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"Health" Magazine Article - Osteopathic Concept and Spinal Study Statistics In Children

Richard S. Koch

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OST. Concept & its Statistics
in CHILDREN

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HEALTH Magazine Article

Submitted by: Dr. Richard S. Koch, Olympia, Washington

Does the osteopathic physician help the child and adolescent with his ailments as spectacularly as he does the adult? Does he contribute something special to their health more than by the means of ^{practicing} ordinary medicine? Does his special training, additional to his ordinary medical education, enable him to help health problems other than back and neck aches? From the practices of the thousands of osteopathic physicians who carefully concern themselves with the mechanics of health the answer comes back an emphatic "yes" to all of these questions.

How can this be proven, how demonstrated? Can we illustrate it here in simple terms?

Let us take for example a recent ^{personal} study of a series of 83 children and adolescents. Spinal studies of back, pelvis, and neck were made by way of standing xray pictures. In addition fluoroscope and palpation (or "feeling") of the spine for areas of tenderness, rigidity, and restricted or limited vertebral motion was performed. It was shown that only 12% of these children had grossly apparent level or horizontal pelves (or hips) with "straight" spines. These children were the only ones whose spines appeared to move freely and equally in all the directions which nature has provided for vertebral motion.

Now let us concern ourselves with the 88% group. This high percentage must then be respected as being the "average" child in the group. Yet this "average" child it is here seen is the "abnormal" even though he makes up the most common group. These, the average children then had unbalanced pelves or "tilts" ^{& especially} ~~most commonly~~ significantly with significantly unequal leg lengths. The ~~spines above~~ column of movable individual vertebra ^{at spine above} resting on this tilted platform, would lean, tilt, twist or curve

when the child attempted to stand straight.
 away from the mid gravity (mid heel) line. This asymmetrical or curving spine is termed a "scoliosis" or sidewise type of curvature. Such vertebra or "segments" of them participating in such asymmetries or unbalances could not move as freely in all directions as expected. We can refer to them as somewhat "locked" or "stuck" insofar as normal healthy motion of each segment is concerned.

It was not then surprising when it was determined that almost invariably it was ~~AT~~ these "stuck" or "lesioned" areas that the child would tend to develop his various tense, tired and aching neck or back muscles. If he had an infection, fever, cold, flu, a physical strain or merely extra tension and nervousness it was always this same unstable area that would respond with pains or tension and fatigue. Patients commonly refer to this as "settling in the weak area".

The next notable observation by both patient and physician is even more intriguing. It was further noted that when such unstable areas of the spine were present in this "average" child that he also seemed to have weaknesses in some ^{nearly} tissues other than the spine. These other tissues commonly reacted with or "upset" together with the neck or spine discomfort.

For example, if Billy was susceptible to recurrent aches in his neck and upper back he would also tend to be susceptible to ^{one or more} internal ailments nearby; such as headaches, eye, ear, nose and throat, and neck gland troubles as well as ailments of the lungs, heart, or "bronchial" tubes. Of course, we doctors must pin ^{FANCY} ~~phony~~ names on the diagnoses and causes of these ailments, ~~and~~ Tradition insists that we label it as a specific disease. And so we do. So that, translated, we found the child with these relationships had chronic migraine, ^{or} tension headaches, ^{or} squint, rhinitis, neck, face or arm eczema, sinusitis, tonsillitis, hay fever, asthma, bronchitis, lymphadenitis, or endocarditis, etc. The child was recurrently susceptible to the streptococcus, food or pollen, or environmental tension, etc., ^{more often than not} always in the

influence
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same areas of low resistance repeatedly year after year; and doctors obediently label nature's reaction of redness, swelling, mucous secretion, etc., with a name and call it a disease.

from our study
Now, let us take another ~~from our study~~ child with a spinal asymmetry, unbalance or lesion pattern predominately outstanding in the middle of his back. When he developed a spinal discomfort or strain he could recurrently expect it in this same area. His areas of weakness or susceptibility to the germ, nervous tension, allergic response to a food, etc., was more often apt to be in the tissues ^{sequentially related} close to the area of his spine, namely, stomach, intestines, kidneys, abdominal skin, etc. To illustrate further, the girl with painful ^{or irregular} menstrual periods would usually have a low back imbalance with low backache. Labels traditionally given to such troubles might be gastritis, peptic ulcer, colic, enteritis, pyelitis, eczema, dysmenorrhea, etc.

Are these seeming spinal -- internal tissue connections real? Are they scientifically documented? If so are they explainable? Most important, what can be done about them?

That such relationships are real ^{seems to be so impressively} is born out by the relief ^{OBSERVED} experienced by many ^{thousands of} millions of patients and their thousands of osteopathic physicians, ^{then the years of growing osteopathic} Besides clinical studies on sick patients, ^{increasing} scientific documentation from the laboratory is increasingly providing data indicating the fact that mechanical conditions in the spinal vertebra and muscles and ligaments do ^{adversely affect the health & resistance of} influence remote tissues through the nervous and circulatory system. ^{Recently millions of dollars of effort have been given to} ^{Even that recently millions of dollars have been given for further research along these lines by both private & governmental interests} It is largely along these approaches to health and disease that the osteopathic physician has for over ^{THE} years been able to contribute uniquely to ~~child~~ health. One of his aims is to remove mechanical hinderances to body and local organ health in an effort to restore optimum resistance and immunity to disease and upset

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