

Ruth T. is no neophyte to chiropractic care. She's been visiting chiropractors off and on since 1998, when she lived in New Mexico.

Unfortunately, she's also no neophyte to crippling pain.

"I looked like a pretzel," she says, describing an emergency disk problem in August 2005. Ruth was in pain from her neck, down her back, all the way to her shin and ankle. "My daughter told me at the time that my face was green. Never in my life have I had such pain."

With her insurance company refusing to reimburse Ruth for ongoing chiropractic care, she had not seen a chiropractor in some time since living in New York. Desperate, her daughter found Dr. Bernard Furshpan of CarePlus Chiropractic in Bay Shore, New York, in the Yellow Pages and took Ruth for an initial visit on a Sunday. X-rays revealed a bulging disk in a classic case of sciatica.

What impressed Ruth's daughter was Dr. Furshpan's confident prediction that the condition would be dramatically improved by Wednesday.

It was.

With daily visits for the next few days, Ruth did feel "a *lot* better" by Wednesday.

"I don't care about figuring out the technique," she adds, referring to the Furshpan Maneuver, "because it works. I'm amazed. If there were a six-star rating system instead of five, I'd give it a 6!"

To better understand how the Furshpan Maneuver delivers such fast and effective pain relief, we first need a brief anatomy lesson.

Intervertebral Disks: Our Spine's Shock Absorbers

Twenty-three shock-absorbing intervertebral disks are layered above and below your spine's vertebrae, acting like shock absorbers by preventing these bones from rubbing together. Extremely elastic, the disks help create the curve to your spine and affect your height, too: they compress somewhat during the day and expand at night while you sleep, so you might wake up a quarter or half inch taller in the morning.

Each disk itself has two basic parts: the *nucleus pulposus*, a gel-like material in the center, and the *annular fibrosus*, hundreds of layers of tough fiber that surround the nucleus and keep it centered on the disk. The nucleus acts as both a spring and a ball bearing by separating the vertebrae and allowing them to rotate, tilt, and flex in any direction. The annular fibrosus is equally impressive, readily stretching and compressing millions of times in the course of your lifetime. Together, these two combined parts of the disk can withstand hundreds of pounds of pressure.

Putting the Squeeze on Your Disks

The lumbar spine, the site of lower back pain, curves forward toward your stomach, and the intervertebral disks here are thicker in the front. When you bend forward, Dr. Furshpan explains, “There’s a scissor effect squeezing the disks.” The nature of this compression helps describe various spine-related problems:

- Sometimes when the disk is compressed, its nucleus is forced toward the rear and to one side, approaching the area of the spinal cord and spinal nerves. Called a *bulging disk* or a *protusion*, this is the condition that typically leads people initially to seek help. “A slipped disk,” Dr. Furshpan adds, “is actually the gel bulging between vertebrae.” Chiropractors often use Kemp’s Test, a basic orthopedic tool, to help locate the position of such a bulge.
- If the nucleus gel oozes beyond the disk’s fibrous outer ring, deflating the vertebrae like air hissing out of tire, the result is a *disk herniation*. The nerves and spinal cord are trapped (pinched), which in turn causes a partial or total malfunction of nerve impulses flowing in and out of the spinal cord. The mixed messages sent to your muscles, organs, and brain can create pain, numbness, and weakness in various parts of your body. *Sciatica*, for example, specifically occurs when it is the large sciatic nerve (which passes behind your hip joint and down the back of the thigh) that gets compressed and inflamed, causing pain and weak in the legs and thighs.
- A *disk prolapse* occurs when the bulge created by the leaking nucleus presses against the spinal cord or puts extreme pressure on the lumbar nerves. A prolapse may cause such severe pain that walking, lifting, or even simply standing or sitting can become Herculean tasks.

Routine X-rays help determine the extent of disk maladies. “You can’t see a disk on an X-ray, but it’s like not seeing toothpaste in the tube,” Dr. Furshpan says. “We might not be able to see the toothpaste itself, but we can tell where it is and the way it’s shaped by how the tube looks. In the same way, we can determine a displacement based on the positioning of the spine.”

A Recipe for Disk Disaster

As with most of our body parts, age can take its toll on intervertebral disks. Years and years of stretching, twisting, and compressing can leave the disks’ outer fibers stretched and even torn. These microtraumas allow the soft nucleus gel to seep through the many outer rings’ layers, setting the stage for some of the conditions just listed. In addition, as the nucleus spreads out, the disk thins and can lead to what’s commonly called *degenerative disk disease*. According to Dr. Furshpan, however, “this thinned-out disk isn’t really a disease. It’s actually your body’s response to create a bridge separating the disks so that the spinal nerves don’t get damaged further.” With the now-flattened nucleus no longer able to serve its ball bearing function, joints become less flexible.

Besides the cumulative toll of movement, the decreased circulation that characterizes the typical aging process also ravages our intervertebral disks in a gradual process called *desiccation*. With less blood flowing to the spine, bringing with it nutrients and oxygen, the disk’s nucleus dries out and the annular fibrosus becomes brittle. Tiny cracks, or lesions, can form in the outer ring.

Age is not the only ingredient in disk-related troubles, however. Poor nutrition can wreak the same havoc as just noted for poor circulation by starving the disks of the nutrients they need to remain strong. A sedentary lifestyle, including several hours of slouching over a desk every day, can compress the disks, leading to stiff joints and dull lower-back pain. Making exercise a daily habit—perhaps as simple as walking 30 minutes a day—and doing some stretches at your desk throughout the day can help ward off the debilitating disk damage possible with a modern North American lifestyle.

