

For Those Afflicted with Scoliosis, a New Correction Treatment Shows Promise, and Gaining Popularity

An alternative to braces, surgery, manipulation therapy and chiropractic adjustments, scoliosis patients are finding the Clear Institute treatment approach at Beck Wellness Center an increasingly sought after option for correcting the spinal disorder.

by Jim McMahon

In 1970, Karen Spengler removed her back brace that she had worn for three years while in high school to control a spinal condition she had called scoliosis. Then, at age 14, Karen's spine had an abnormal 23 degree curvature, just as it did three years prior when she first put on her brace. For 37 years after Karen's spine remained at a 23 degree curve. That is, until the last several months, after undergoing a new chiropractic procedure for scoliosis victims, called the Clear Institute treatment, which has for the first time in Karen's life reduced her spine curvature to a stable 13 degrees. At that curvature, Karen is well below the 20-degree benchmark where traditional medical standards do not recommend scoliosis treatment.

The Clear Institute treatment, administered by the Beck Wellness Center in St. Louis, Missouri, was not a traditional scoliosis procedure. It did not involve the conventional back braces, surgery or wait-and-see observation techniques favored by modern medicine. It consisted of a regimen of traction spinal weighting and non-traditional chiropractic adjustments done three times each week in her chiropractor's office, with home exercises done daily, to reposition sections of her spine.

Like many scoliosis victims, the condition tends to run in the family. Karen's daughter who is 13 years old, is also afflicted with scoliosis, or better said, she was. After several months of treatment with the same procedure at the Beck Wellness Center, her spine curvature has reduced by 23 degrees, to where it is now, significantly less, at 6 degrees.

"For the first time in my adult life I am free from the debilitating and emotional effects of scoliosis," says Karen. "But the real relief is with my daughter. She went from 29 degrees to 6 degrees of curvature in a matter of months. Instead of spending 23 hours a day in a brace, she spends one-half hour with the traction and weighting, and exercises at home. Having spent my life as a scoliosis victim, I cannot express what relief it is to see my daughter free from this. She can live a normal life without braces and the threat of potentially needing surgery."

For a problem that has eluded a resolution for many decades, one would be hard pressed to accept two patient case histories as a reliable index to judge a successful procedure. But for the Clear Institute treatment, and the Beck Wellness Center, these are just two cases amongst thousands who have availed themselves of this new scoliosis approach over the past several years, and benefited from it. In fact, consistent results show that this procedure is considerably more successful at mitigating scoliosis than traditional treatments of bracing and surgery.

Understanding the Scoliosis Problem

Every one of us has a natural curve to our spine. Opposite our chest the spine bows out, and in our lower back area the spine curves inward. This is quite normal. If we viewed ourselves in a mirror from the front or the back, our spine should look straight. If we were able to look at ourselves from the top down, all of the vertebrae in our spine would be facing in a forward direction.

But some people have spines that also curve from side to side. Looking from the front or the back, the spine would appear to form an "S" or "C" shape instead of a straight line up and down. This is a condition called scoliosis, where the spine curves laterally, from one side or the other, in the chest or thoracic area, and in the lower back or lumbar area. Looking down from the top of the spine, some of the vertebrae would appear twisted, which causes the ribs attached to them to protrude.

Scoliosis is the most common form of abnormal spine curvature, occurring in 6 million people in the United States, or 2% of the U.S. population. 1.5 million of those afflicted, or 0.5% of the population, have what is considered to be a severe condition of scoliosis, necessitating some form of treatment. The other 4.5 million people are less acutely afflicted by the disorder. This is not simply a condition of poor posture, which might be remedied by disciplining oneself to sit up straight or practice balancing a book on our heads. These curves require considerably more attention to effect an improvement in the condition.

A minority of scoliosis patients, less than 20%, have either non-structural scoliosis or structural scoliosis. In structural scoliosis a structurally normal spine appears curved. It is a temporary, changing spinal curve that is caused by an underlying condition such as a difference in leg length, muscle spasms, or inflammatory conditions such as appendicitis. Structural scoliosis can be caused by neuromuscular diseases, birth defects, injuries and certain infections. These forms of scoliosis are treated by addressing the underlying problem.

The majority of scoliosis abnormalities, 80% to 85% of serious scoliosis cases, are classified as idiopathic, or cause unknown. Adolescent idiopathic scoliosis is the most common type and occurs primarily between the ages of 10 and 15. Girls are more likely than boys to have this type of scoliosis. Females are eight times more likely to progress to a spinal curve magnitude that requires treatment.

According to the National Scoliosis Foundation (NSF), scoliosis can impact the quality of life for those who have the disorder. "It can stunt height growth and decrease pulmonary function. It's associated with headaches, shortness of breath, digestive problems, chronic disease and hip, knee and leg pain." Add to this list diminished self-esteem and reduced life expectancy. The lifespan of individuals with scoliosis is decreased by 14 years.

Despite the fact that idiopathic scoliosis has been addressed and attempted to be treated for literally centuries, little progress has been made to identify the causes of the condition or bring about a functional remedy to significantly improve the abnormality. The Foundation says it is not known who will get scoliosis, why they get it, which of those afflicted will progress with treatment, or how far they will progress. In fact, the National Scoliosis Foundation states that there is no known cure for idiopathic scoliosis.

