



# EEG Neurofeedback

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EEG Neurofeedback Treatment for ADHD and Learning Disabilities Information Pack  
Clinics in St. Albans and The Hale Clinic, London

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## EEG Neurofeedback FAQ:

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- *What is EEG Neurofeedback Training?*

EEG Neurofeedback is a learning strategy that enables a person to alter his or her brainwaves. When information about a person's own brainwave characteristics are made available, he or she can learn to change them.

- *How is it done?*

An initial EEG (electroencephalogram) is obtained along with a description of symptoms, history, and family history to assess the likelihood of effective training. This takes about 3.5 hours, including an EEG training session. Subsequent training sessions last about 1 hour and are conducted from one to three times per week. Once learning is consolidated, the benefit appears to be permanent.

The EEG Neurofeedback training is a painless, non-invasive procedure. Using some conductive paste, one or two electrodes are attached to the scalp, and one to each ear. The brainwaves are constantly monitored by the practitioner by means of an amplifier and a computer based instrument that processes the signals to provide appropriate feedback. This is presented to the trainee by means of a video game and verbal cues from the practitioner as necessary.

The trainee is asked to make the video game go with his/her brain. As activity of a desired frequency band increases, the game moves faster. If activity in adverse bands increases, the game slows down. As the training session progresses the practitioner adjusts the goals to optimise feedback. Gradually over a number of sessions, the brain responds to the feedback that it is given and new brainwave patterns are learnt. These are closer to patterns normally observed in individuals without such disabilities.

- *What results do we obtain?*

In the case of attention deficit disorder, we observe that impulsivity, distractibility, and hyperactivity all respond to the training. This can lead to much more successful school performance. Cognitive performance may improve as well. An average increase of 23 points in IQ has been demonstrated in independent tests with a representative group of children with attention deficit disorder (ADHD).

In the case of brain injury resulting from concussion, whiplash or stroke, we observe reduced symptoms of confusion, irritability, sleep disturbance, depression, pain, fatigue and poor memory.

In the case of epilepsy, we generally observe a reduction in seizure severity and incidence. In many cases, a reduction or even elimination of anticonvulsant medication is possible, as directed by the trainee's physician.

- *Why does this training procedure work?*

The brain is amazingly adaptable, and capable of learning. It can also learn to improve its own performance, if only it is given information about what changes to make. All of the conditions listed above show up in the EEG in some way. Through control and manipulation of the brainwave activity, the trainee learns to make long lasting changes in both mind and body. Giving the brain a greater ability to manage or regulate itself provides a variety of benefits.

The brainwave training process is very much like normal learning. Firstly the conditioning effects of the learning appear to be permanent. Secondly when the brain learns how to manage itself, it continues to do so. In addition, the learning saturates. One cannot learn "too much." The process reaches completion.



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- *How long does training normally take?*

EEG training is a learning process, and therefore results are seen gradually over time. For many conditions, progress should be seen within about twenty sessions. In the case of hyperactivity and attention deficit disorder, training is expected to take forty or more sessions, depending on the individual. Some symptoms of head injury respond in about twenty sessions (quality of sleep, fatigue, chronic pain) whereas others may require longer (memory function).

- *How frequent should the training sessions be?*

In the initial stages of learning, the sessions should be regular and frequent, at two or three sessions per week. After learning begins to consolidate, the pace can be reduced. Daily training sessions may be beneficial as well.

- *How do I get EEG Neurofeedback Training?*

You can be referred for EEG neurofeedback training by your local GP or medical specialist through the normal NHS channels or alternatively you may opt for self-referral. Please note that if you are self-referred, you may have to provide details of your local GP and give permission for your GP to be consulted, should the need arise. In addition, a consent agreement will be required before commencing training.

- *My doctor does not know about neurofeedback. What can I tell him/her?*

Some doctors and specialists may not know about neurofeedback or the service we provide. We are happy to provide information for doctors and other professionals directly, which cover the research basis of this training and its relevance to the particular individual requesting neurofeedback. We would be happy to discuss your case with your GP or specialist.



