Phases Of Progressive Lumbar Degeneration

NORMAL SPINE

INCIDENCE:
- lifetime

ONSET:
- at birth (also possible after corrective chiropractic care)

HISTOPATHOLOGY AND X-RAY:
- there are no vertebral subluxations
- edges and margins of vertebrae are smooth and regular
- joint surfaces are not roughened and are evenly spaced
- spine exhibits normal lordotic curve
- disc spaces are healthy
- there is no tissue damage

MOST COMMON SYMPTOMS:
- none

CORRECTIVE TIME:
- none required

% OF RECOVERY:
- not applicable

PHASE I

INCIDENCE:
- most often birth - 20 years

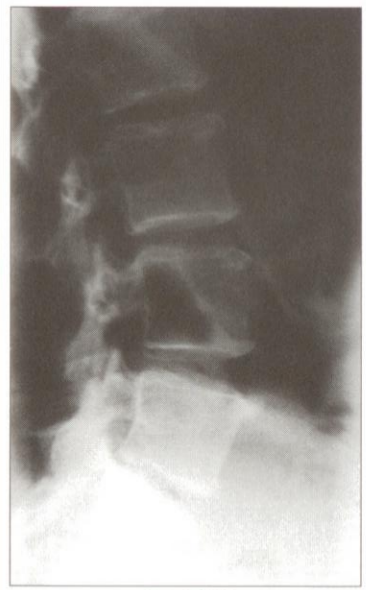
ONSET:
- usually a traumatic incident producing vertebral subluxations which remain uncorrected.
- vertebral subluxation produced as an adaptation to a pelvic malfunction.

HISTOPATHOLOGY AND X-RAY:
- vertebral subluxations and disc stress are evident
- nerve pressure resulting in rupture of nerve roots
- toxin production and absorption into surrounding tissues at site of subluxations affecting other nerve systems
- normal nerve function is hampered
- can have loss of normal spine curve
- minimal soft tissue damage at this point

MOST COMMON SYMPTOMS:
- some stiffness
- occasional "twinges" of pain which seem to "go away"
- tightness in lower back area
- some nunbness in toes and calves
- cramping in legs thought to be "growing pains"
- occasional gas, bloating, and digestive difficulties
- severe menstrual pains
- abdominal cramps
- fatigue when standing

CORRECTIVE TIME:
- 6 - 18 months

% OF RECOVERY:
- 100%, however dependent on patient compliance



PHASE II

INCIDENCE:
- most often 20 - 40 years

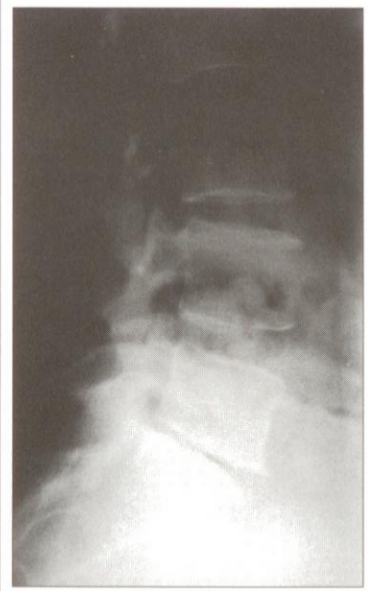
ONSET:
- Phase 1, a vertebral subluxation which has not been corrected

HISTOPATHOLOGY AND X-RAY:
- vertebral subluxations increase in severity
- vertebral margins roughen
- joint surfaces become rough and irregular
- abnormal calcium production
- bone spurs are evident at edges of vertebrae
- discs narrow and show signs of degeneration, decay and dehydration
- normal nerve function and transmission not possible
- muscular atrophy and wasting has begun

MOST COMMON SYMPTOMS:
- increasing stiffness, usually in the morning
- numbness and tingling into feet ans toes
- low back pain radiating into legs
- groin pains
- abdominal bloating and gas
- constipation (or diarrhea)
- bowel problems
- clumsiness
- reduction of normal reflexes
- "the back that always goes out" syndrome
- tired feeling in the back when standing

