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A SEVERE CASE OF SCOLIOSIS SURGICALLY TREATED IN CHILDHOOD. PAIN IN THE WHOLE BODY AS AN ADULT. TREATED WITH A.E.B. METHOD

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Abstract: *Scoliosis and back pain treated with Anthropometric Ergonomic Biomechanical (A.E.B.) Method: person with scoliosis, back pain and postural disorders in the entire body was treated using the Anthropometric Ergonomic Biomechanical method. It has proven that, even in case of scoliosis treated with surgery, advantages can be obtained with the A.E.B. Method. It has shown that advantages in the work of pituitary gland changing the posture can be obtained with this method.*

Key words*: Posture, Anthropometric Ergonomic Biomechanical Method, scoliosis, back pain, pituitary.*

JEL Codes: *I 12*

INTRODUCTION

This person is a female, age 47, and came to us with severe pain in the whole body.

Since childhood she suffered from a bad scoliosis and has been treated for the last four years with an orthopaedic corset. At the age of 12 she went through a surgery to try and correct and stabilise scoliosis.

The operation consisted in inserting a foil behind the spine; it was made of a bone sheet taken off her shinbone and blocked at both ends. Following are Fig. 1 and Fig. 2 showing the X-rays at 12 years age with the orthopaedic corset before surgery.

After surgery, the person has undergone constant rehabilitation with Physiatrists, physiotherapists and has done all kinds of postural gymnastic as well as Yoga.

The person informs us she stopped having menstruations at the age pf 42. She started again after six months treatment with Anthropometric Ergonomic Biomechanical Method. Important improvements of some blood values can be observed: TSH (tireostimulant hormone), Vitamin B12 (Cobalamine) and Vitamin D25 OH (Predominant part of Vitamin D in the normal population. The dose of 25-OH-D3 is fundamental in monitoring people who suffer from severe disturbance of calcium metabolism associated to rickets, hypocalcemy, pregnancy, nutritional and kidney osteodystrophy, hypoparathyroidism, osteoporosis after menopause). Hereunder, in Fig. 5 analysis before treatment with A.E.B. method; Fig. 6 analysis one year and four months after beginning the A.E.B. method treatment.

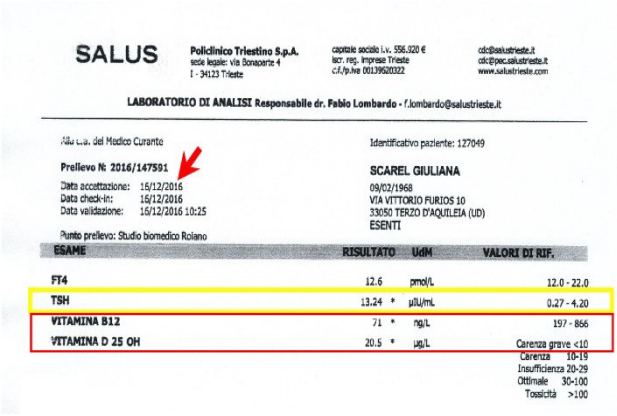
Figure 1. X - Ray side projection with a corset

Figure 2. X - Ray frontal projection with a corset

In the following images, the spine can be observed after surgery; Fig.3 in frontal projection and Fig.4 in a side projection of the cervical part.

Figure 3. X - Ray frontal projection after surgery

Figure 4. X - Ray side cervical projection after surgery



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Alla c.a. del Medico Curante

Prelievo N: 2016/147591
Data accettazione: 16/12/2016
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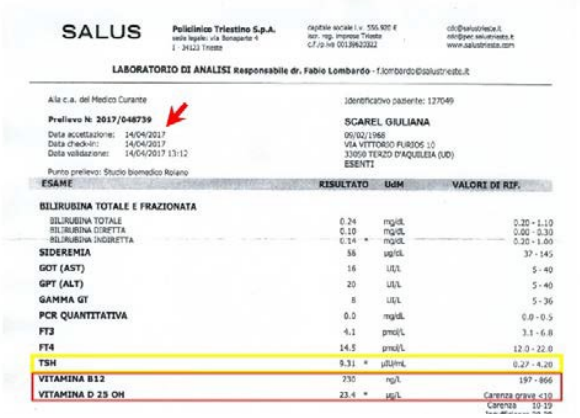
Punto prelievo: Studio biomedico Roiano