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## HOW CAN NEUROFEEDBACK TRAINING HELP – A list of Benefits:

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*More efficient brain function  
More balanced emotional life  
Better quality of life*

## Learning Disabilities, AD(H)D, Dyspraxia, Dyslexia, Speech and Language Difficulties, Tics/Tourettes, Autism, Aspergers, Spectrum Disorders:

Reduced distractibility/impulsivity  
Improved cognitive and academic performance  
Improved behaviour. Normalised motor function  
Improved social awareness and interaction  
Eliminate psychostimulant medication

## Depression, Anxiety, Bi-Polar Disorder, PTSD:

Stabilize moods, improve confidence and self-esteem  
Release trauma and reduce/eliminate medication

## Chronic Pain, Migraines, Headaches:

Eliminate pain, reduce or even eliminate medication

## Neuromuscular Re-education:

Remediate injuries, Pelvic prolapse & Nystagmus

## Epilepsy:

Fewer seizures. Improved recovery, cognitive function  
Reduce/eliminate medication

## Head Injury/Stroke:

Improved emotion, social and cognitive function  
Better recovery of motor and sensory abilities

## Breathing Disorders:

Improve asthmatic symptoms, Reduce medication

## Sleep Disorders:

Less time to fall asleep and more restful sleep  
Reduce/eliminate bruxism, bed wetting in children

## For Addictions, Eating Disorders & Substance Abuse:

Appetite regulation, emotional and body awareness  
Effective reprogramming of addictive behaviour  
Alcohol and drugs become intolerable



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## The Neurofeedback Practice:

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Dr Surinder Kaur, B.Sc., M.Sc, Ph.D., FRSA.

Dr Kaur has been a neurofeedback practitioner since 1996. Initially based at a NHS Trust and now has practices in St Albans, Hertfordshire and The Hale Clinic, London.

Dr Kaur is the first full-time comprehensive neurofeedback practitioner in the UK and has also recently qualified as a certified neurofeedback performance specialist. She is registered for clinical and psychological testing with NFER-NELSON and the Psychological Corporation.

Dr Kaur completed a doctoral thesis in the field of cognitive processes and has also trained in neurophysiology and the analysis of human behaviour. She has worked in the field of management, human behaviour and training for over fifteen years, in academic and public service organisations. Dr Kaur trained in the USA with a medical doctor and leading neurofeedback practitioners with whom she collaborates for both medical and behavioural applications of neurofeedback.

Dr Kaur's work was featured in The Sunday Times article 'Blow your Mind' (15.3.98,) St Albans Observer (19.8.98) and in publications such as the schools Primary Times ('Mind Games'); in the Hyperactivity Support Group ('EEG Neurofeedback in the UK.'). She has also appeared in many other news features including Radio and Television, such as 'First on Five' on Channel 5. In April 2002, she appeared on BBC Radio Scotland talking about Billy Connolly's ADHD! More recently, Dr Kaur presented her work to the Childrens CNW group in September 2005.

With practices in St Albans, Herts and The Hale Clinic, London: -

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## ***Case Study: Attention Deficit Disorder and Behavioural Problems, Remediation and Elimination of Ritalin***

Elizabeth was diagnosed with ADD in early 1995. Throughout her primary school years we had been told that although bright she was not achieving the levels expected of her. From a social standpoint she was relatively immature and relied heavily on a few core friends. Looking back Elizabeth had always been quite shy and lacking in confidence but it was not until she went to senior school that there was a suggestion that all might not be well.

The problems facing a child with ADD are varied. The common threads are an inability to focus on something for longer than a few minutes, a lack of organisation and poor short term memory skills. These symptoms leave parents perplexed as to why a task performed with ease one day becomes insurmountably difficult the next and the child lacking confidence and self esteem. The behavioural pattern of a child with ADD can differ significantly. In Elizabeth's case she was quite emotional and found it difficult to understand relationships and to express affection. As time progressed these traits had become more apparent.

Following the diagnosis Elizabeth was prescribed ritalin. Initially this had a very positive affect on her schoolwork. She was more organised and concentration in lessons became possible. It was quite remarkable that Elizabeth could say when the effects of the drug kicked in and when they were wearing off. After fifteen months on ritalin it was thought necessary to increase the dosage as Elizabeth was growing rapidly. Although we had been assured that ritalin was not addictive with the prospect of an additional dose, from three to four tablets a day, we were becoming increasingly concerned at the long term effect of taking the drug. It was at this stage that we sought an alternative treatment to drugs and we were introduced to Neurofeedback.