Traditional Approaches to Treatment

This year, in an effort to remedy the condition, scoliosis patients in the U.S. will make more than 600,000 visits to private physician offices, 30,000 children will be put into a brace for scoliosis, and 38,000 scoliosis patients will undergo spinal fusion surgery.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NAMS), a division of the National Institute of Health, states that curve testing, observation, bracing and surgery have been the mainstream methods of treating idiopathic scoliosis.

Curve Testing: The deciding factor on whether or not idiopathic scoliosis treatment should be instituted, and what should be done, is the degree of the patient's scoliosis curve. Patient's spinal curve measurements are determined by x-ray images to see its location, shape, and pattern. The vertebrae at the beginning and end of the curves are measured, and the degree of angle determined. Curves that are greater than 20 degrees are destined for medical treatment. The degree of spinal curve change resultant from any treatment is also the benchmark for determining improvement in the scoliosis condition.

Observation: In a traditional medical treatment regimen, observation is used for those who have a curve more than 20 degrees, but less than 25 degrees and are still growing. A doctor will check every 4 to 6 months to see if the curve is getting better or worse.

Bracing: Traditionally, doctors will advise patients to wear a brace to stop a curve from getting any worse when the patient is still growing, and has an idiopathic curve that is more than 25 degrees. As a child nears the end of growth, the indications for bracing will depend on how the curve affects the child's appearance, whether the curve is getting worse, and the size of the curve.

Surgery: In more extreme cases of idiopathic curvature of the spine, doctors will recommend surgery to correct a curve, or to stop it from worsening, when the patient has a curve that is more than 45 degrees and has a curve that is getting worse. Surgery often involves fusing together two or more bones in the spine. The doctor may also put in a metal rod or other device. These devices are called implants. They stay in the body and help keep the spine straight after surgery.

NAMS states that researchers have studied genetics, growth, and changes in the spine, muscles, and nerves in an unsuccessful attempt to isolate the cause of idiopathic scoliosis. As with the research, traditional methods of treating idiopathic scoliosis have also not proven themselves to be widely successful.

For example, the average pre-surgery curve for scoliosis is 72 degrees. But the average post-operative curve is 43 degrees. Surgery is only capable of reducing the curve by as much as 50%, even then the curve usually still degenerates. Additionally, those that do receive spinal fusing end up with an average 25% less total spinal motion ability. 40% of patients that have undergone surgery are legally defined as severely handicapped persons.

The track record with bracing is not much better. 44% of bracing attempts are considered failures because they do not cease scoliosis progression. There is no significant difference in spine curvature between braced and un-braced patients that have less than a 30-degree displacement.

Additionally, the traditional medical practice of observation of the scoliosis condition, when the curvature is at approximately 20 degrees to 25 degrees, has been criticized as an unnecessary “waiting period” while the scoliosis progresses and little, if anything, is done.

A Better System for Scoliosis Correction

There is a professional consensus gaining popularity amongst chiropractic practitioners that a non-surgical, non-bracing treatment should be started when the spine curvature is as low as 10 degrees to arrest the condition before it gets any worse.

“Factually, surgery and bracing fail because they do not address the cause of the problem,” says Dr. Dennis Woggon, D.C., and head of the Clear Institute, which provides a popular chiropractic system of scoliosis treatment. “Without correction of the cervical (upper spine) and lumbar areas, correction of scoliosis is not possible.”

“In order to correct scoliosis, the normal cervical and lumbar lordosis (the inward curvature of the spine) must be re-established first,” Dr. Woggon continues. “Once this is accomplished, it is then possible to correct the scoliosis. Because the scoliosis spine compresses and rotates three-dimensionally, it must be put in traction and de-rotated in order to correct.”

When specific chiropractic treatment is provided, along with rehab procedures which include spinal isometric exercises, muscle and ligament rehab and vibration therapy, results are considerably more effective than surgical or bracing methods.

A scoliosis spinal weighting system is used with therapeutic glasses, shoulder weights and hip weights. A vibrating platform with mechanical spinal traction is utilized to decompress and de-rotate the spine simultaneously.

Also, a vibrating scoliosis traction chair is used. The patient is placed in a chair on a vibrating platform resting on an air cushion. Braces are used to pull the spine curvature into the proper alignment. The patient is then put in traction, while going through dynamic motions. This is done once a day for 20 minutes, compared to wearing a scoliosis brace for 23 hours.

“Scoliosis begins in the head,” says Dr. Mark Beck, D.C. with the Beck Wellness Center. “The curvature is only a reaction to the unaddressed problem resulting from abnormal biomechanics.”

“Spinal manipulation therapy (SMT) and traditional chiropractic adjustments (CA) are not part of our scoliosis program,” continues Dr. Beck. Both appear to have a detrimental effect on scoliosis.”

“Whole body vibration therapy, however, has been shown to be effective in working with scoliosis patients,” Dr. Beck explains. “The vibration allows for quicker alignment. This includes ligament and disc relaxation and neuromuscular re-education.”

“We have a very well equipped facility here,” says Beck. “It enables us to achieve extremely high rehabilitation results using the Clear Institute treatment program with each of our scoliosis patients.”

For Karen Spengler and her daughter, and the 6 million people in the U.S. currently afflicted with scoliosis, there is now the promise of living a life without the physical discomfort and emotional distraught brought about by this condition.

For more information on Beck Wellness Center, and its chiropractic system of scoliosis treatment, please contact Dr. Mark Beck, D.C.; Phone 314-843-2325;

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