment of the body that hurts," Brown said. "But the global approach is ... maybe there's something more general that causes a problem with, say, a shoulder. Instead of treating the shoulder, maybe there's something else we can do to make the shoulder quit hurting."

"In our society, everybody is looking for a pill to fix everything, but there needs to be something to replace chemistry for some of our problems," he said.

Brown said physical touching, the application of light pressure and some types of manipu-

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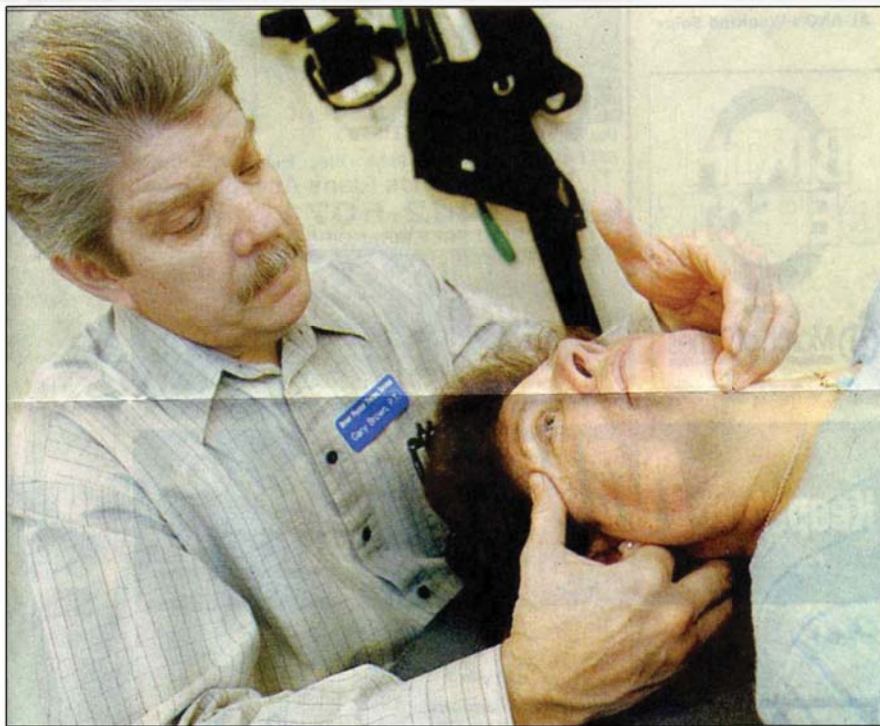
**Gary Brown**  
Physical therapist

lation of key nerve-linked areas of the body prove to be the keys to finding what PRRT developer Iams identified as trigger releases, or downloading controls in computerspeak.

"If you come in with a pain problem looking for PRRT help, there's about a one-minute, non-invasive exam that I give looking for areas of the body that cause these reflexes," Brown said. "Then a few minutes of therapy is usually enough for a treatment."

Brown said what he's looking for is usually recognizable in underlying muscle tension: tissues may be tightened, tender or thickened. He said reflex-related pain itself often results from what therapists call muscle "splinting," anatomically stiffening for protection around injuries.

Finding and lightly manipulating a reflex-freeing trigger region, however, allows much of the tension in overwrought tissue areas to relax,



**Gary Brown**, a physical therapist, demonstrates a tri-cranial release on Joni Burfee, an assistant in his Reidland office.

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and some or all of the inadvertent but self-induced pain to go away, Brown said. The relief often comes right then, he adds.

"There's 25 or 30 areas that I usually touch in an exam, and if I find a trigger release and get one of the 'four G's' — the groan, gasp, grimace or a grab — that's a positive. With a little more treatment, it's not unusual for the patient to get maybe a 50 percent reduction in pain relief immediately, on the first visit," Brown said.

"Within two treatments, I'll know whether this is going to work for someone, and usually four treatments is the most that anybody ever needs," he said.

Brown said PRRT works for 70 to 80 percent of pain-suffering patients that come to him.

"Primal reflex release is not going to fix a herniated disc in someone's neck," Brown said. "But it can signif-

icantly reduce the pain that someone is feeling as they try to recover from surgery on a herniated disc. And somebody who's able to reduce the level of pain he's feeling by half may find that his situation is a whole lot easier to live with."

Brown said primal reflex release works for a wide variety of conditions, everything from chronic unexplainable headaches to sports injuries to "all sorts of 'itis' conditions." Pain of different sorts can all result in overwrought primal reflexes that only intensify discomfort, he said.

Some of the worst part of providing PRRT as a therapy is that it is a little difficult to explain and it sounds a little goofy, Brown explained.

"Touching, flicking, some of the things I do as a part of the treatment, it looks stupid. It looks like quackery," Brown said. "But these things I've been trained to do are actually

the downloading of the body, and they have the opposite effect of the primal reflex startle or withdrawal."

Brown is quick to separate the PRRT therapy from mental therapy or counseling. His place is not to convince pain suffers to relax. It is to administer physical therapy that affects the physical results of the nervous system. "I'm dealing with actual physical and physiological things, not psychology."

"This technique is so new that we don't really know enough about the physiology of the body to understand it all, be we know it works," Brown said. "It may sound like a bunch of hooey, but if it helps reduce pain, do you really care?"

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