

Scoliosis

Scoliosis is a condition involving the lateral (sideways) bending of the spine, which has and continues to perplex health care practitioners in both the allopathic and alternative medical models. The present knowledge base of scoliosis discusses statistics of occurrence, age, gender and relates causative factors as idiopathic (of unknown cause). Generally, most practitioners approach scoliosis in a conservative fashion comprised of observation, exercises and stretches and progressing to bracing and surgery.

Kinesiological and functional interpretations look at scoliosis in a different light.

It has been our training and belief that nothing happens at random in the human body. It is human nature to survive. Thus, our nervous system will always take what action it believes necessary to maximize survivability. It is with this interpretation that one must first take the position that scoliosis is a compensatory state allowing for improved survivability.

To investigate this theory, let's look at the muscular activity and spinal distortion seen in scoliosis as a functional survival compensation relating to the centering/balancing system of our nervous system.

When we walk or run our spine will actually move thru a complex 'scoliosis type' twisting/bending movement to accommodate our gait movements of arm and leg swing. In the individual with scoliosis there is a failure to return the body to a neutral walking gait. With a right or left step-position and opposite arm swing, the nervous system will attempt to maintain symmetry and balance by making the back muscles and spine accommodate in a compensatory *twisting* posture.

This posture is necessary to maintain balance and should not be misinterpreted as “illness or disease”! This is the best your body can do right now but it can do better!

Now let's take this theory one step further. If the nervous system controls all muscular action, then somewhere there must be a neural processing deficit, a software glitch, responsible for scoliosis. In the late 1970's, Mitch's mentor, a Brooklyn chiropractor named Dr. Carl Ferreri D.C., Ph. C., attempted to solve this mystery and uncovered a vital link in the understanding of scoliosis. He discovered several commonalities relating to the scoliotic adolescent:

1. The gait muscles involved in arm swing would show a predictable pattern of facilitation and defacilitation unique to the condition of scoliosis.
2. A walking stride length discrepancy can be measured that would be concomitant and directly proportional to the severity of the scoliosis.
3. A balance problem involving the vestibular (inner ear) system.
4. A visual field deficit will exist opposite the side of the scoliosis.
5. For the bending type scoliosis to develop, a triggering event coinciding with the reproductive system becoming active (puberty) is required.
6. There is a link between scoliosis and learning disabilities, vestibulo-ocular reflex deficit, lower back pain, shoulder and neck problems, knee problems and more.

Successful treatment of the condition of scoliosis is two-fold:

First step (provided by Dr. Corwin) involving the correction of the causative factors: the aberrant centering reflexes of the head and pelvis followed by a recalibration of the vestibular component of the balance mechanisms of the inner ear controlling eye muscle movement. These primitive reflexes are part of our autonomic nervous system and can be evaluated at any age.

Once the body's primitive centering reflexes become stabilized, then the need for scoliosis (the compensatory adaptive reactive muscle imbalances) is eliminated. The facilitated (tight) spinal muscles responsible for the bending of the spine during the adolescent growth spurt will now relax and respond to care. This procedure is easy to implement and has a very low recidivism rate.

After we clear the glitch out we can teach your body how to work better.

Second step (provided by Ofer Erez) involving a process to teach your body better habits of movement and posture. This is the fun part of care.

Your body created, and actively maintains, your scoliosis as a necessary and useful posture. Right now your body is walking with scoliosis, sitting with scoliosis and standing with scoliosis, and it thinks this is the best way to walk, sit and stand. This is different from what your mind tells you and what the therapists or the doctors tell you is the best way to be.

All corrections, therefore, have to be done on the level of the body, not the level of the mind. We need to change your body's mind about your scoliosis and teach it a more efficient and correct posture that will be superior for survivability.

The muscles that hold your scoliosis in place are only doing what the brain tells them to do. They don't have the initiative to do this on their own. So we must change the instructions your brain is giving your muscles to be the correct ones. After that you can easily incorporate it into your daily activities until it becomes second nature to your body to hold your better posture and movement naturally.

Other problems related to scoliosis such as stiffness and pain in the lower back, neck, shoulders, knees etc. may be improved at the same time. In many cases, even severe ones, bracing and surgery might be avoided.

If addressed before the growth cycle ends, the spinal distortion can reshape and potentially disappear. If correction is done after puberty, then the spinal distortion will stop and not progress. If the centering reflexes are addressed before puberty, then the potential for developing scoliosis is eliminated.

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