CORRECTIVE TIME:
- 18 - 30 months

% OF RECOVERY:
- dependent on severity and patient compliance



PHASE III

INCIDENCE:
- most often 40 - 65 years

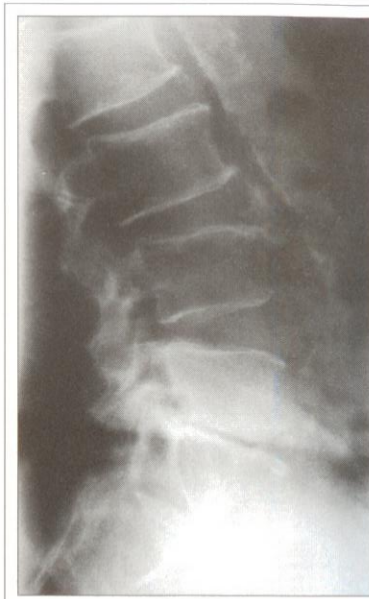
ONSET:
- Phase II, a vertebral subluxation which remained uncorrected

HISTOPATHOLOGY AND X-RAY:
- beginnings of bone fusion evident
- advanced spur and arthritic formation
- abnormal calcium production
- soft tissue decay very evident
- vertebral deformity started
- disc function is lost and discs are degenerated
- poor nerve function; neurological transmission is seriously impaired
- nerve failure has started
- muscular atrophy and wasting of pelvic and lower limb muscles

MOST COMMON SYMPTOMS:
- constant episodic low back pain (comes and goes)
- greatly reduced movement
- over-all stiffness
- leg weakness and fatigue
- increasing back and pelvic problems
- leg and foot pain and/or swelling
- poor circulation
- numbness in feet and toes
- face numbness and pain
- some inco-ordination when walking
- pain which tends to appear for "no apparent reason"
- urinary difficulties
- varicose veins
- digestive difficulties

CORRECTIVE TIME:
- usually 30 - 42 months, however a degree of permanency may remain

% OF RECOVERY:
- dependent on severity and patient compliance



PHASE IV

INCIDENCE:
- most often after 65 years but not always

ONSET:
- Phase III; vertebral subluxations which were not corrected

HISTOPATHOLOGY AND X-RAY:
- most vertebrae have lost their form and function
- fusion is complete
- spinal form is destroyed
- discs have completely degenerated
- muscular atrophy and infiltration with calcium
- calcification of most spinal ligaments
- nerve system failure
- nerve transmission is lost
- bone deformation
- nerve death and atrophy
- a terminal condition has been created

MOST COMMON SYMPTOMS:
- little movement
- chronic, unremitting pain in most areas
- difficulty in walking
- wasting of most leg muscles
- severe fatigue
- chronic bowel and bladder malfunction
- poor circulation
- numbness
- failure of related organ systems is evident
- untimely death

CORRECTIVE TIME:
- none possible, care at this point for relief and comfort only

% OF RECOVERY:
- none

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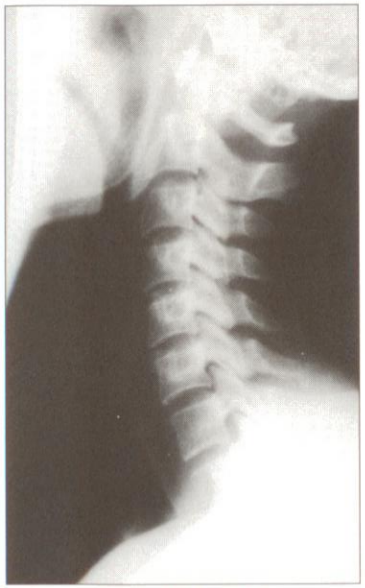
Phases Of Progressive Spinal Degeneration



NORMAL SPINE

INCIDENCE:
- lifetime

ONSET:
- at birth (or after corrective chiropractic care)

HISTOPATHOLOGY AND X-RAY:
- there are no vertebral subluxations
- edges and margins of vertebrae are smooth and regular
- joint surfaces are not roughened and are evenly spaced
- spine exhibits normal lordotic curve
- disc spaces are healthy
- there is no tissue damage

MOST COMMON SYMPTOMS:
- none

CORRECTIVE TIME:
- none required

% OF RECOVERY:
- not applicable

PHASE I

INCIDENCE:
- birth - 20 years

ONSET:
- usually a traumatic incident producing vertebral subluxations which remain uncorrected.