Identificativo paziente: 127049

SCAREL GIULIANA
09/02/1968
VIA VITTORIO FURIOS 10
33050 TERZO D'AQUILEIA (UD)
ESENTI

ESAME	RISULTATO		UdM	VALORI DI RIF.
FT4	12.6		pmol/L	12.0 - 22.0
TSH	13.24	*	µIU/mL	0.27 - 4.20
VITAMINA B12	71	*	ng/L	197 - 866
VITAMINA D 25 OH	20.5	*	µg/L	Carenza grave <10 Carenza 10-19 Insufficienza 20-29 Ottimale 30-100 Tossicità >100

Figure 5.



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Alla c.a. del Medico Curante

Prelievo N: 2017/048739
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Punto prelievo: Studio biomedico Roiano

Identificativo paziente: 127049

SCAREL GIULIANA
09/02/1968
VIA VITTORIO FURIOS 10
33050 TERZO D'AQUILEIA (UD)
ESENTI

ESAME	RISULTATO		UdM	VALORI DI RIF.
BILIRUBINA TOTALE E FRAZIONATA				
BILIRUBINA TOTALE	0.24		mg/dL	0.20 - 1.10
BILIRUBINA DIRETTA	0.10		mg/dL	0.00 - 0.30
BILIRUBINA INDIRETTA	0.14	*	mg/dL	0.20 - 1.00
SIDEREMIA	56		µg/dL	37 - 145
GOT (AST)	16		UI/L	5 - 40
GPT (ALT)	20		UI/L	5 - 40
GAMMA GT	8		UI/L	5 - 36
PCR QUANTITATIVA	0.0		mg/dL	0.0 - 0.5
FT3	4.1		pmol/L	3.1 - 6.8
FT4	14.5		pmol/L	12.0 - 22.0
TSH	9.31	*	µIU/mL	0.27 - 4.20
VITAMINA B12	230		ng/L	197 - 866
VITAMINA D 25 OH	23.4	*	µg/L	Carenza grave <10 Carenza 10-19

Figure 6.

It is thus proven that – thanks to the structural change and to repositioning some bones, particularly the skull – with the Anthropometric Ergonomic Biomechanical method, improvements can be obtained, such as: the physiology of the hypophysis glnd and, as a consequence, positive effects on the thyroid, TSH as well as improvements of the values of vitamin B12 and D.

Hereunder images are shown before and after the A.E.B. Method

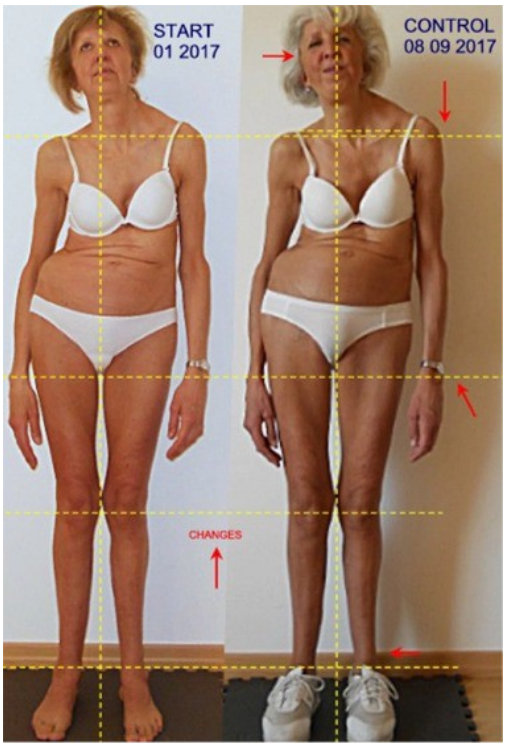

Figure 7.