The idea of a non-invasive treatment which offered the prospect of dealing not only with the inattention but the social awareness (which did not respond to the ritalin) was compelling. However the sessions are not for the weak-hearted. The twice weekly neurofeedback sessions were at times quite hard for an energetic and impatient teenager! There were occasions when Elizabeth would have given up but the detailed scoring of goals which we had set at the beginning of the sessions confirmed that there was indeed measurable progress being made.

At the outset the goals set reflected the changes which we would like to see Elizabeth achieve. These included broad categories with subsets which we measured on a scale of 1-10. In Elizabeth's case we were looking for improvements in attention, self esteem, social integration, motivation and organisation whilst at the same time becoming less emotional. For each session we would score her progress and prepare a detailed report noting particular behaviour patterns.

Progress was pleasing. It was encouraging to note small changes in Elizabeth's behaviour and within three months we were delighted that not only was the dose of ritalin decreasing but her social skills were developing. She was integrating more with her peers, could accept compliments gracefully and her overall well being was increasing week by week. There were one or two hiccups along the way but as the ritalin reduced we began to recognise the carefree daughter which ritalin seemed to have taken from us.

Within six months of starting Neurofeedback Elizabeth is no longer taking ritalin. In her own opinion her concentration is now better than when she was taking the drug and she finds it easier to focus her attention at a given moment and to ignore distractions. We have observed that she is less likely to give up on the task in question and less prone to panic when something does not go quite according to plan. However the most pleasurable change is Elizabeth's increased confidence and self esteem. She is more trusting in relationships and reports from school have confirmed more integration with her peer group as well as increasing success in the classroom.



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As Elizabeth reaches the end of her treatment we are delighted with her progress. We are confident of the long term benefits neurofeedback will bring. The training has "stuck" and our daughter faces the future with confidence- a more fulfilled and happier person.

May 1998

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## Case Study: *Epilepsy*

I have Juvenile Myoclonic Epilepsy which started very mildly when I was thirteen in 1983 but became gradually worse until by the end of the year 2000 I was experiencing myoclonic jerks almost every day, sometimes dozens of them. I have had three tonic clonic seizures over the years and each time my seizure threshold lowered and an increase in myoclonic seizures followed.

In August 2000 I was put on Lamotrigine by my neurologist and stayed on it for three months. The number of seizures I experienced remained the same. Each time I raised the dose of Lamotrigine it became more difficult for me to function normally as it caused dizziness and made it difficult for me to think clearly.

I also had chronic insomnia and this caused more seizures, as sleep deprivation is one of the biggest aggravators of seizures in JME. I was extremely anxious as a result of the lack of control I had over when the myoclonic seizures would occur and how they and the Lamotrigine made me feel.

I started treatment with Dr. Kaur in January 2001. She has been treating my seizures, insomnia and anxiety. By the end of January 2001 I had weaned myself off of the Lamotrigine. Using the EEG neurofeedback process I gradually learnt how to prevent the slow brain waves from getting out of control and leading to seizures.

Dr. Kaur treated me twice a week for six months, then once a week for six months and then once every two weeks for three months. I am currently only going for treatment once a month as the treatment comes to a close. The improvement in the frequency and severity of my seizures has been steady and gradual over the period that Dr. Kaur has treated me. When I started treatment I was having on average three myoclonic jerks every day. They caused me to fling my arm out, drop things or even fall down and afterwards I would feel fuzzy headed and confused. Now I don't have any myoclonic seizures. Occasionally, if I have a high temperature due to a cold or flu I might feel a small twitch in my head but I don't get any jerks in my body, I don't lose consciousness and I don't suffer any negative after effects.

The neurofeedback treatment has worked for me in two ways. It has provided me with a tool that prevents seizures occurring and it has also caused a general improvement in my brain wave activity.

My seizure threshold has been raised by the treatment and it is now rare that I have to apply conscious effort to prevent seizures occurring. If I do feel that the slow waves are getting out of control I am able to apply the techniques I learnt in neurofeedback to pull myself out of danger.

