Scoliosis: Effective Alternative Methods of Treatment
Sylla Sheppard-Hanger, LMT, Licensed Cosmetologist & Don McCann, MA LMHC LMT CSETT

Part 1 of a 2 Part Series

This is a two part article on Scoliosis inspired in response to a mother seeking help for her 7 year old daughter who was recently diagnosed with mild scoliosis. She wished to check on the safety, validity, and efficacy of using large doses of undiluted essential oils on the spine to correct scoliosis due to it being caused by a "virus harboring in the spine" (a.k.a. Rain Drop Technique, or Therapy, RDT). The beginning of this article will attempt to cover what scoliosis is based on current medical community definitions regarding currently known causes, and possible cures; and it will address why a massive dose of essential oils may not be the best treatment. Then we will introduce Structural Energetic Therapy® (SET), founded by Don McCann, which defines and treats scoliosis based on a structural core distortion of the pelvis and spine that forms as the fetus develops. (See Note 1). Four case studies previously published by Don McCann are presented as well including one dealing with a child.

Based on information from the medical community scoliosis is not that unusual, about 0.7% of the population have it. Of this total 80% of scoliosis patients are girls, 75% is idiopathic (unknown) and 25% is due to genetic inheritance and only 3% of people diagnosed with scoliosis will need specialist supervision including 1% who will eventually have surgery. It usually involves a twisting of the rib cage in thoracic (chest) curves or one hip being higher than the other in lumbar (lower)

curves. This is because as the spine bends to the side, the vertebrae become twisted and in the process they pull the ribs round. This curvature can be to the right (80% of cases) or to the left. It can develop anywhere along the spine, although the thoracic or lumbar regions are the most common. It will either result in a single (C-curve) or a double (S-shaped curve). S-shaped curves are generally less noticeable because the two curves counteract each other.

According to webMd.com there are two types of scoliosis: nonstructural and structural. Nonstructural scoliosis involves a curve in the spine, without rotation, that is reversible because it is caused by an underlying condition such as pain or a muscle spasm, an inflammatory condition (e.g., appendicitis, or difference in leg length). Structural scoliosis involves a curve in the spine, with rotation, that is irreversible and is usually caused

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by an unknown factor or a disease or condition such as congenital or conditions present at birth. Between 5% and 7% of scoliosis cases are caused by congenital abnormalities of the spine, which cause curves in the spine that are more rigid than those caused by idiopathic scoliosis. These curves often get worse as the child grows. Other structural causes may be in nerve or muscle disorders (e.g. cerebral palsy, muscular dystrophy); injuries, infections, or tumors. In adults, scoliosis may result from changes in the spine due to aging, some of which may be caused by osteoarthritis or osteoporosis.

Treatment is generally bracing or surgery, although alternative methods are becoming increasingly preferred. We have at our disposal some of the most amazing essential oils for pain and inflammation as well as for muscle spasm, so aromatherapy can help in these mild cases and that will be discussed further in Part 2 of this article. Another method of interest to Aromatherapists involves undiluted essential oils applied to the spine and is called “Raindrop technique” or RDT. According to one website: http://scoliosis.homestead.com/raindroptherapy.html

“Within the last ten years, Dr. Gary Young, ND., from Young Living Research Clinic Springville, UT has discovered that a majority of scoliosis sufferers have a virus in the spine, causing the spine to painfully go out of alignment. After doing several thousand applications of a technique called Raindrop, he watched hundreds of patients with scoliosis, have a re-alignment....”

“Young’s theory after seeing the successful results is that scoliosis is a VIRUS OR BACTERIA that lies dormant or active along the spine. These pathogens create inflammation, which contorts and disfigures the spinal column. For this reason, many people who use rods, only find later the operation did not help, for the virus was still intact within the spine. This means if the virus activates again, it takes the rods and spinal cord out of alignment together! As the virus progresses, it creates a greater disturbance to the bone and tissues. After several months or years of suffering from this bacterial-viral invasion, the back wearies from holding the body up and the tense muscles that have suffered for the mal-adjusting to the problem, causes excruciating pain for the person. Then the patient goes on a very expensive journey to seek help with temporary alignments or rods inserted within the back or braces or even confinement. The Raindrop Technique Kit has approximately 20 applications. Scoliosis patients usually do the application every other day for the first week. The second week they stretch it out to two applications and there after, do it as needed. If you have just been diagnosed with it, usually you can conquer the problem quicker. Those who have suffered years find it takes a few months or up to a year to get the back into alignment.”

