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

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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 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 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 study of a series of 83 children and adolescents. Spinal studies of back, pelvis, and neck were made by way of standing x-ray 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 is here seen is the "abnormal" even though he makes up the most common group. These average children then had unbalanced pelves or "tilts" most commonly significantly with significantly unequal leg lengths. The spine acted as a column of movable individual vertebrae resting on this tilted platform, would lean, tilt, twist or curve
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 is 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 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 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 names on the diagnoses and causes of these ailments. 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, tension headaches, 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., always in the
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.

Now, let us take another 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 close to the area of his spine, namely, stomach, intestines, kidneys, abdominal skin, etc. To illustrate further, the girl with painful menstrual periods would usually have a low back imbalance with low backaches. 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 is born out by the relief experienced by millions of patients and their thousands of osteopathic physicians. 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 influence remote tissues through the nervous and circulatory system. It is largely along these approaches to health and disease that the osteopathic physician has for over 75 years been able to contribute uniquely to child health. One of his aims is to remove mechanical hindrances to body and local organ health in an effort to restore optimum resistance and immunity to disease and upset