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POIGNANT POINTERS FROM 60 YEARS TREATING BACKS AND NECKS

GOALS

Common denominators of chronic back and neck aches are somatic fibrosis, skeletal asymmetries, and weak ligaments. Each can cause the other two. If you have one, you usually have the other two.

Rid body of restrictive fibrosis and put it where it belongs, ie. "take it out of the wrong spot and put it back into proper spots." =Fibrolisis - then "fibrotherapy"=("sclerotherapy", "reconstructive therapy", "prolotherapy")

Abnormal fibrin is present and causative of in "all" backaches and can be removed.

Somatic fibrosis causes skeletal asymmetries and weak ligaments and painful muscle contractures and sprained weak ligaments, and back and neck aches.

All above can be reduced or removed.

This approach is best, quickest, permanent care and/or cure of chronic, weak, recurrent back aches, ie. fibrolisis then "fibrotherapy".

Treatment should be to correct weak back that causes aches and pains by getting rid of above basic causes not just to treat the aches and pains of the weak back.

In other words strengthen back permanently without exercise.

Attack and reduce static and dynamic skeletal asymmetries.

Most skeletal asymmetries are caused by unequal body parts (unequal leg lengths) and paraspinal fibrosis caused by acute and chronic muscular and fascial trauma, gravity and occupational habits.

Minute or gross skeletal asymmetries (mostly spinal) are present in most (87-94%) of chronic and recurrent back and neck aches.

Paraspinal soft tissue and interarticular fibrosis develops in "all"? or most chronic recurrent back and neck aches. Usually unilaterally.

Such fibrosis has repeatedly been implicated by allopathic, et al, research as being a major cause of chronic recurrent back and neck aches.

Significant vertebral malalignments in such asymmetries are predominantly sidebending ("the lateral component").

The lateral component (sidebending) "locks" and "sticks", restricted in motion and is not removed by natural lifestyle. Vertebral flexion, extension and rotational motions do not restrict of themselves readily because daily activities which involve bending. Flexion (bending forward), extension (straightening up), and rotation (twisting) tend to self correct and prevent locking and sticking.

Merely releasing the lateral component (sidebending) restrictions will automatically establish return towards total freedom of motion of "locked" vertebra reducing tendency of recurrent painful muscular contractures spasms and sprains.

Unilateral muscular contractures and its fibrotic shortening cause perpetuate or increase spinal asymmetries.

Adjacent ligaments are stretched, made non-functional and weaken. Weaker ligaments and fibrotic contractures and inefficient joint mechanics also via asymmetries result in muscular spasms and edema and neck and back aches.

Injuries of covase and injudicious spinal manipulation, many sports and exercises weaken ligaments as well as bony asymmetries and contracted and fibrotic muscles and fascia.

One can say nature is trying to support by muscle spasms what the ligaments can no longer do. "That's called a back ache."

Bony and disc pathology so prominent on X-ray and in the mind of orthopods, et al, rarely are a significant cause of the back aches. They commonly are the result of injuries and the related soft tissue unbalanced forces.

Permanent correction of this above "cascade of back ache genesis" involves taking fibrin out of the places that it's harming (muscles, fascia, aponeuroses and intraarticular areas) and putting it into weak areas where it's needed (ligaments and tendons) via "fibrotherapy" ("sclerotherapy", "reconstructive therapy", "prolotherapy").

Besides office administered manipulative and physical therapeutic measures, fibrolysis is necessarily achieved by patient home selfcare. Shoe and hip lifts, orthotics and specially prescribed stretches that avoid further ligament lengthening and weakening but create lengthening and lysis of adhesion, promote lengthening of short asymmetric muscles and fascia. This results in enhanced skeletal balance, stabilization, strength and comfort. The corrective forces are the opposite of the lateralization forces that create the problem and consequently the patient "adjusts his/her own vertebra".

"FIBROTHERAPY" POINTERS

"Fibrothereapy" produces collagen via initial inflammation and growth hormones and other complex molecular, structural changes. Collagen then remodels scar like fibrin to ligament like tissue with ligament like structure strength and characteristics.

Ligaments of remodeled collagen develop myofibrils which not only strengthen but contract to tighten the healing tissue and limit excessive motion.

Ligaments cannot exercise like muscles. Muscular exercise "benefits" are general, non-specific, tonic and "feel good", but do not strengthen the

weakened tissue (ligaments). Exercise can actually shorten muscles and fascia that you often want to lengthen.

The claimed actual "Hypermobility" of joints which original sclerotherapists claimed to cure is hard to demonstrate or prove. Better to consider instead of "hypermobility", is that the weight of gravity and body asymmetry creates a "leaning on" a sensitive tender weak ligament resulting in the painful muscle spasm which is your average chronic recurring back and neck ache.

And yes, "fibrotherapy" cures this.