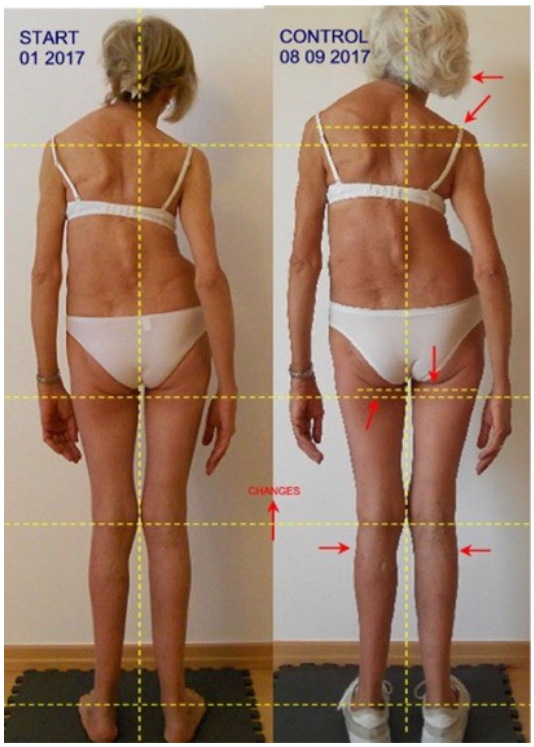

Figure 8.

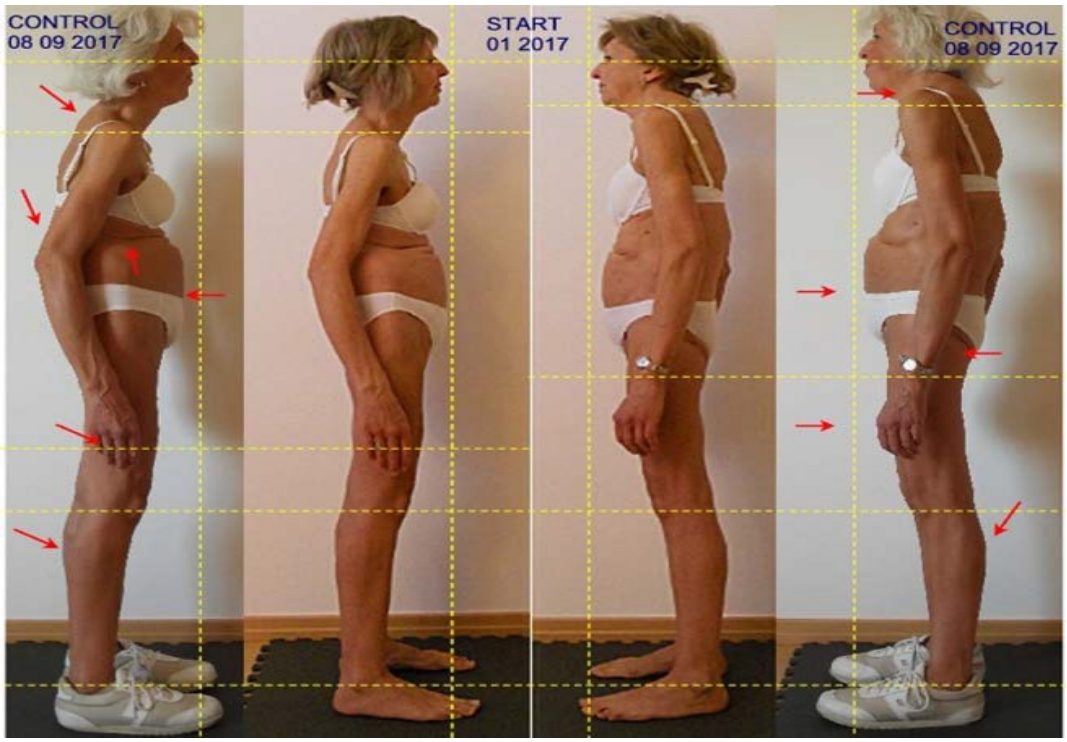

Figure 9.

In Fig. 7, 8, and 9 important changes can be observed (marked with red arrows) in the body even if the surgery's aim was to immobilize and make the person unchangeable.

We like to stress the fact that the person stands in a more extended manner.

The person claims to have no more pain.