HISTOPATHOLOGY AND X-RAY:
- vertebral subluxations are evident
- nerve root pressure resulting in rupture of nerve roots
- toxin production and absorption into surrounding tissues at site of subluxations affecting other nerve systems
- normal nerve function not possible
- normal spinal curve is altered
- minimal soft tissue damage at this point

MOST COMMON SYMPTOMS:
- some stiffness
- occasional "twinges" of pain which seem to "go away"
- headaches and sinus problems
- tightness in shoulder area
- some numbness in fingers
- pain in shoulders; thought to be "bursitis"
- mild visual disturbances

CORRECTIVE TIME:
- 6 - 18 months

% OF RECOVERY:
- 100%, however dependent on patient compliance

PHASE II

INCIDENCE:
- most often 20 - 40 years

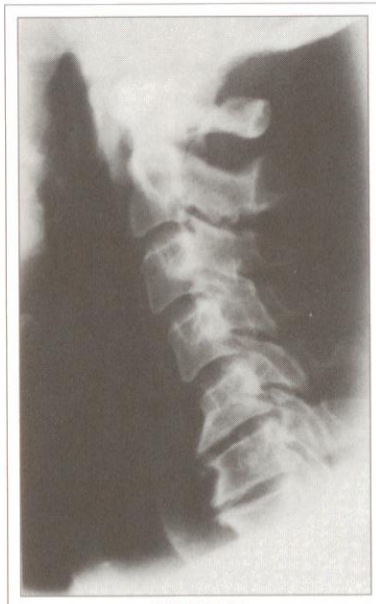
ONSET:
- Phase 1, a vertebral subluxation which was not corrected

HISTOPATHOLOGY AND X-RAY:
- vertebral subluxations increase in severity
- vertebral margins roughen
- joint surfaces become rough and irregular
- abnormal calcium production
- bone spurs are evident at edges of vertebrae
- discs narrow and show signs of degeneration, decay and dehydration
- disc instability and collapse is evident
- normal nerve function and transmission not possible

MOST COMMON SYMPTOMS:
- increasing stiffness, usually in the morning
- numbness and tingling into arms and hands
- pain across shoulders spreading into arms and hands
- headaches
- dizziness
- muscular weakness
- clumsiness
- incoordination
- chest and stomach problems
- irritability

CORRECTIVE TIME:
- 18 - 30 months

% OF RECOVERY:
- dependent on severity and patient compliance



PHASE III

INCIDENCE:
- most often 40 - 65 years

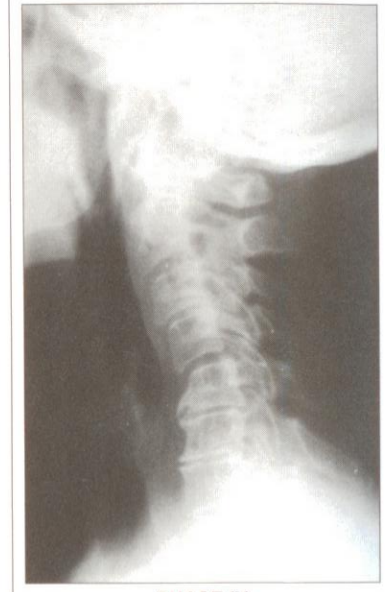
ONSET:
- Phase II, a vertebral subluxation which remained uncorrected

HISTOPATHOLOGY AND X-RAY:
- beginning of bone fusion evident
- massive advanced spur and arthritic formation
- abnormal calcium production
- soft tissue decay very evident
- vertebral deformity has reached major proportions
- disc function is lost and discs are degenerated
- poor nerve function, and neurological transmission is seriously impaired
- nerve failure has started
- muscular atrophy and wasting of shoulder and arm muscles

MOST COMMON SYMPTOMS:
- severe pain (sometimes none at all)
- greatly reduced movement
- general overall stiffness
- atrophy and wasting of arm and shoulder muscles
- weakness in grip strength
- fatigue
- spells of dizziness
- visual and ear disturbances
- face numbness and pain
- severe headaches
- lowered resistance
- chronic sinus trouble
- incoordination
- irritability
- vertebral artery insufficiency, which can lead to stroke
- arm and hand pain and numbness

CORRECTIVE TIME:
- 30 - 42 months

% OF RECOVERY:
- dependent on severity and patient compliance



PHASE IV

INCIDENCE:
- most often after 65 years

ONSET:
- Phase III; vertebral subluxations which were not corrected

HISTOPATHOLOGY AND X-RAY:
- most vertebrae have lost their form and function
- fusion is complete
- spinal form is destroyed
- discs have completely degenerated
- muscular infiltration with calcium
- calcification of most spinal ligaments
- nerve system failure
- nerve transmission lost
- a terminal condition has been created
- bone deformation
- nerve death and atrophy

MOST COMMON SYMPTOMS:
- little movement
- chronic pain in most areas
- complete shoulder and arm weakness and atrophy
- dizziness and faintness
- severe fatigue
- numbness
- headaches
- failure of all organ systems is evident
- untimely death

CORRECTIVE TIME:
- none possible; care at this point is given for relief and comfort only

% OF RECOVERY:
- none

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