I feel much clearer headed, my anxiety is low and I rarely experience any insomnia. This is remarkable considering that events have occurred in my life that normally would have made me far more anxious. I have recently lost one of my main sources of employment as the company that I was working for went bankrupt and I have also separated from my long-term partner. I feel that I can overcome these problems and I have not seen any rise in seizure activity or instances of insomnia. I credit this to the effect the neurofeedback has had on my life by teaching me to control my brain waves.

I am now able to go about life as normal. Before the neurofeedback treatment I found it difficult to work as my mornings were disrupted by seizures. If I needed to get up early I would get insomnia the night before and then by the next morning I would be having too many seizures to go to work. Now I am able to take work that starts early in the morning and feel confident that I will make it in without difficulty. For the last three months I have even been able to wake up and start the day at 5.00 am to go to an early morning yoga class.

It has taken hard work to gain my freedom from epilepsy but given that I had this condition for over fifteen years and the horrible effect it was having on my life it is really very little effort to put in for such a great result.

Lara 2 May 2002

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## Case Study: Dyslexia

3<sup>rd</sup> April 2000

Dear Sir/Madam

I would like to talk to you about my good experience with Dr Kaur she helps me with my trouble which is maths, writing and reading. At 21 years old I still could not do any of those things. I tried other treatments like sound therapy and light therapy but it did not really help me. I also had a private teacher who tried to help me, with my trouble but even after many months she could not help me. My mum, dad and me were about to give up when we heard about Dr Kaur. My parents rang up Dr Kaur, to go and see her.

Then she did a test on me and she was very surprised at what she saw. It was not very good but she was very keen to help me to get



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where I am now and I feel great. It took me six months to get where I am now I am very happy to be able to write a letter. I can write long stories and do math and be able to read. Before I could not read or write and do maths because I have dyslexia and learning difficulties but now I have almost finished with my treatment. Dr Kaur can treat other problems, like ADD, head injury, stroke, epilepsy, substance abuse and many more. It is called EEG Neurofeedback Services it trains the brain to get better, it uses a computer but you will have to go and see what she can do for people. My experience has changed my life because I could not have written a letter to you at all but now I can. Now I can write newspapers, T.V. Times, posters can do maths like percentages, division, multiplication addition and subtraction. I can't do any of these things but as from now I can



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I am going on about it but am really happy I can do this and I wish to tell all the world about my new life. My mum, my dad, my brother, my family, my friends, teacher, doctor and all the people who have know me all my life are very surprised to see how much I have changed. They are all very happy at my progress. I would like you to help me to tell all the world about it. Dr Kaur will help them. Her telephone number is 01727 839533. Please can you write to me thank you.

Yours Faithfully

Lydia

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## Case Study: *ATTENTION DEFICIT DISORDER , DYSPRAXIA*

Our daughter Laura was not diagnosed with dyspraxia until she was eleven. She had often puzzled us in infancy. She was not adventurous, didn't crawl, ran awkwardly, tripped over thin air, couldn't cope with noisy situations. However we received assurances from health professionals and so pressed on with bringing her up with her sister, younger by 19 months. There came a point however, in her eighth year, when her peculiarities could no longer be explained as those of any young child. Her peers in school began to notice that there were differences between her and them. The first signs of bullying appeared, and after our move to West Sussex this increased, along with verbal abuse. It was to continue, despite a change of primary school, for several years, and into secondary school.

After diagnosis, Laura received a lot of support from the high quality community child health team in Chichester, mainly in the form of counselling and coping strategies, particularly on the social side. We ourselves supplied educational support in the absence of anything very practical from the local authority or individual schools. What we desperately wanted of course was a treatment for her dyspraxia.

In the autumn of 1996 a local speech therapist suggested we contact Dr. Surinder Kaur, a psychologist using the latest techniques from America in EEG neurofeedback. The technique is non-invasive. In non-technical terms the patient is linked to a machine whilst looking at a computer monitor. The monitor shows a variety of puzzles and games. In order to make progress in the game, the patient must think in a certain way. This means that the activity of each of the three main brain waves must be proportionately enhanced or depressed. The machine to which the patient is linked measures this relative activity. If it is what is required, it allows the game to proceed; if the brain wave activity is not appropriate, it slows progress or stops the game altogether. In this way the different parts of the brain are trained to perform in a normal and effective way, and to link up with each other.

