



Kids Our Family Newsletter First

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Our goal is to inspire you, to provide you with the latest health care options available, make you smile, and help you to help us fulfill our mission – *to reach as many parents and children as we can!*

Last month we chatted about DIRT. Yes, dirt. The reason is that our obsession with sterility and the ultra-clean is causing our immune system to be not as able to deal with the myriad of germs and viruses as it once could.

This is not a good thing!

This month, we are venturing into a topic which has been a source of incredible concern for parents – and their kids:

Scoliosis:

“As the twig is bent, so grows the tree”
— Alexander Pope



Your child has just come home from school with a note from the public health nurse stating that he/she may have Scoliosis. The recommendation is that

he/she be checked further. Your initial reaction is one of panic, followed by a good measure of guilt. After all, you should have noticed this first; you are the parent!



This seems to be a very common scenario - with most parents being unfamiliar with what Scoliosis is, how to detect it in their children or what to do about it.



Scoliosis is, very simply, a curvature of the spine. When examined from the back, the spine in Scoliosis is bent sideways compared to a normal spine which should be straight.

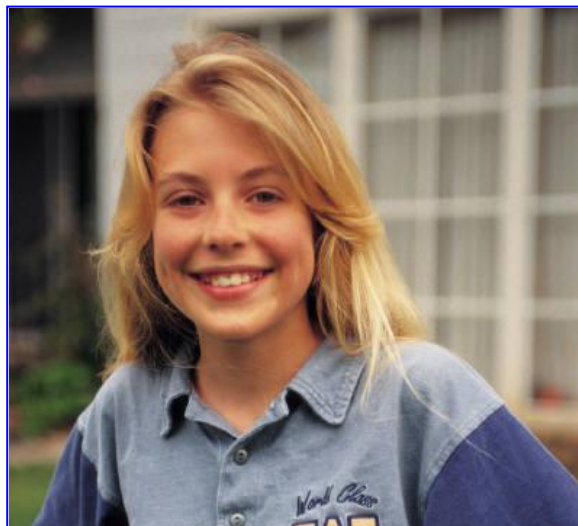
Why is this a problem?

Scoliosis can damage a child's health in a number of ways. In advanced

cases, scoliosis tends to place pressure on the heart and lungs and affect longevity. It can also lead to the development of advanced arthritis in the areas of the spine under maximum stress. Posture can be affected.



Scoliosis can affect the function of the nervous system - the transmission of data - and create a plethora of physiological malfunctions within the body. Not good! Clothing does not hang properly which can lead to a problem with your child's self-esteem.



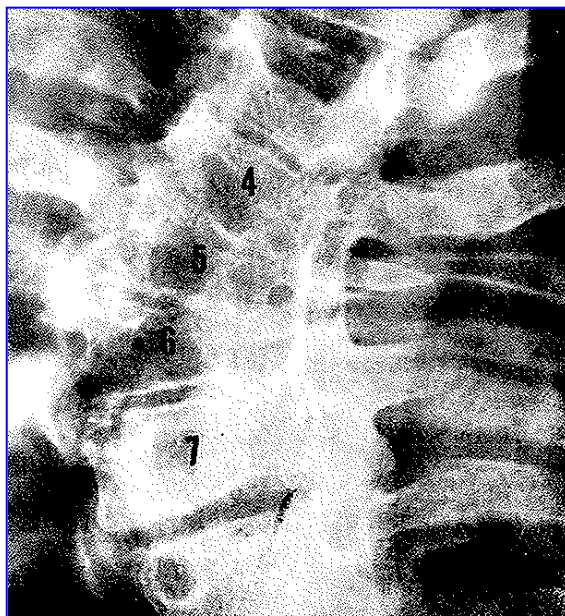
Athletic ability can be compromised as well. Other complications of scoliosis are too numerous to mention - it is a situation that is best avoided.



Most medical literature has placed scoliosis in an 80/20 split between girls and boys respectively. But an extensive research paper published in October 2004 noted that the percentage of Scoliosis is roughly at 50 percent between boys and girls – totally different than what has always been medically accepted. What a surprise!

There are essentially two types of scoliosis:

Fixed — this form is caused primarily by certain genetic malformations of the spine and is very rigid.

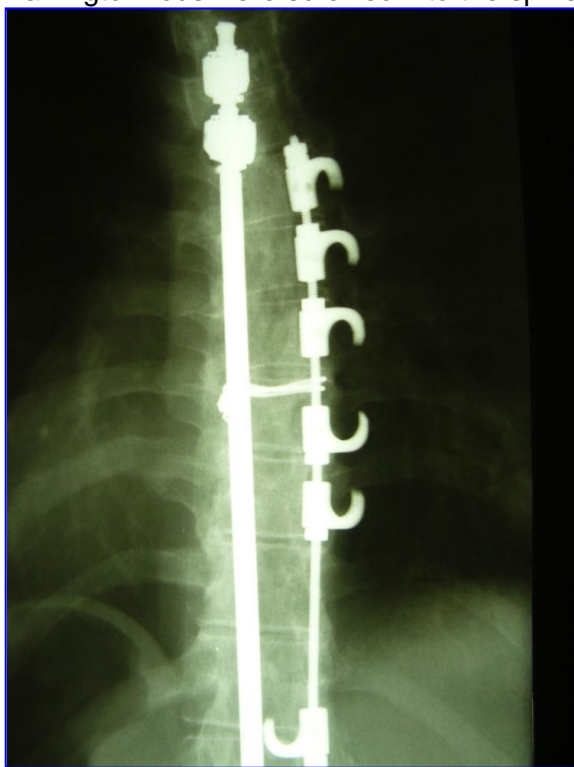


In other words, a child with this type of curvature always has it, no matter what position he or she tends to assume. Although very difficult to deal with, this type is also very rare. This is a good thing.

