
Karate, Taekwondo, Aikido, Kung Fu, Yoga and Other Far Eastern Forms of Activities: Best Method of Treatment of Locomotor's System Deformities Especially of the So-Called Idiopathic Scoliosis

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ABSTRACT

The so-called idiopathic scoliosis [adolescent idiopathic scoliosis-AIS] is very common in Poland (till 8%) and in every county in Europe and in America. Many children are operated, mostly because of cosmetic reasons and curve more that 40 degree. The study presents an example of so called idiopathic scoliosis and the principles of treatment. According to our knowledge the cause of deformities in children, youth and pain syndromes in adults are connected not with "Weak muscles" but with 1/ the wrong position of joints of the lower or upper extremities, in the spine, in the whole trunk, 2/ with limited movement of joints, 3/ even connected with pathological position of joint, with contractures in the spine, in the hips, in the knees and in the feet. The study observations confirm that without any doubt the "weak muscles" are not the cause of deformations of children and youth as well, pain syndromes in adults. Unfortunately, the diagnosis of "weak muscles" is very often given / stated by Polish physiotherapist and rehabilitations doctors.

Keywords: Deformities in locomotors system; stretching; exercises therapy.

1. INTRODUCTION

According to the author's experience (T. Karski, 1961-2017) deformities of the movement apparatus are caused by asymmetrical shortenings of soft tissues like tendons, fascias, capsules. Throughout many centuries the etiology of the so-called idiopathic scoliosis (adolescent idiopathic scoliosis-AIS) was unknown. During the examination of children in the years 1984–1995 (during and after my scholarship at the Invalid Foundation Hospital in Helsinki, Finland 1984) and next

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in years (1984–1995) it was found that scoliosis develops due to the “biomechanical causes”. The development is connected with the asymmetry of movements of the left and the right hip [1,2]. Asymmetries in joint movement and asymmetrical shortenings, referred to as “contractures” in orthopaedics, lead to the development of numerous deformities. Adduction (examination of the joint in the straight position), internal rotation, and extension are the only right hip movements that are restricted in the aetiology of so-called idiopathic scoliosis. These asymmetries are primary connected with the “Syndrome of Contractures” [SofC] (as first described this SofC Prof. Hans Mau from Tübingen, in German “Siebener Syndrom”) [3-8] and according to our actual knowledge “Syndrome of Contracture and Deformities” (T. Karski, J. Karski) [Fig. 1a, 1b, 1c]. Such a point of view stays in the contrary to the opinions of many Polish and foreigner surgeons [9-30]. Rehabilitation and physiotherapy professionals assert that “weak muscles” are to blame for all locomotor system deformities in children. They advise the treatment known as “strengthening Exercises.” Unfortunately, this therapy only makes things worse. According to us, stretching exercises like those used in yoga, karate, taekwondo, aikido, and other types of Far Eastern sports will be the key to a successful treatment. Accuracy of our observations is proved by the presented examples of the material of so-called idiopathic scoliosis in our Out-Patients Clinics - see: www.ortopedia.karski.lublin.pl [31]



Fig. 1. 1a, 1b, 1c “Syndrome of contractures” or Syndrome of Contractures and Deformities (SofCD) according to Prof. Hans Mau in newborns and babies. Asymmetries of position and shape of head, neck, trunk, hips, pelvis, spine. Also, asymmetries of movements of left and right hip deciding in etiology of the so-called idiopathic scoliosis (see next figures)

2. INFORMATION ABOUT THE HISTORY OF DISCOVERIES OF THE SO-CALLED IDIOPATHIC SCOLIOSIS

[28,31,32-47,48]. The first observations are dated from 1984 after authors (T. Karski) scholarship in Invalid Foundation Hospital in Helsinki. Then Dr Olai Snelman (Chief of the Scoliosis Center in this Hospital) has operated many cases of scoliosis with my help as an assistant. During this time, I was trying to find the etiology of scoliosis. Unfortunately, I met no success. In the following period of ten years in Lublin, Poland during examination of scoliosis children I

discovered that every child suffering from scoliosis had limited adduction of the right hip in the straight position [Fig. 2] of the joints. Additionally, some children had limited internal rotation and extension of the same joint. Therefore, I presented my first material about etiology of the so-called idiopathic scoliosis at an Orthopedic Congress in Hungary (Szeged, 1995).

