Wade Wellness Center

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Idiopathic Scoliosis - Not a Spinal Problem

Scoliosis is a progressive S-shaped bending or deformity of the spine. Attempts have been made through the ages to limit or correct the condition with the use of massage, bindings, mud packs, body castings, armor corsets (in the middle ages) and various forms of body braces. In recent years, surgery has entered the treatment arena. The back is cup open, the posterior part of the spine is chiseled away, the spinal curve is jacked up to straighten it and rods are inserted into the chiseled-out grooves and wired to the bones. The removed bone, plus some taken from the hip, is ground up and layered over the rods. The patient is put into a full-body cast for up to a year so it will heal. The end result is a straighter spine and this is called a 'cure."

Some learn how to live with these rods, but many times weather changes, etc. can create secondary problems including breaking or ripping of the rods out of their moorings. Unfortunately, any so-called research being done has brought no new ideas to the arena. The same old theories and treatment modalities are still centered on and directed to the spine.

An article in SPINE magazine notes the high incident of learning disabilities in scoliotics. The article indicates that there is some sort of neural disorganization which contributes to both conditions.

If we consider that the bones of the spine do not move by themselves, but that muscles move the bones and that the muscles get their instructions from the central nervous system, we need to come to the conclusion that a scoliosis is a normal phenomenon. Each muscle involved in the muscle chain, which is pulling the spine out of line, is doing exactly what the nervous system is telling it to do; it can't do anything else. The spine is the structure caught in the middle of two reflex systems gone awry and the spinal aberration is the result. The spine has nothing to do with the cause of the condition, therefore, treatment of or to the spine in any way will not have any effect on the condition of scoliosis.

Classifications

There are four classifications of scoliosis: The first three will have spinal deformity because the condition existed during one of the three growth stages.

Infantile (0 to 3 years)
Juvenile (4 to 10 years)
Adolescent (11 to 16 years)
Adult onset

Causes of the Condition of Idiopathic Scoliosis

Idiopathic scoliosis, at any age, is always caused by some sort of trauma which affects the cerebella stretch reflex system which is the feedback system which monitors all muscle activity so that the muscles can reset their tone after some sort of activity. This trauma can occur from the process of birth forward. Because any trauma (injury) occurs quickly, only the spindle cell reflex of this system is activated while the golgi tendon reflex is not. The muscle is therefore tonified and the reactive muscle system is then set in a gait position with one foot in front of the other, from which it cannot release. This disturbs the head and neck righting reflex systems (labyrinthine-ocular) as they react with the pelvic centering (cloacal) reflex system. The muscles set in this gait position pull on the skeletal structures 24 hours a day and gradually bends the spine and distorts the rib cage.

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Adolescent Scoliosis

The adolescent scoliosis condition is mostly a female phenomenon. This condition appears at puberty when sexual maturity starts to happen. It is predominately a female problem in this age group because the cloacal reflex is primarily a sexual centering reflex which is tied up with the menstrual cycle. In all animals, the cloacal reflex, which coordinates the pelvic muscles to the trunk muscles to the leg muscles to coordinate the body activity in copulation, is activated at the time of ovulation when the female is most fertile. In the early stages of puberty the cycle is not established and is somewhat erratic. The neurological centering and the glandular activity rarely coincide and the neurology is disorganized. This allows these reflexes to be more easily disturbed, allowing a scoliosis to occur.

The Reactive Muscle System

All muscles work in a reactive and reciprocal program, front to back, side to side and top to bottom. The body does not fight itself in motion. When we take a step forward the leg and the opposite arm move forward. The anterior muscles of the leg, hip, arm and trunk contract to pull the leg and arm forward while the posterior muscles relax to allow this activity to take place (facilitation and defacilitation).

The Gait Reflex System

The gait reflex system which allows us to walk, run, dance, work and to do all movements is controlled by a series of reflex systems starting with the labyrinthine-ocular head righting reflex system and cloacal pelvic centering reflex system. The labyrinthine-ocular reflex (LOR) is a subdivision of the vestibular-ocular reflex (VOR) system. The activity of the VOR as it relates to the cloacal system comprises the vestibular spinal tract, which is the master reflex system for us to be an erect animal and regulates or controls all muscle activity involved in posture and movement. If the neural reflex system is compromised, the muscles get the ‘wrong’ signal and the body is put in the position of gait from which it cannot release.

Many Scolioses

All practitioners who attempt to deal with scoliosis try to somehow straighten the spine in one way or another, whether it be with manipulation, stimulation, bracing or operation. The spine is not the problem, but the reflex deficits which allow or create the scoliosis are. They are the control systems for the muscles. Scoliosis is the result of a traumatic occurrence, the most common being a whiplash or head injury. These traumas cause a disturbance in the gait reflex systems and each injury can create its own scoliosis. Depending on the number of injuries (accidents), the individual can have multiple scolioses, one on top of the other. They can be related to night or dark or dawn or dusk or any number of circumstances of injury. If the circumstances of the specific injury occurs, that scoliosis can now become active.

Some Scolioses Develop More Quickly

The extent of the scoliosis and the rapidity of development depends on the extent of the gait deficit. If there is a large gait deficit, the body will be more distorted than if there is a small gait deficit. Try this yourself: stand in a long step position with one foot extended at least two feet in front of the other and swing the opposite arm forward to accommodate the step. This position will precipitate a rapid development and large curvature, while with a short step there is a slow development and small curvature. The condition of scoliosis is a treatable condition. What grew bent will be bent; no one will change that, but the neurological condition can be stopped and if there is little or no distortion, sometimes reversed.