

Adjusting Disks

by Tedd Koren, D.C.

An alternative to spinal surgery

Sometimes the most difficult cases are not due to subluxations of the vertebrae but to subluxations of the disks. As Richard Van Rump, DC, developer of directional non-force technique (DNFT) said decades ago, “If the disks are subluxated, the vertebrae won’t hold.”

Is it possible to adjust disks? Yes, it is possible to easily and quickly locate and adjust subluxated disks.

Do herniated disks require surgery? Rarely. In most cases, even a herniated or ruptured disk can heal without surgery. Most heal spontaneously.

As Jerome Groopman, MD, writes: “A recent study of CT scans showed that twenty-seven percent of healthy people over the age of forty had a herniated disk, ten percent had an abnormality of the vertebral facet joints and fifty percent had other anatomical changes that were judged significant. And yet, none of these people had nagging back pain. Another study using MRI scanning, showed that thirty-six percent of people over sixty had a herniated disk, and some eighty to ninety percent of them had significant disk degeneration. Even patients with acute ruptured disks have a good prognosis, though their recovery is usually slower; some ninety percent will feel significantly better within six weeks, without surgery. Over time, the disk gradually retracts, so that it is no longer pressing on the nerves and the inflammation subsides.”¹

Back surgery

Back surgery is perhaps the most dangerous and useless surgery ever developed. “Spinal medicine, unfortunately, is producing patients with failed back surgery syndrome at an alarming rate.”²

According to Norma Shealy, MD: “It was obvious to me that vast majorities of people suffering from chronic pain were actually the result of unnecessary back surgery. In one study, I demonstrated that at least eighty percent of those who had had lumbar surgery for a presumed ruptured disk had not had a ruptured disk before their first surgery. But, by the time they had had between five and seven unsuccessful back operations, they certainly were invalids.”³

No one knows how many of the over 150,000 spinal fusion operations and the 500,000 total spinal surgeries performed each year in the United States are unnecessary. I would guess the number to be over ninety-five percent. Chronic pain clinics are filled with back surgery failures. Can the disk be addressed without surgery?

How can you adjust the disk?

Years ago, when I studied Van Rump’s work with Drs. Pat and Mike McLean, I was instructed as follows: In order to adjust a disk, you must find a tight fiber a few inches lateral to the spine and adjust into it.

“How can that be?” I asked.

“We don’t know the mechanism, but it works,” they said.

The answer may be found in a fascinating phenomenon known as *myofascial gelosis*, discovered by Janet Travell, MD (discov-



Do herniated disks require surgery? Rarely. In most cases, even a herniated or ruptured disk can heal without surgery.

erer of trigger points).⁴ *Myofascial* means relating to the fascia connective tissue, and *gelosis* means an extremely firm mass in a tissue.

Adjusting the bands

It appears that, when a disk is subluxated, the normally soft, pliable connective tissues surrounding it transform into relatively taut bands. These bands help anchor and stabilize the disk, as guy wires, to protect it from further injury. They are easily palpated as thin bands emanating laterally from the disk—often reaching many inches away.

These bands can be exquisitely sensitive along their length. Dr. Van Rump used wooden dowels and a deep thumb toggle—the adjustments could sting.

The results? Three case histories

The technique I developed for adjusting disks is one that applies concepts from Van Rump, Lowell Ward and others, using an adjusting instrument. Using the negative (index) finger, the doctor locates a “hot” disk and taut fibers. A body biofeedback device (such as the occipital drop) is used as a “yes-no” indicator. We can then introduce a relatively light force anywhere along the length of the fiber using an adjusting instrument. The results are often amazing.

Case #1. Forty-nine year old male, bedridden with severe back and leg pain. Not able to stand. Had an MRI. By third adjustment, he was able to walk with crutches. By the sixth adjustment, he could stand without pain for about thirty seconds—first time in five days he was pain free.

After ten days he was completely pain free with eighty percent strength in leg. Neurosurgeon was at a loss to explain his recovery. He told patient, “Your MRI is the second worst disk herniation I’ve seen in my career. I would recommend immediate surgery. I cannot believe you are pain free.”⁵

Case #2. Patient hurt his low back in an accident and was making very slow progress after six weeks of three-times-a-week of diversified adjusting. I had guessed his problem was a disk, and my history with disks was it takes a while to mend. After one adjustment (to the disk) he stated he was fifty percent better; after the second, no more pain, and is bringing in the wife.⁶

Case #3. I had seen a patient years prior for low back pain with radiating leg pain and numbness/tingling down the leg. Poor response. She discontinued care and, eventually, had surgery to “repair” her disc. She still had numbness/tingling in her foot, even months after the surgery.

She returned to the office. I started adjusting her with KST. After a few adjustments, the numbness/tingling was gone and whatever remaining LPB she had went as well. She was amazed and very pleased. On a follow up with her surgeon, she told him her symptoms were gone because she was back under chiropractic care.⁷

One final note: dehydration

I have never seen a disk patient who was not dehydrated. Most disk sufferers are moderately to severely dried-out and that may be a major reason why their disks start weakening and compressing in the first place.

The earliest sign of disk herniation is decreased signal on a T-2 weighted image due to desiccation and dehydration of the disk. This is usually associated with a loss of height and a bulging of the annulus fibrosis circumferentially.⁸

Putting patients on an aggressive hydration plan (a glass of water every hour—not iced or distilled) for one to two weeks can often result in dramatic improvements.

It is gratifying to see that simply drinking water (rehydrating) and adjusting the disk and/or vertebra can help the patient at a fraction of the cost of medical and mechanical traction devices.

*Dr. Tedd Koren is the founder of Koren Publications and developer of Koren Specific Technique (KST), an Empirical/Vitalistic method of locating and correcting subluxations anywhere in the body that is easy to learn and is revolutionizing chiropractic practices.. For information on KST seminars, go to www.teddcoreseminars.com or call 1-800-537-3001. Write to Dr. Koren at tkoren@korenpublications.com. **TAC***



References

1. Gropman J. A knife in the back (Is surgery the best approach to chronic pain?). *The New Yorker*. April 8, 2002.
2. *The BackLetter*. Philadelphia: Lippincott Williams and Wilkins. 2004;12(7):79.
3. Shealy CN. Chronic pain management. *The Townsend Letter for Doctors & Patients*. January 2005.
4. Simons DG, Travell JG and Simons LS. *Myofascial Pain and Dysfunction: The Trigger Point Manual*, Vol. 1; *The Upper Half of Body* (2nd Edition). Philadelphia: Lippincott Williams & Wilkins. 2nd edition (October 1998).
5. Tedd Koren, DC. Conversation with patient. September 12, 2006.
6. Brad Miller, DC. Personal correspondence with author. September 6, 2006.
7. Warren Silver, DC. Personal correspondence with author. September 13, 2006.
8. Bradley WG. MRI of degenerative disease of the lumbar spine. <https://e-edcredits.com/XrayCredits/article.asp?TestID=12>

IS THIS YOUR RETIREMENT PLANNING STRATEGY? YOU NEED OUR HELP!

**Intelligent Planning...
Peace of mind**

FOR MORE INFORMATION CALL
Danielle Peppard at 888-679-9779 ext 16

American Financial Advisors, Inc.
WWW.AFADVISORS.COM

Securities offered through ING Financial Partners, Inc., Member SIPC. Advisory services offered through American Financial Advisors, Inc. a registered investment advisor. American Financial Advisors, Inc. is not a subsidiary nor controlled by ING Financial Partners, Inc.

To learn more, circle #9 on The Action Card

**AMERICAN
FINANCIAL
ADVISORS**
WEALTH ADVISORY SERVICES