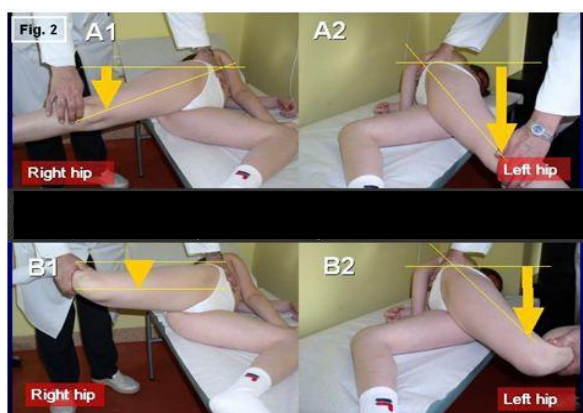


Fig. 2. A1, A2, B1, B2 Test of adduction of hips (similar to Ober test). One child. Two methods of examination. Examination in „extension position of hips”: A1, A2 by extended knee. B1, B2 in flexed knee (test more sensible)

In 1997, I found that all scoliosis children have the habit to stand 'At ease' on the right leg. Due to smaller adduction, the right hip is more stable for standing. In the years 2001 and 2004 there was an establishment of a new classification of scoliosis three groups and four types of spine deformity.

In 2006, it was precisely described as "The Model of Hip Movements" (right hip versus the left) and as a result, the types of scoliosis. In this new classification, there are confirmed three groups and four types of scoliosis. In 2007 was described (T. Karski) the additional indirect neurological influences in the development of scoliosis, connected with Minimal Brain Dysfunctions [MBD]. Namely they are:

- extension contracture of the spine (trunk) even in babies and small children,
- Anterior tilt of the pelvis,
- general laxity of the joints. In this year (2007) I also explained why the full blind children never have scoliosis [Fig. 3].

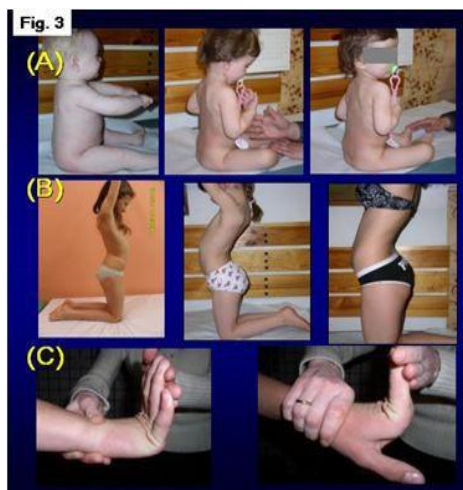


Fig. 3. Additional influences in development of the so-called idiopathic scoliosis connected with Central Nerve System (CNS). Indirect causes & influences (A) (B) (C) by children with MBD and ADHD: (A) Extension contracture of trunk / of spine, (B) Anterior tilt of pelvis, (C) Laxity of joints - on picture one of the symptoms according to Wynne - Davies

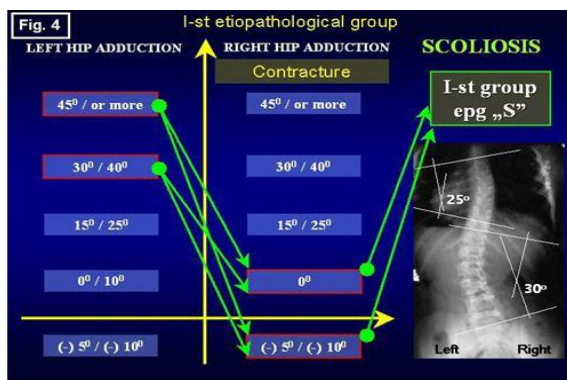


Fig. 4. Classification of scoliosis. I-st etiopathological group (epg) „S” scoliosis. Specific model of hips movements

Material we observe together more that 3000 patients in the period of 32 years. The patients were in the ages of 4 to 77 years. The control group were 360 patients coming to us with suspicion of scoliosis, but in this group the range of movement of hips were symmetrical and sufficient large and there were no spinal curves.