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Because undiluted use of essential oils sells more oil faster (the purpose of multi-level marketing) one can find many sites that support this type of unsafe and unethical use of essential oils, including some scientific looking studies to back up the viral cause (See Note 2).

To be fair, a recent web search brought up one case of idiopathic scoliosis on an internet scoliosis forum who felt their case was helped from RDT that was not selling the oils, a class, or the procedure. The entire majority of the other 6000+ some web pages with RDT/scoliosis were either direct distributors or practitioners offering the treatment.

Possible viral causes not withstanding, the dangers remain with using large amounts of undiluted known irritant oils, most especially with children who cannot control what is done to them, and whose systems are more fragile. Besides possibly creating a lifelong sensitization (allergic reaction that can lead to shock), which can happen more readily with undiluted use (of any oil) and skin irritation, some reports of poisoning type reactions have occurred. In addition some adversely affected feel they have irreversible physical conditions such as tinnitus, chronic fatigue type symptoms, and mental effects (e.g., confusion or anxiety) that have been reported to continue long after the treatment.

The problems with this therapy have been widely discussed and documented via the Gagnon-Warr and Barber “White Paper” http://www.naha.org/pdf/Rain%20Drop%20Therapy.pdf; and even more detail on http://www.quackwatch.org/11Ind/young.html. More recently we saw the debunking of the origin of the therapy from the Lakota tribe http://www.naturesgift.com/Lakota-medicine.htm; and finally the “Undiluted: Safety and Ethics (are we in denial?)” Hanger and Burfield paper http://www.naha.org/articles/aromatherapy%20undiluted.htm has also been made available since 2005. In addition, cure based treatments are those that claim to cure diagnosed medical conditions including structural, spinal or skeletal problems i.e., scoliosis, as is the case with Raindrop Therapy. Any practitioner claiming to cure a diagnosed medical condition or making diagnosis without referring the client to a medical or qualified health practitioner may be practicing medicine without a license. Raindrop therapy is no longer allowed in the country of Norway, as the claims to cure scoliosis etc. are unsubstantiated.

More importantly medical clinics, massage practices, spa, and salon owners are often unaware of the liability issues in allowing this practice in their establishments and should be informed of the hazards, and realize their premise insurance will not cover an injury from blatant disregard of safe practice when the facts are well known.

The National Association for Holistic Aromatherapy (NAHA) is constantly receiving a growing number of questions and reports about complications due to treatment using unsafe and out of scope practices, such as the use of sensitizing and irritating essential oils undiluted on the skin. Therefore, in 2008, NAHA announced the beginning of an official investigation of improper and potentially hazardous use of essential oils. The purpose is to collect data in one central location and assist the public by providing information about any adverse effects that have been experienced due to the undiluted or internal use of essential oils. NAHA has posted a form on their website that such individuals can easily use to provide information for this investigation. See: http://naha.org/press_release_eo_reaction_form.htm.

If anyone still wishes to try the therapy after this, be reminded there will be less of a potential problem if the oils are diluted before application (not after when the harm is done) to a more typical
2-5% up to 10% maximum as it is the repeated application of the undiluted oil that causes the future sensitization problems. One can become sensitized to any oil if overused. It has been noted that the more healthy people (organic diet, vegetarians, natural lifestyle, etc.) seem to have more problems after RDT. Perhaps they more easily absorb the oils to dangerous levels quicker than toxic, more clogged-up bodies on the Standard American Diet, heavy medications, and those with less healthy lifestyles.

SO……What CAN help scoliosis? Enter Structural Energetic Therapy® or SET (www.structuralenergetictherapy.com). SET has been developed over 30 years by Don McCann and is constantly in a state of evolution.

SET is a rehabilitative therapy which integrates Cranial/Structural Core Distortion Releases with specific deep soft tissue protocols designed to address and release the soft tissue holding patterns of the core distortion and structural sub-patterns that cause painful conditions and dysfunction. These soft tissue protocols include postural analysis, directed myofascial unwinding and individual fiber strokes, scar tissue and adhesion release, along with other Cranial/Structural (See Note 3) releases specific to each structural pattern distortion. Emotional energy releases are also used to release the tensions within the body holding the distortions.

The SET Therapist first addresses the primary area of discomfort using these protocols, and then releases any restrictions causing imbalances in the other areas of the body so the improved alignment is supported. When this is accomplished, the whole structure supports balance and function, and maximum rehabilitation is achieved. SET compliments standard medical treatments and chiropractic, both as a primary therapy and an adjunct therapy.

