

Scoliosis

Scoliosis is a condition involving the lateral bending of the spine, which has and continues to perplex health care practitioners in both the allopathic and alternative medical models. This conundrum exists because there is no gold standard of care for scoliosis. Generally, most practitioners approach scoliosis in a conservative fashion comprised of observation, exercises and stretches progressing to bracing and surgery.

The present knowledge base of scoliosis discusses statistics of occurrence, age, gender and relates causative factors as idiopathic (of unknown cause). A kinesiological interpretation looks at scoliosis in a different light. It has been my 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 maximum survivability of an inherent genetic aberration.

To investigate this theory, let's look at the muscular activity and spinal distortion seen in scoliosis as a functional compensation relating to the centering/balance 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 simply a failure to return to neutral gait. With a right or left step-position and opposite arm swing, the nervous system will attempt to maintain symmetry and balance by allowing the back muscles and spine to accommodate in a compensatory *twisting* posture. This posture is necessary to maintain balance and should not be misinterpreted as "illness or disease"!

Now let's take this theory one step further. If the nervous system controls all, then somewhere there must be a neural processing deficit relating to this genetic aberration, i.e. a software glitch, responsible for scoliosis. In the late 1970's a Brooklyn chiropractor named Dr. Carl Ferreri attempted to solve this mystery and uncovered a vital link in the understanding of scoliosis. He discovered several commonalties 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.

Correction of the condition of scoliosis involves first eliminating the causative factors; the aberrant centering reflexes of the head and pelvis followed by a recalibration of the vestibular component 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 the compensatory adaptive reactive muscle imbalances of scoliosis 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.

If correction is completed before the growth cycle ends, the spinal distortion can remodel 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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