New classification, important in planning of therapy and prophylaxis [Fig. 4, 5, 6, 7]. The new classification is based on

- a) biomechanical influences in development of scoliosis - gait and standing,
- b) on model of hips movement and
- c) and is connected with age of children. In the examination, we use Adams test or Lublin test [Fig. 8].

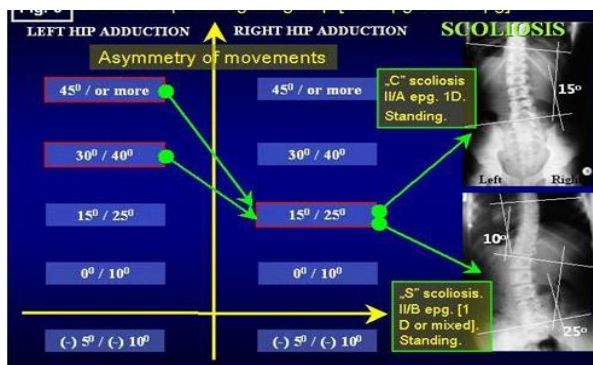


Fig. 5. Classification of scoliosis. II-nd etiopathological group - “C” scoliosis II/A epg & “S” scoliosis II/B epg. Specific model of hips movements

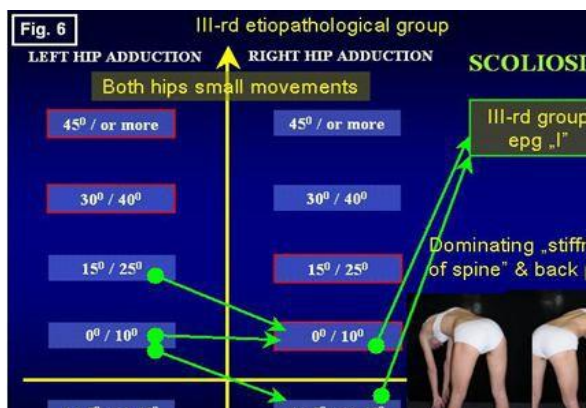


Fig. 6. Classification of scoliosis. III-rd etiopathological group – “I” spine deformity. Stiffness of spine. No curves or small. Specific model of hips movements

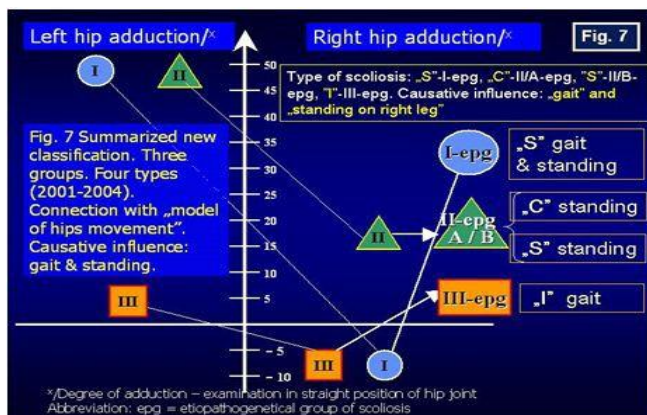


Fig. 7. Summarized new classification. Three groups. Four types (2001-2004). Connection with “Model of hips movement”. Causative influence: gait & standing ‘At ease’ on the right leg