We need to view scoliosis in terms of the core distortion that occurs in the development of the fetus which results in some degree of curvature. According to chiropractic and osteopathic literature, everybody has some degree of scoliosis, which is the manifestation of the core distortion of the spine. The anterior/posterior rotation of the iliums resulting in a tipped sacrum at the base of the spine leaves the spine no choice but to be in exaggerated curvatures throughout the full spine – lumbar, thoracic and cervical. Most problems people have with the spine are due to the scoliotic curvature becoming significant enough through life activities and trauma to produce painful conditions and symptoms. The scoliosis of the spine is actually the beginning of degenerative disc disease.

Spinal musculoskeletal conditions are becoming more prevalent in our culture due to a variety of factors. One of the most important factors is the sedentary nature of today’s society and the lack of good strength building exercises in people of all ages. This not only takes place with sedentary adults, but it is becoming more prevalent in children at earlier ages due to the increased usage of computers, TV’s, and electronic games. When children do not exercise to develop strength in the spinal muscles, they will tend to slip further into a scoliotic curvature. Add to that spending too much time on couches and inappropriate furniture, including non-supportive computer desks and chairs, and we will see increased scoliosis in 12 year old children. As they enter the rapid growth teenage years, the strengthening and coordination of the spinal muscles won’t be able to keep up with the growth, and the scoliosis will again become more exaggerated.

Just from the above mentioned phenomena taking place in our culture, we as massage therapists are going to see a considerable number of clients with neck and back pain due to scoliosis. The good news is that it can be reduced to the point of not collapsing into pain or dysfunction.

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Also the good news is that the key to reducing scoliosis and its dysfunction in our clients is the Cranial/Structural Core Distortion Releases and soft tissue restructuring of our clients’ bodies, which is a major part of what effective therapeutic massage is about.

As stressed earlier the degree of scoliosis in a client is important. Since everyone has some degree of scoliosis we need to look at what the treatment criteria is for either preventing the scoliosis from becoming more pronounced, or for rehabilitation of the existing scoliosis. Let us look at four case studies that are significantly different, and explain the soft tissue protocols used to treat the scoliosis that will be successful in supporting the client’s well-being.

1) Shirley, a 35-year-old mother of three children, was referred to Don McCann for low back pain that developed after the delivery of her third child. She reported that she had been doing a lot of lifting of all three of her children ages 5 years, 3 years, and 6 months, and that her back was getting worse. In addition, she had complications during the last month of her pregnancy, so the doctor had insisted that she stay in bed and off her feet as much as possible. She brought her chiropractic x-rays that showed a narrowing of the disc space in the lumbar region with some arthritic spurring already developing, a scoliotic curvature of her entire spine and significant rotation of her iliums, one anterior, one posterior resulting in a tipped sacrum. It was obvious that Shirley could not stop lifting her children, but that she needed relief from her back pain as soon as possible.

2) Jason, a 49-year-old accountant, had been rear-ended in an auto accident two years ago while sitting at a stop light. He had been receiving chiropractic care ever since the accident until his insurance was depleted. His diagnosis was a flexion/extension injury of the cervical spine with a slight herniation between C3-C4 and a bulging disc between C7-T1. In addition, his x-rays showed a significant degree of scoliosis of his entire spine with the rotation of the iliums and tippage of the sacrum. The chiropractic notes indicated treatment of the flexion/extension injuries of the neck only, and no mention or diagnosis of the scoliosis in the thoracic and lumbar spine. When following the scoliotic curvature from the lumbar through the cervical vertebrae, the discs that were injured were at the greatest degree of the scoliotic curvature. Jason came to Don McCann because a friend of his had insisted that...
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SET could help him, and since his PIP had run out insurance no longer covered chiropractic care. The sad part is that, even though he had two years of treatment, he only had minimal improvement and was now also experiencing severe headaches. He needed some effective therapy.

3) Carol, aged 13, was brought to Don by her mother after she had been picked out of a school scoliosis screening and was referred to a neurosurgeon for possible surgical intervention. The parents were scared when they saw that Harrington rods were part of the surgical intervention suggested for their daughter’s scoliosis. The x-rays and MRI’s that confirmed the scoliosis showed a more than 40 degree scoliotic curvature. The neurosurgeon had told them that since she was in a growth spurt this would probably progress to somewhere around 50-60 degrees by the end of her normal growth and would leave her incapable of bearing children. Carol was reasonably athletic and really wanted to join the high school girls' volleyball team as she was already 5’10” and played very well. She only occasionally complained of back pain or any discomfort. However, she shared her parent’s concern about the prognosis of dire pain, disc degeneration and inability to carry a child due to the scoliosis.