Functional — this form is by far the most common. This type of curvature can unwind or straighten when a child is in certain positions or postures. Family doctors and/or specialists most often labeled it as “idiopathic,” which means no known cause. *(As a side note, I always smirk when hearing these words as I can’t help but think of the “pathetic idiots” who have come up with that phraseology. For some reason, they forgot to understand that there is always a reason for scoliosis – even if they don’t know what it is.)*

Historically, medicine has always adopted a “wait and see” attitude towards Scoliosis, much to the frustration of parents and children alike.

And over the years, there have been a number of breakthroughs, but they have all been proven unsuccessful; body casts, corsets, physiotherapy, etc. Even Dr. Bobeckko’s muscle stimulator implants of the late 1970s have met with dismal failure. Those curvatures which progressed rapidly were eventually scheduled for spinal surgery, where any numbers of steel Harrington rods were screwed into the spine



in the hope of straightening it - a barbaric and desperate ritual.

As parents, you must be aware that Scoliosis does have a cause. It does not just descend upon a child out of the blue. It

will eventually cause other postural changes to which parents will respond in a predictable manner. “*Stand up straighter, pull your shoulders back, hold your chin up.*” These strange postures children assume are not done on purpose to annoy parents. No! The child is not likely even aware of the problem.

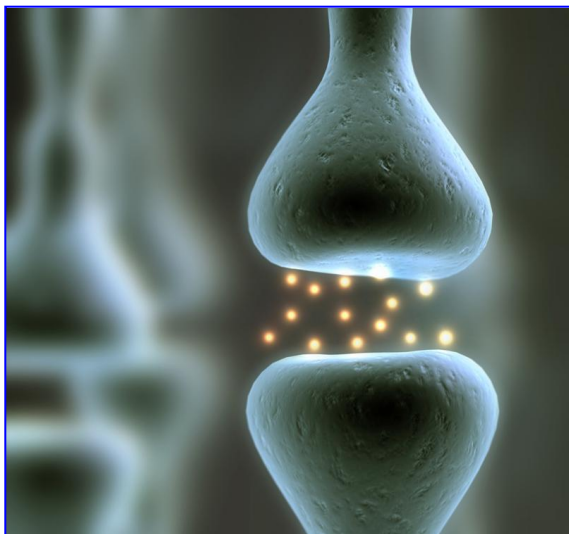


A child’s development of upright posture - walking, sitting, and other complex body functions, is a critical period of time. The young developing nervous system assimilates, differentiates, and adapts to internal and external signals and data. By these processes, this young nervous system actually learns new postural patterns, future habits and reactions, by responding to repetitive and continuous stimuli.

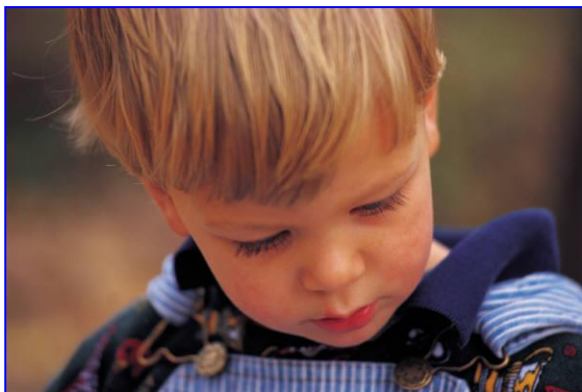


Such a developing nervous system is not always able to distinguish between proper

and improper data, and so it responds to both. The response of this young nervous system is, again, neither “good nor bad,” but rather adaptive to the data that it is continuously being fed, thus being conditioned for future response.



This process of “neurological learning” or “programming” of the nervous system with respect to movement, posture and body function starts a few short months after birth and continues through to preteen years and adolescence.¹ What this means is that the nervous system causes some of the muscles of the spine to become tight and others to relax. This simple example will tend to produce a curvature of the spine. If the nervous system produces a different command, a different form of adaptation will take place. I see this as learned response — a habit.



Dr. Fred Barge, past president of the International Chiropractors Association,

¹ Ressel, O., *Chiropractic and Children: A Rationale for Care*, ICA Review, 1986

wrote a terrific book on Scoliosis² a few years ago. He attributes these phenomena to Vertebral Subluxation; in other words, interference with the “information highway” affecting the way the nervous systems transmits and processes information about its internal and external environment. I very much agree. These subluxations cause the input data flowing to a child’s nervous system to be erroneous. The nervous system responds to this faulty input thereby producing a curvature of a spine as a means of best dealing with the data. So you see, Scoliosis is rarely the problem, it is most often simply the result of a long-standing vertebral subluxation the nervous system is attempting to adapt and handle.

The possibility and number of effects upon normal development by improper nervous system stimuli are vast and far-reaching. Scoliosis is only one such result. In the care of children, a chiropractor’s main concern lies with the chronic faulty data that disturbs normal nervous system function. It then becomes of paramount importance to prevent and eliminate this faulty programming before improper and inefficient habits are learned.

As you know by now, I see vertebral subluxations as a major threat to a child’s health and well-being. I also feel that all children should be checked by a chiropractor as soon as possible to detect the presence of any vertebral subluxations.



**Please...if you have any questions, or would like any information on any health topic, it would be my pleasure to help.
.....Dr. Steven Murdoch**

² Barge, F., *Idiopathic Scoliosis: Identifiable Causes, Detection and Correction*, Baldwin Brothers, Inc., second edition 1986.