Q&A: The Mother of Innovation

“Isn’t it true that we can polarize a problem and a solution?” Dr. Furshpan asks. “That is, a solution couldn’t exist if there weren’t a problem.”

Having won The Technique Award upon graduating from New York Chiropractic College in 1981, Dr. Furshpan is extremely familiar with the solutions offered by other chiropractic treatments for disk-related maladies—and thinks the field can do better. “The techniques have to catch up with the technology,” he states.

Consider the O’Connor Technique, for example. Developed by Dr. William T. O’Connor, D.C., this method teaches people in effect to treat themselves by determining the location of a bulging disk, manipulating the disk back into place, and preventing it from dislocating again. Through a specified sequence of movements, a person can relieve back pain without visiting a chiropractor. Obviously, the problems posed with the O’Connor Technique include its requirement of diligent self-study, highly disciplined use, and the subsequent possibility that a typical person, without formal training, may do more harm than good.

The Cox Technic® was created by Dr. James M. Cox, D.C., over 40 years ago to treat low-back, neck, leg, and arm pain. Combining principles of osteopathic medicine with chiropractic adjustments, it can lessen pressure on the disks and widen the space between them. “It opens up the vertebrae to separate them, creating something like a vacuum,” Dr. Furshpan explains. Depending on a vacuum effect, however, may not be provided the most effective remedy. A practitioner using the Cox Technic “is at the mercy of the quality of the vacuum; hopefully the wedged material gets sucked back into position, but that’s ‘hope,’” he points out. Moreover, this technique is done in the prone position on an examining table, so it doesn’t leverage the force of gravity to help maneuver the nucleus.

Clarence S. Gonstead, one of the pioneers of chiropractic, was among the first to theorize that subluxation in one area of the spine can trigger symptoms in another. *Subluxation* occurs when a disk that has shifted backward is now stuck out of place so that undue pressure is placed on the spinal nerves. Gonstead created equipment and diagnostic procedures to identify this condition, which can make the body’s health-maintaining circuitry, go haywire. Specifically, his Gonstead Technique nudges disks forward rather than twisting them back into proper place. Chiropractor Norman Allan,

who has written on the technique, regards it as gentle procedure because “you don’t feel as though your head is going to be twisted off.”

Dr. Furshpan, however, would counter that, as with the Cox Technic, the Gonstead Technique also doesn’t tap into the usefulness of gravity, since it is also done in a reclining position. “Chiropractors are bound to the chiropractic table like a ball and chain,” he notes. “My own technique doesn’t require sophisticated equipment or chiropractic tables.”

According to Dr. Furshpan, an underlying problem with techniques performed in a prone position is that “usually patients don’t hurt themselves on a table or bed. It’s when they are upright, when gravity and the surfaces of the vertebral body then have an impact on the disk’s nucleus.” As a result, when he began to envision his own pain-relieving technique, he realized that applying force in the opposite direction that moved the nucleus and in the position the patient was in when it happened—upright—would be more effective.

After close study of the available techniques in the chiropractic toolkit, Dr. Furshpan concluded that “we have to bring chiropractic to the next level.

“I love to solve problems, to make the line shorter or straighter from point A to point B,” he adds. This motivating belief led to his creating the Furshpan Maneuver in 1996.

Stand Corrected with the Furshpan Maneuver

Unlike the chiropractic techniques described in the last section, which are performed on a patient who is seated or lying down, the Furshpan Maneuver is done while the patient is standing up. “My technique actually leverages gravity and, by using two planes, traps the nucleus and maneuvers it around and to the center,” Dr. Furshpan explains.

Inspiring his technique were recollections of his dad, a plastering contractor, using a trowel and mortarboard to manipulate just the right amount of plaster. Similarly, Dr. Furshpan also uses two planes—adjoining vertebrae—to masterfully move material—the nucleus of a disk. By leveraging the vertebrae, the Furshpan Maneuver gently brings the bulging or herniating nucleus gel back toward the center of the disc, where it can

resume its role of ball bearing and fulcrum, reducing, if not eliminating, pain and allowing a full range of motion.

“I’m a high school physics teacher,” says patient Jim M., “so I appreciated what’s behind the method.” Jim’s pain and numbness in his neck and shoulders went from “full-blown annoying-bad to just a memory,” in only a 10-day span of receiving the Furshpan Maneuver every other day. Today he enjoys a normal range of motion and “no significant problems at all.”

When the Furshpan process is repeated over time, scar tissue builds within the fibrous outer ring of the disk to seal off the layers and prevent the nucleus from oozing away from the center. The resetting of the nucleus will gradually result in a partial or total return of the normal disk height and stronger muscles and body parts.

Dr. Furshpan admits that it is difficult for a damaged disk to resume to 100% normalcy. “My intent is to restore as much of a disk’s integrity and function as possible, while preventing further deterioration,” he says. How long this recovery takes depends on how long the disk has been malfunctioning. Four to 12 months is a typical course of treatment, but relief of symptoms occurs far sooner, often within just minutes of the first treatment.

For example, Andrew M. says that leaving his first treatment with Dr. Furshpan, “I walked out of there feeling totally different. My neck felt much better, immediately.” He had come in with a neck tight with tension and a history of resulting headaches—as well as a history with three other chiropractors. With his innovative Furshpan Maneuver, Dr. Furshpan delivered results where others had failed.

Dr. Furshpan’s quest for a better answer to the question of painful disk conditions may have found its happy ending. “I believe there is an ultimate solution, somewhere, for everything—and usually more than one solution,” he notes. His safe, effective, and quick-acting Furshpan Maneuver ranks today as one of the most powerful solutions available to treat pain.

“What can I say?” Andrew asks. “He has gifted hands.”