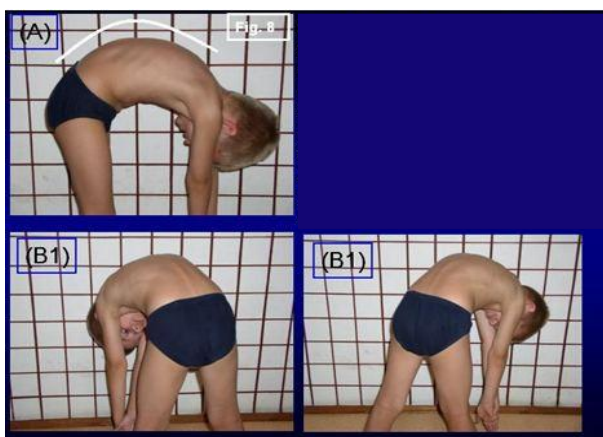


Fig. 8. Tests for scoliosis. (A) “Bending test for scoliosis” (Adams, 1856). Evaluation of shape of spine in flexion. (B1) and (B2) “Side bending test for scoliosis” (Lublin test, 1995-2004) - evaluation of shape of spine in flexion to right and left leg [more sensible than Adams test]. On pictures - child without scoliosis. Normal axis of spine, full flexion. Every type of scoliosis starts to develop in age of 2 - 3 years. In this age of children, we should start with therapy and causal prophylaxis

First group of the ‘so-called’ idiopathic scoliosis (“S” double scoliosis, I etiopathological [epg]). Hips right / left model of movements: big limitation of movement of the right hip, especially limited the adduction and internal rotation (examination in the straight position of the joint) and the full movement of the left

hip. Scoliosis develop because of permanent standing 'At Ease' on the right leg and also during the gait. In every step the necessary movement in the right hip, when was not possible, was created as a compensatory movement in the pelvis and in the spine. Therefore, deformities of the spine occur. The first symptoms are rotation deformity, permanent distortion of intervertebral joints and in result stiffness of thoracic and lumbar parts of the spine.

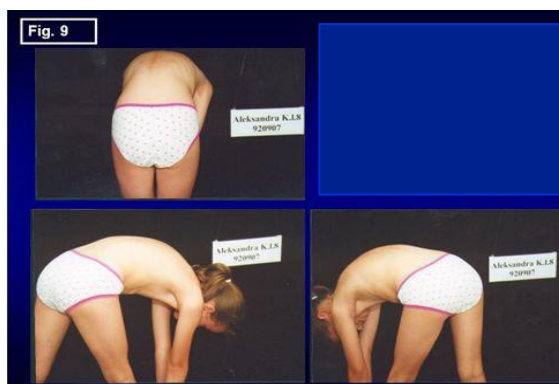


Fig. 9. Lublin treatment. Exercises protect before contracture of paravertebral tissues. Correct exercises: extension from flexion, flexion means stretching, extension means active exercises of muscles. On the picture child 8 y. old with initial stadium of scoliosis II/B epg

Here, in this point, I can explain - the gait of blind children is without any lifting of legs and pelvis so compensatory movement of the pelvis and spine does not exist and the scoliosis do not develop. Also standing of these persons is with carefully attention and symmetrical on both feet (observation of ophthalmologist Dr Jolanta Karska). Characteristic of "S" scoliosis I epg group are: two curves, lumbar left convex, thoracic right convex, stiffness of spine and rib hump on the right side. This type of scoliosis is characterized by a very large progression, especially in acceleration period of growth.

2.1 Second Group of the 'So-called' Idiopathic Scoliosis ("C" II/a epg - One Curve Scoliosis, or "S" II/b epg - Double Curve Scoliosis)

Hips right / left model of movements: partially limited adduction movement of the right hip and the full movement of the left hip. Scoliosis - "C" II/a epg - one curve deformity develops because of permanent standing 'at ease' on the right leg. In scoliosis "S" - II/b epg - double curve, additionally, regardless to the habit of standing 'at ease' on the right leg, exists laxity of joints or / and wrong, incorrect previous therapy. In the both types of scoliosis "C" II/a epg and "S" II/b epg - the spine is flexible, progression of the spine deformity is very small. At adults, very

often, this type of scoliosis became to be “degenerative scoliosis” with permanent pain syndromes.