Hereunder we record the baropodometric improvements while standing according to the A.E.B. protocol Fig. 10, 11, 12 and 13

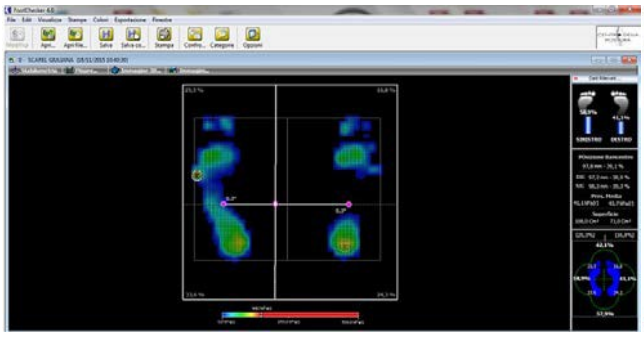

Figure 10. Start: weight % L. 58.9, R. 41.1 in standing

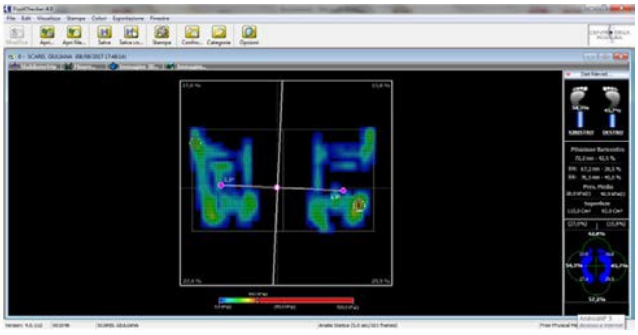

Figure 11. Cont. 08 09 17: weight % L. 54.3, R. 45.7 in standing

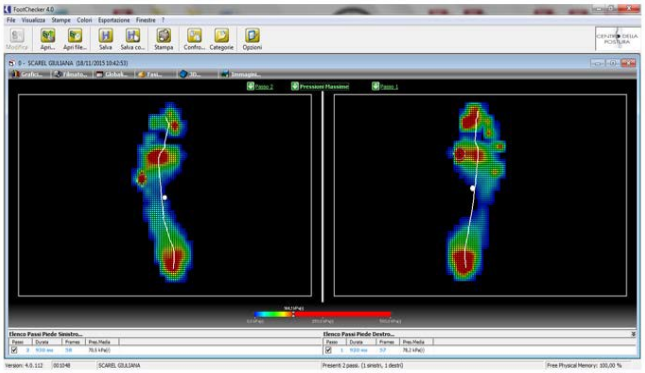

Figure 12. Start: walking

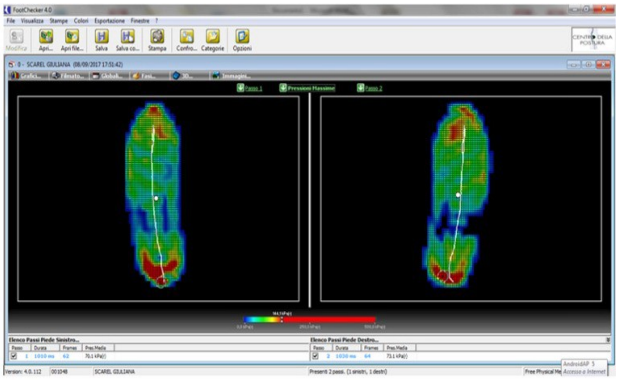

Figure 13. Cont. 08 09 17: walking

Figure 14. Please notice the deep difference in expression and comfort

In Fig. 14 the change in the face after a control five months later.

CONCLUSIONS

After 8 months of ergonomic treatment of posture, we evaluated the results with the Anthropometric Ergonomic Biomechanical (A.E.B.) Method parameters.

The situation was:

1. The symptoms disappeared gradually after the first month of treatment with Tutors made with A.E.B. Method
2. The person wore tutors all day long and still uses them (these systems represent a more suitable and natural new environment for the person.
3. The treatment included sessions of postural resets, performed manually and also using Body extension bench, these were scheduled as follows: one session per week for the first three months of treatment, one every two weeks for the next three months. Later, each month the person has made more postural reset sessions consisting of finger pressure.
4. The results are visible and comparable in all images.

Materials and methods:

Baropodometer Footcheker Loran Eng., 2012

Anthropometric Ergonomic Biomechanic Method (A.E.B.)

Body extension bench Postural Center OOD., 2013

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