4) Anita, a 63- year-old massage therapist who had been practicing for 20 years, came for sessions because of a sizeable dowagers hump and inability to stand up straight. After a bone density test she was told by her doctor that she had osteoporosis and was collapsing into a scoliotic curvature of her spine. Other than reinforcing her bone mass with medication and exercises, there was little else she could do. In addition, they informed her that the scoliotic collapse was irreversible, and that chiropractic manipulations might cause fractures of her weakening spine. They also told her that she would have to quit doing massage because the scoliotic collapse and fractures of the spine would worsen almost immediately. Having been a massage therapist for 20 years, Anita had heard of the soft tissue structural work that Don McCann could do and wanted to know if the scoliotic curvature of her spine could be rehabilitated so she could continue doing the massage she loved.

These four cases show how differently scoliosis can occur in people’s lives, and each case needs specific appropriate soft tissue rehabilitation and rebalancing techniques to achieve positive results.

1) Shirley, the 35 year mother of three, had first noticed difficulty with her back after carrying and delivering her third child. During pregnancy the increased weight was carried in the pelvic bowl formed by the iliums, and pulled her lumbar and lower thoracic spine down and forward. In addition, there was increased breast weight which pulled her shoulders down and forward. The month’s bed rest before delivery resulted in a loss of tonus in the muscles that would counter balance the collapsing curvature of the scoliosis. This caused her scoliosis to collapse to the degree that she was in pain.

2) Jason, the 49-year-old accountant, had two factors that led to the collapse of his scoliosis and his disc problems. The first was the lack of exercise and muscle tonus to be able to maintain healthy erect posture during daily life activities. The second was the flexion/extension injury of his cervical spine from the auto accident which caused his weakened scoliotic curvature to fall into greater collapse. The pressure on the discs due to the scoliotic curvature prevented them from mending and exacerbated the discomfort he was experiencing.

3) Carol, the 13-year-old volleyball player, had not recognized that she even had scoliosis due to the fact that her conditioning was extremely good and her flexibility was excellent at that age. It wasn’t until the school screening and consequent follow up with the neurosurgeon that she learned she

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had a more than 40 degree scoliotic curvature. In addition, she was at a very vulnerable stage where she was growing so rapidly that her scoliosis would probably fall into a greater degree of collapse.

4) Anita, the 63-year-old massage therapist, had worked for years bending over a table which led to the head forward, rounded shoulders parts of her scoliosis. As her spine had changed in that area it caused additional collapse through the thoracic and lumbar spine, and years of bad body mechanics had increased her scoliotic curvature. Now, with the onset of osteoporosis, the bone mass was weakening which increased the collapse of her scoliotic curvature, and increased the pressure on the edges of her vertebrae causing compression fractures.

The key to treating all four of these clients was to recognize where the scoliosis had come from and how to reverse it. The initial scoliosis in all four clients was the result of the structural collapse of the core distortion pattern which involved the entire body. The number one problem was the rotation of the iliums resulting in a tippage of the sacrum. So, to effectively treat each client it was necessary to balance the pelvis bringing the iliums out of rotation and leveling the sacrum.

This was accomplished by applying the Cranial/Structural Core Distortion Releases first to release the anterior/posterior rotation of the hips and tippage of the sacrum, and then releasing the soft tissue holding patterns from the legs, hips, abdomen and low back caused by the anterior/posterior hip rotation. In addition, the head forward and rounded shoulders aspect of the scoliosis at the top of the spine also had to be released. Each of the above clients had special considerations due to their age, strength, physical health, life conditions, and profession. The good news is that Shirley is in no pain and able to lift her children and do her motherly duties; Jason is now out of pain with no sign of herniation or bulging discs and is more active; Carol only has approximately a 20 degree scoliosis, never needed the surgery, and has graduated from high school with a volleyball scholarship to a major college; Anita is now 65-years-old, stands straighter, and is loving every minute of her full massage practice.

The next installment Part 2 will describe the specific SET treatment used to rehabilitate each of these scoliotic conditions and will include some aromatherapy suggestions for enhanced treatment effects, including using aromatherapy to facilitate treating inflammation, muscle aches, pains, and spasms. Sylla will share how adding SET to her Aromatherapy practice has taken her personally and her bodywork art to a whole new level. For more information on SET therapy, qualified SET therapists in the USA (see Note 4), and USA training schedules for health care providers please visit the site: http://www.structuralenergetictherapy.com/.