Dr. Kaur, although already treating a range of disorders and disabilities, was very keen to work with people with dyspraxia. We wanted to improve Laura's self-esteem and confidence so that she could develop rewarding social relationships, especially at school. We wanted to improve her concentration and attention particularly to enable her to cope better with the education process. We wanted to improve her self-organisation and perceptions, not least to lighten the load on her close and supportive family.

Laura's treatment, supported by the child health team and by her fundholding general practice, started in April 1997. She had two sessions a week for ten weeks. We set up some broad headings under which to score progress in accomplishing the objectives. From session to session we gave a score out of 10 for each heading. To derive a score, we watched carefully between each session of treatment for any change in the following specifics:-

- How friendly she was with other people, and they with her
- Her ability to assert herself
- Her ability to retaliate to/cope with aggressive and bullying behaviour
- Her ability to pick up signals from other people
- Handwriting - precision and amount
- Organising thoughts, planning, and feeling confident about the day ahead
- Maths -finding them easier and getting more done in a fixed time



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- Self organisation for homework and tests
- Degree of reliance on mum and sister
- Clearer ideas, and expression of them
- Tolerance of change in plans and arrangements
- Number of queries about what was happening in the plots of TV programmes
- Ability to find her way round town
- Short term memory
- Physical coordination

This was of course subjective, but we were careful not to let ourselves get carried away. The marks over the first 20 sessions showed a strong and steady upward trend. Laura was then reviewed by the local child psychologist and the GP. Impressed by the changes they saw in her, they agreed 15 more sessions. The trend continued until every score was 10 out of 10. The treatment had produced huge improvements in Laura. In 35 sessions her dyspraxia had been remediated. Our objectives achieved, we see today a very different Laura to the one we knew a year ago. She is focussed, organised, bright, witty, giggly and perceptive. Her schoolwork, particularly maths, is much better, and she is getting high marks.

These improvements are undoubtedly "sticking". She has recently started a new school and, at last on a level playing field with other children, is rapidly developing sound and fruitful social relationships. Indeed we feel that her intellect and personality are gaining full and free expression. Laura's brain has got better.

Dr Kaur is based at St. Albans, telephone 01727 874292

Text written by Susan and Andrew E (Laura's parents) as sent to the Dyspraxia Association, Hitchin

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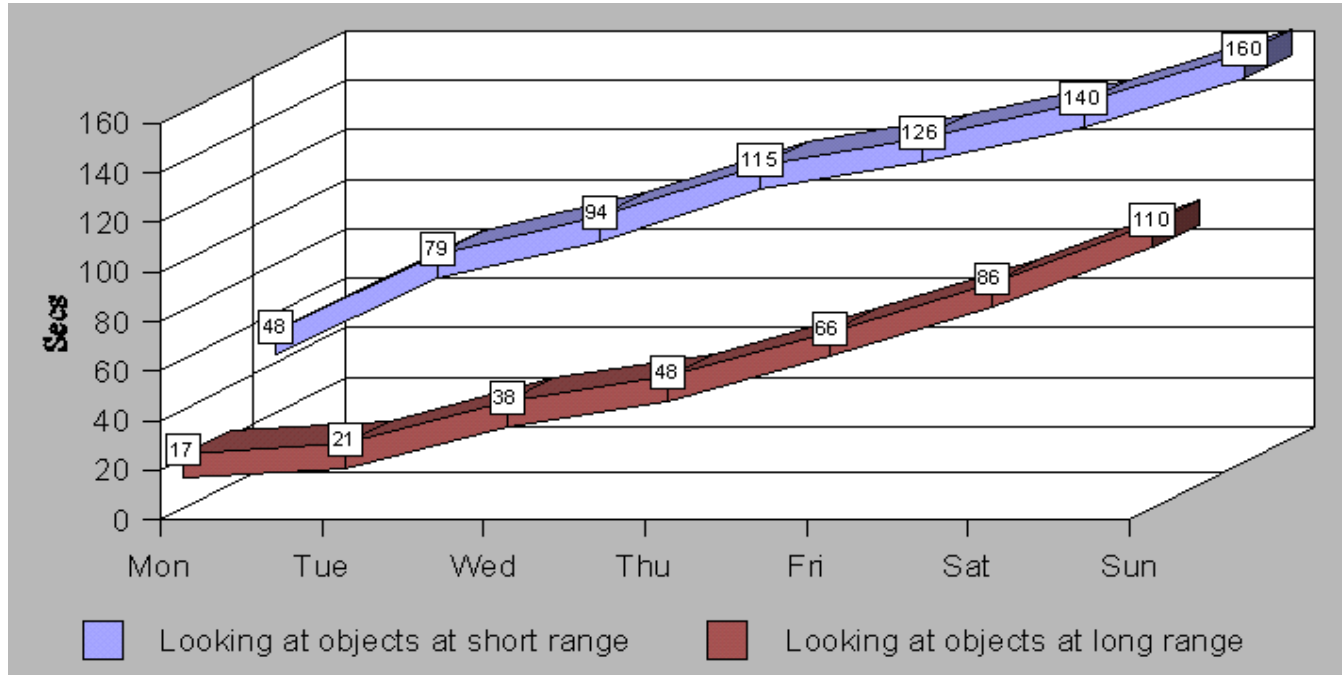
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## Case Study: Congenital Nystagmus