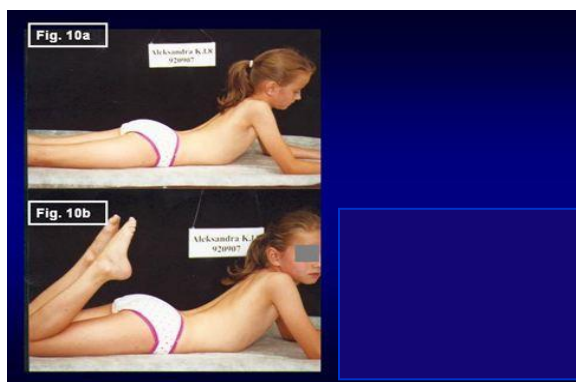


Fig. 10. 10a, 10b Lublin treatment. Stretching exercises for removal of contractures in pelvis and lumbar part of spine. On the picture child 8 years old with initial stadium of scoliosis II/B epg

2.2 Third Group of ‘So-called’ Idiopathic Scoliosis (“I” scoliosis III epg)

Hips right / left model of movements: significantly limited movement of the right hip and very limited movement of the left hip. The cause of the scoliosis is the gait only. The characteristics of this type of scoliosis are: stiffness of the spine, small or no-existing curve, no progression. This type of spine deformity over many years was never been included to the scoliosis group. In new classification – stiff spine is also “special type of scoliosis” (T. Karski, J. Karski, 1995 -2017).

2.3 Former Therapy of Scoliosis

Because the etiology of scoliosis has been a secret for over two thousand year, all scientists present the opinion, that the scoliosis is caused by “weak muscles” giving insufficient stabilization of the spine. In therapy, they recommended only strengthening exercises for muscles, next corset and on end of the therapy - surgery. After these improper (we known now) exercises the curves were bigger, the rib hump wider, the stiff spine more rigid. When the parents ask the doctor why the result of the therapy is not good or even completely bad - they answered: “it is natural history of scoliosis”. Next they say - yes, the result is bad - and it is normal, but now the child will receive corset and in the future the surgery will be necessary. No – our experience (T. Karski & J. Karski) has shown that the former exercises were completely incorrect and totally wrong. The proper therapy is only by stretching exercises rejecting the contracture (limitation of movements) in region of the hips and of the whole spine [Fig. 9, 10a, 10b, 11a, 11b, 1c, 11d, 12a, 12b, 13]. Only such methods of the therapy give good results.

We have confirmed on large material that stretching exercises are very beneficial not only in therapy but specially in causal prophylaxis of the so-called idiopathic scoliosis. In the therapy and in the prophylactics the best are such sports - like karate, taekwondo, aikido, kung fu, yoga [Fig. 14, 15, 16, 17, 18].

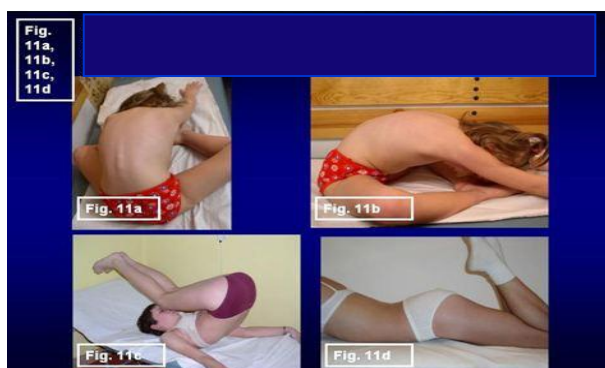
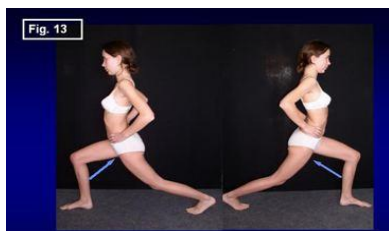


Fig. 11. 11a, 11b, 11c, 11d Lublin treatment. Correct exercises for scoliosis in treatment and in prophylaxis. Proper sitting position for hips and flexion exercises for spine (11a, 11b, 11c). Stretching exercises for proper position of pelvis (11d)



Fig. 12. 12a, 12b, 12c Lublin treatment. Exercises typical for yoga. The best exercises to remove the flexion contracture of hips and anterior tilt of pelvis. The exercises are important for children with scoliosis and for all adults people. On the picture the girl W. G. Born 14.08.1990 with scoliosis III epg. Model of hips movement – right adduction 5 / 0 degrees, left 35 / 20 degrees



**Fig. 13. Lublin treatment. Correct and proper exercises in scoliosis!
 Extension exercises protect before flexion contracture of hips. On the
 picture - removal of contractures in pelvis and spine regions**