Note 1 (Sylla): SET bodywork has changed my life. Having the treatments got me out of lifelong low back pain (from birth defect) and this alone convinced me to send my daughter Nyssa to learn the techniques; however, during her training I realized that not only can aromatherapy “not do it all” but also that I needed to learn this very effective therapy myself- yes, a two year program (now a one year program in Lutz, FL)- in order to do my best work to help others stay out of acute and chronic pain, including releasing my own emotional blockages. Next article Part 2 will include my addition of aromatherapy to the SET work I am doing now.


“A 1982 study by Pincott and Taff found a connection between oral poliomyelitis vaccines and scoliosis. Penott JR, Taft LF. Experimental scoliosis in
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There are these 2 on spinal disease and sciatica (not scoliosis) with incomplete details:

“Research in 2001 further corroborated the existence of infectious microorganisms as a cause of spine pain and inflammation. Alistair Stirling and his colleagues at the Royal Orthopedic Hospital in Birmingham, England, found that 53% of patients with severe sciatica tested positive for chronic, low grade infection by gram-negative bacteria (particularly Propioni-bacterium acnes) which triggered inflammation near the spine. Stirling suggested that the reason these bacteria had not been identified earlier was because of the extended time required to incubate disc material (7 days). Lancet 2001:V357” (No citation title.)

“The tuberculosis mycobacterium has also been shown to contribute to spinal disease and possibly deformations. Research at the Pasteur Institute in France, published in The New England Journal of Medicine, documented increasing numbers of patients showing of spinal disease caused by tuberculosis.” (No citation.)

Note 3: Cranial/Structural Core Distortion Release techniques are very different from craniosacral techniques in intent and application. Craniosacral techniques are applied within the soft tissue restrictions of the normal cranial motion. Cranial/Structural Core Distortion Release techniques release the soft tissue restrictions of the normal cranial motion resulting in structural changes throughout the body. For more information, or to view upcoming training schedules see: www.structuralenergetictherapy.com

Note 4: Concerning children: the Cranial/Structural Core Distortion Release techniques mentioned must be done by SET therapists who have been specially trained in working with children. At this time Don McCann has trained some SET therapists to work on 7-13 year olds. The cranium is just too malleable and the growth plates have not solidified yet – there is a risk of jamming a cranium by someone not fully trained in the specifics of working with young children. So if you are interested in having this work done on a child, please contact the SET office via the website for more information.

Authors:

Sylla Sheppard-Hanger has thirty years experience with bodywork as a Natural Health Care Practitioner, licensed massage therapist (MA0003434), Aromatherapist, licensed cosmetologist (CL0093451), and now a Structural Energetic Therapy Practitioner. She is the Founder and Director of the Atlantic Institute of Aromatherapy (Tampa, Florida) and author of the Aromatic Spa Book (2007), The Aromatic Mind Book (2008), The Aromatherapy Practitioner Reference Manual (1995), and The Aromatherapy Practitioner Correspondence Course. Sylla teaches aromatherapy, visit the website: Atlantic Institute of Aromatherapy www.AtlanticInstitute.com. Sylla founded and still directs the volunteer team for the United Aromatherapy Effort, Inc, a non-profit corporation that collects and disseminates aromatherapy along with chair massage to emergency relief workers after disasters.

 www.atlanticinstitute.com

Don McCann, MA, LMHC, LMT, CSETT developed Structural Energetic Therapy® over 30 years, and is a Structural Energetic Therapist, Certified Postural Integrator, Licensed Mental Health Counselor (MH0705), Licensed Massage Therapist (MA0003267), past FSMTA Executive President, Certified Reichian Release Therapist, has expertise in N.I.C.S. Craniosacral Therapy, Bioenergetic Therapy, Rebirthing, Gestalt Therapy, and Hypnosis. He has lectured and instructed at Universities, National and State Conventions, and Health Shows, teaches an intensive training in Structural Energetic Therapy® (SET), twelve workshops, produced three video tapes, authored A Treatment Manual for Structural Massage Therapy, Relief From Head, Neck, and Shoulder Pain - Quick Release Technique, Relief From, Neck, and Shoulder Pain, Relief from Carpal Tunnel Pain and Other Nerve Entrapment Syndromes, Relief from Back Pain & Associated Conditions of the Lower Extremities. He is a past staff therapist for Tampa Bay Rowdies. Visit the site:

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