I have had Congenital Nystagmus all my life. Every eye specialist I have visited all said the same thing "there is no treatment for you nystagmus." This was very frustrating as there are many careers I would like to pursue but I was not allowed, on the basis of the nystagmus giving me poor vision and therefore I did not reach the medical standards. However through the Internet I discovered EEG Neurofeedback could be used to treat nystagmus. I got in contact with Dr Kaur and arranged to come over from Ireland to start the treatment during my summer holidays.

After the first session I noticed a difference as my eyes for half an hour in the morning did not move at all the first time in my life they have even stayed still. On the 7 July 1999 I got my eyes tested at an opticians I could read 6/12 with each eye and 6/9 with both eyes thus qualifying me for driving. The next visit I made was on the 27 July 1999 then I was able to read 6/9 with each eye and 6/9 +3 with both eyes. As the sessions progressed the time my eyes stayed still from getting up increased. This graph shows the improvement over one week:



On Saturday and Sundays we can see are days at no treatment. Even on these days we still see there is improvement. This is achieved by doing exercises which repeat the state of the brain during a session. Nearing the end of the treatment eye movement was hadrly noticeable. At the beginning long eye movement was getting 4/10 and short range 6/10 while now at the end of the treatment long range gets 9+/10 and short range gets 10/10. Now my eyes only move if I am put into a situation of social anxiousness which only provokes slight movement downgrading long range to 9/10 and short range to 9+/10.

As well as my eyes improving my short term memory has also increased in strength as with my confidence level and my hand-eye co-ordination. But most importantly, my eye-sight improvement means that I can now qualify for my drivers licence and the commercial pilots licence.

- Robert

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## Case Study: *Semantic Pragmatic Disorder/ Autism*

Kushal was always a very passive and extremely well behaved baby. From 2 years on he showed inflexibility and could not swallow many types and textures of foods and was limited in what he ate. Kushal was well behaved most of the time but when he was with other children he would hit and scratch them which meant that he did not have many friends. Kushal had problems taking turns and sharing and felt little empathy for others around him. Most of the time he had his obsessions and followed his own agenda.

At 3 years Kushal was diagnosed as having **Semantic Pragmatic Disorder/ Autism**. At this point he had no speech except for one or two words. He received two years of speech therapy and occupational therapy too because of poor motor skills.

We started with Dr Kaur in January 2002. When we started Kushal still lacked considerably in a number of areas:

Comprehension – He understood very little and found it really difficult to follow instructions and understand basic concepts. He could understand very simple instructions such as “let’s go now”, “we are going home”, “let’s read” etc. He would not understand or speak about events that happened in any other time frame other than those that happened presently and the bulk of his communications was repetition of what had been said to him and question format conversation such as “what’s this?” or “can I?” etc. very rarely stating anything.

Participating – Kushal found it difficult to participate in school activities with other children and at home. He also found it difficult to cooperate with grown ups when asked to do something or move one activity to another.

Since starting with Dr Kaur. Kushal improved considerably in a number of his key problem areas: -

He started eating foods from bread to pizzas, vegetables and is amazing how adventurous he has got with his food and even asks for it whereas before he ate very specific limited foods and only when put in front of him.