**Fig. 14. Lublin therapy. Yoga, Karate, Tekwondo, Aikido, Kung Fu -
 proper exercises in program of treatment and prophylaxis of scoliosis and other
 deformities in locomotors system**



**Fig. 15. The treatment by Karate, Tekwondo, Aikido, Kung Fu - in program
 of therapy and prophylaxis of scoliosis, as well incorrect posture of pelvis
 and shoulders, flexion contracture of knees, equines position of feet. With
 such therapy we should start in age of 4-5 years of a child**



Fig. 16. Yoga, Karate, Tekwondo, Aikido, Kung Fu - proper exercises in program of treatment and prophylaxis of scoliosis and others deformity of locomotors system. On the pictures exercises for spine and against flexion contracture of hips



Fig. 17. Yoga, Karate, Tekwondo, Aikido, Kung Fu - proper exercises in program of treatment and prophylaxis of scoliosis and others deformity of locomotors system. On the pictures rotation and deviation exercises for spine and for abduction of hips

Karate, taekwondo, aikido, yoga in treatment of the socalled idiopathic scoliosis. Both authors in the period of 32 years (T. Karski) and 22 years (J. Karski) have the occasion to observe the excellent result after treatment by stretching exercises typical for these Far Eastern Sport Arts. Only one condition is very important – we should start with the new therapy very early, before fixation of deformity, before anatomical changes of spinal bodies, in arches, in processes

spinosi, transversal and articularis. The best time to beginning the therapy is 4-5 year of life.



Fig. 18. Yoga, Karate, Tekwondo, Aikido, Kung Fu - proper exercises in program of treatment and prophylaxis of scoliosis and others deformity of locomotors system. On the pictures the exercises for flexion of spine

2.4 Explanation of the Method of Therapy and Prophylaxis

The aim of the therapy is to overcome the insufficient adduction of the right hip or even abduction contracture (in I epg and III epg group of scoliosis). It is possible by stretching exercises – for example, identical like in yoga. The yoga exercises are made very gently, long lasting of each stretching position, repeated very gently and many times. The treated child, as result of the therapy, receive adduction, full internal rotation and also extension of the right hip. Other exercises give full flexion, deviation and full rotation movement of spine. “Free from contractures” hips, pelvis and spine guarantees the proper growth of the spine. On the pictures, we present these all exercises (Fig. 14, 15, 16, 17, 18).

3. DISCUSSION

Authors treat children with scoliosis by these stretching exercises from 1984. Also, many other deformations in children can be treated by the stretching exercises. Cases for such a therapy are following: 1/ torticollis (wry neck), 2/ equines deformity of feet, 3/ anterior tilt of pelvis with hiperlordosis of lumbar spine, 4/ valgus deformity of knees and many others.

Here we want to emphasize and confirm that yoga in the treatment and in the prophylaxis is very profitable. What is characteristic for yoga, is that the exercises are done very gently, they are repeated many times, the “Corrected position” is hold for a long time. This is a great time for “meditation”, and in Christian

Countries like Poland it is the excellent time to think about God, about Jesus Christ and Saint Mary, as well about "Health thanks proper exercises".

4. CONCLUSION

1. The deformations and wrong position of the body of children and pain syndromes of the adults are caused by asymmetrical shortening of soft tissues - tendons, muscles, fascias, capsules, called in orthopedics "contractures", but not because of "weak muscles".
2. These contractures are the cause of the asymmetric growth and various deformations like scoliosis, wry neck, equines deformity of feet, contractures of knees and many others.
3. Our observations confirm that without any doubt the "weak muscles" are not the cause of deformations of children and youth as well, pain syndromes in adults. Unfortunately, the diagnosis of "weak muscles" is very often given / stated by Polish physiotherapist and rehabilitations doctors.
4. The cause of the so-called idiopathic scoliosis is "contractures" or only partially limited movement of the right hip giving influence for asymmetrical growth of spine due to function.
5. This function is "walking" and standing 'at ease' on the right leg.
6. Every type of spine deformity starts to develop in age of 2-3 years.
7. The only proper therapy are the stretching exercises typical for karate, taekwondo, aikido, kung fu, yoga.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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