

## Idiopathic Scoliosis?

### 10 THINGS ABOUT SCOLIOSIS THAT MANY PHYSICIANS ARE NOT AWARE OF

1. *Idiopathic Scoliosis* tends to be the first phase of a new condition called *Filum Disease*.
2. Idiopathic Scoliosis is a *deviation of the spine* that affects most humans. Nevertheless, conventionally, only 2% of the population is considered to be affected by it, as only that part of deviations of more than 10° is acknowledged.
3. Idiopathic Scoliosis develops due to a neurological cause, an abnormal traction on the nervous system, transmitted by the *Filum terminale ligament* that connects the spinal cord and spine.
4. Idiopathic Scoliosis is not due to bony, muscular or ligament alterations, nor to external asymmetric excessive strain.
5. Frequently, shifts within the nervous system, such as the descent of the cerebellar tonsils in the Arnold-Chiari Syndrome Type I, accompany idiopathic Scoliosis.
6. In *Filum Disease*, when the efforts to decrease the tension on the nervous system are not sufficient, or they do not take the form of a deviation or shift, an ischemia or lack of blood flow in the central spinal cord occurs, causing necrosis or death of the spinal cord tissue and the formation of an intramedullary cavity or *idiopathic Syringomyelia*.
7. Idiopathic Scoliosis, the Arnold-Chiari Syndrome Type I and Idiopathic Syringomyelia *share the same cause*, not only amongst them but also with other conditions such as: Basilar Invagination, Platybasia, Retroflexed Odontoid, Kinking of the brainstem and others that make up the Filum Disease.
8. Idiopathic Scoliosis, the Arnold-Chiari Syndrome Type I, Idiopathic Syringomyelia and other clinical forms of Filum Disease can be halted by eliminating the cord traction by *releasing the Filum terminale*, whereby symptoms can see alleviation or can even disappear.
9. In idiopathic Scoliosis, neurological deficits and paralyzes following *surgical curve reductions* are, in some cases, attributable to the added traction on the spinal cord, which a prior sectioning of the Filum terminale would avoid.
10. There is a health method, the *Filum System*<sup>®</sup>, that allows diagnosing, following up and treating the majority of manifestations of the Filum Disease, including idiopathic Scoliosis. The 4<sup>th</sup> protocol comprises the *minimally invasive sectioning of the Filum terminale*. The method is registered in order to guarantee excellent medical praxis.

Bibliographical references: **M.B. Royo Salvador**, Platibasia, impresión basilar, retroceso odontoideo y kinking del tronco cerebral, etiología común con la siringomielia, escoliosis y malformación de Arnold-Chiari idiopáticas, 1996, <https://institutchiaribcn.com/platibasia-impresion-basilar-retroceso-odontoideo-y-kinking-del-tronco-cerebral-etilogia-comun-con-la-sirignomielia-escoliosis-y-malformacion-de-arnold-chiari-idiopaticas/>

**M.B. Royo Salvador**, Siringomielia, escoliosis y malformación de Arnold-Chiari idiopática. Etiología en común, 1996, <https://institutchiaribcn.com/siringomielia-escoliosis-y-malformacion-de-arnold-chiari-idiopatica-etilogia-comun/>

**M.B. Royo Salvador**, Doctoral Thesis, 1992 <https://institutchiaribcn.com/tesis-doctoral-aportacion-a-la-etilogia-de-la-siringomielia/>