He likes & plays with other children and is now constantly attempting to be like them, he is sharing & taking turns. Even his teachers have noticed how much more friendly he is with other children and other children have come and told the teacher that “Kushal is now their friend”, whereas before we had a lot of written complaints about Kushal’s scratching & heavy handedness with other children & even school staff.

Kushal’s drawing & colouring has improved considerably, before he would do some for a few seconds and be finished. Now he can sit & colour for at least 5-10 minutes. He has also started with writing and writes a few letters by himself however others he can trace over by himself. He also enjoys Lego.

He is showing concern how when someone is crying or gets especially upset if it’s children and comes to tell me.

Socially, at functions and parties, Kushal is interacting and integrating far better than ever. Before I used to get complaints every five minutes about Kushal and it wasn’t fun for anybody.

He is a lot more independent in dressing himself in that he showers, dries himself & puts his clothes on by himself. When he gets home from school he puts his shoes away and changes into normal clothes by himself.



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More importantly he comprehends a lot more than we started off with. We talk about yesterday, earlier in the day & what are we going to do tomorrow. He also tells me what's happened at school, who he saw, what they did and what he said. This is very amazing. Before we started with Dr Kaur this was not at all present.

Also when Kushal started school in reception year, because of his defiance & general behavioural problems, the school could not cope with him and until they could obtain appropriate help from local education authority they allowed Kushal to School only for half a day 9-12:15. However Kushal had improved considerably with Dr Kaur's sessions & appropriate help provided that for the last month at school Kushal went to school full time. And he was fine & the teachers commented on his good behaviour too.

Overall he has opened up a lot, he is very much awake now and not so locked in his own world and as far as the social integration goes he is very keen and appropriately so.

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## Case Study: *Tourettes Syndrome*

Baturay is a Turkish Boy and lives in Turkey. Baturay was diagnosed with Tourettes Syndrome when he was 8 years old.

He was examined by both Turkish and English specialists; they were all agreed that he has tourette's and there was no cure for that. There are only some medicines that can help him with his tics to keep them under control, but as soon as he stopped taking them, his tics came back and also these medicines all have side effects.

When we came to Dr Kaur, Baturay was in a very bad condition. He had multiple motor tics as well as several vocal tics. His motor tics were eye blinking, head nodding, neck jerking and facial grimacing. His vocal tics include strange sounds, aloud words and some hesitation while speaking. The worst thing he was doing all these tics at the same time, one after another.

After Dr Kaur examined Baturay she said that she can treat Baturay but it would take time (for about six months). The problem was Baturay wasn't living in England. He was living in Turkey and had to continue his studies there. On Summer holiday Baturay came to England for neurofeedback treatment. He received the treatment 3 times a week so we can shorten the treatment time.

After a month later we started to observe very big improvements on Baturay's tics, both motor and vocal. Baturay stayed in England fro 4 months and his tics have almost disappeared. He had 90% improvement on both his motor and vocal tics. During the treatment Baturay's reading improved as well.

Even though he does some tics (but these are not as strong as they used to be) he can keep them under control and stops doing them immediately. He wasn't able to do this before nerufeedback treatment. Both Baturay's parent and me (his aunty) can't thank enough to Dr Kaur for her help. We can definitely say that, neurofeedback treatment was very successful and Baturay had great achievement with it.

Thank you very much Dr Kaur.

With love

Ayse (Baturay's Aunty)  
03 Jan 2004

When Baturay first came to London he was in a very bad condition. He was very aggressive and he had lots of tics, both vocal and motor. He used to shake his head constantly, moving his shoulders, his mouth, his nose, his hands and he was blinking. He was making lots of noises which were very disturbing.

After 6 weeks of treatment with Dr Kaur, his tics almost disappeared. He is not doing his vocal tics anymore, only he is speaking to himself and this is coming out like some kind of noises. He is still shaking his head with very short movements. And he still can't relax his body, which makes him very tense especially on his shoulder. His sleeps got a lot better, he sleeps on his own now. His is still so afraid to hurt himself and because of this, sometimes he has panic attacks. At the end of this treatment we expect Baturay to be more calm, sensible boy rather than being aggressive and answering back to adults. Mainly we expect all his tics both verbal and motor to finish permanently

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