

Creating the counter-image: how Katharina Schroth developed her method

Even today severe curvature of the spine (kyphoscoliosis) is regarded as incurable. It was not possible by scientific means to come any closer to a solution to this problem. Ultimately, the only expedient was surgery, but this is also linked very specifically to a young age and often entails considerable complexities, even though the successes recorded with this technique are amazing.

Over the course of a decade of 'secret development' in an atmosphere of peace and composure, an active treatment method for scoliosis evolved which even in the early years attracted considerable attention in some quarters.

In Meissen, after 1921, we started to witness very obvious improvements in shape and in general health and wellbeing.

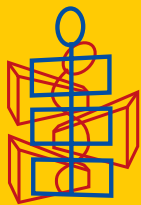
In 1937, in his *Biologisch-Medizinisches Taschenbuch für Ärzte*, Prof. Vogel (Dresden) spoke in very positive terms about this – at the time – novel method. His comments were based on visits he had made in person to Katharina Schroth's Institute in Meissen where he inspected the work and interviewed patients.

Because control photographs from the very earliest Meissen years demonstrate superb progress in every individual case, the road that led to these changes must have been correct. It was left to a completely untrained woman (herself suffering from this condition but endowed with a passionate desire for beauty) to discover this road and travel it herself. She was totally unaware that she was setting herself in opposition to the prevailing view or that the scoliosis problem was actually insoluble. This meant that she was able to retain her objectivity and courage to continue along the road she had started on. And even though she herself had not yet received any professional training at all, she was surrounded by a group of patients from Germany and abroad



Christa Lehnert-Schroth PT during a lecture about this theme.

who came to her seeking a cure. She herself was the only one who had no idea that she was working entirely counter to the prevailing view. All her patients and their parents recognized this and encountered improvement, in most cases for the first time after long years of suffering. The discovery that she – albeit quite unintentionally – was the originator of a new method and 'was doing things in a very different way' was so disconcerting for her that she wanted to give up her work – and in fact did so for a short while – so as to be clear whether this approach was correct. Finally, her patients' parents strongly insisted that she



Katharina Schroth's
three-dimensional scoliosis treatment

author Christa Lehnert-Schroth PT

continue the work – specifically following only path she had been taking – and it was this that first dispelled her own concerns.



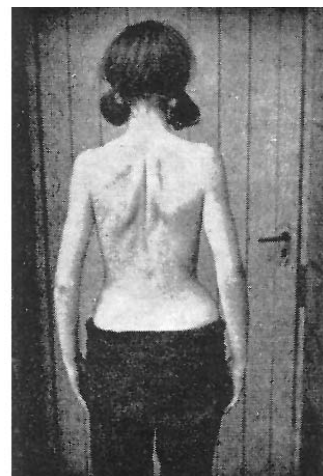
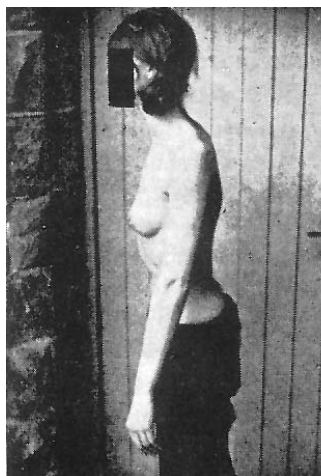
Start of treatment

In 1932 the town of Hindenburg/Upper Silesia sent its municipal gymnastics instructor Hugo Woesler to Meissen for 3 months to learn for himself the method underlying the Original Schroth Breathing Orthopedics System that had just been so effective in a patient from Hindenburg. For decades Herr Woesler had been in charge of orthopedic gymnastics in Hindenburg. He had been trained in the methods of Prof. Klapp, the German Institute for Physical Exercise, Prof. Echternach etc.

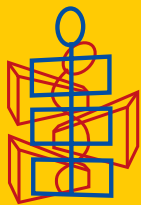
On his return he presented a report about the completely novel system. The Hindenburg physicians Dr. Kob and Dr. Kandziora and others then arranged for a comparison of the existing treatment methods. Separate courses were organized – each based on the different methods. Right from the outset Herr Woesler asked for the very worst, totally incurable cases. The courses each ran for 6 months, with 2-hour sessions three times a week. At the end of this period it was found that the patients on the Woesler-Schroth course had all clearly improved. The opposite was found to be the case in all the other courses being run for the purposes of comparison. Those patients whose condition had deteriorated had to be transferred to the Woesler course. All instructors in orthopedic gymnastics were re-trained in the Schroth method. All work in future was to be done using the Schroth method. The medical directors of the institution later stated that the town of Hindenburg had managed to make major savings. After that period braces were no longer purchased.

From the large number of positive assessments of the Schroth method, we will refer here only to the remarks made by Dr. med. Johannes Ludwig Schmitt in his volume *Atemheilkunst* (Hans Georg Müller Verlag, Munich & Berlin, pp. 543/544). There he stated: 'The very fine success of this treatment is surprising given its duration.'

The treatment is administered with the aim of helping patients to re-organize and acquire body awareness and to train them in achieving a type of control sense.



After three weeks training



And how was this done?

To begin with there was no method at all. It only evolved over the course of decades and was the product of seeing. The question was never asked: 'Which muscles do this or that?' The misshapen body was considered as it had become now in its state of architectonic decline. (At that time there were hardly any 'easy cases'.)

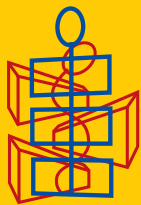
Two humps were present: The main rib hump, for example, on the right side at the back, and the front rib hump, on the opposite left side of the chest. The two humps were formed by the displacement of the ribs – of the ribcage.

And if things had been able to deteriorate, was it not also possible that they might improve again?! (Katharina Schroth was unaware that this possibility was disputed.). Watchful observation in front of the mirror told her this: Those structures that had sunk backward and obliquely outward had to be lifted again and then directed forward and inward.

But how? There were no exercises for this. However, it had to happen; also as regards the front rib hump that had developed because the ribs at the back on the left side had undergone inward, downward and forward torsion. The entire ribcage therefore was displaced obliquely, forward on the left side and backward on the right side. It was this shape displacement that was the most crucial. It was therefore necessary to untwist in precisely the opposite direction. It was not possible to take hold of the ribs from the sunken right side of the ribcage in order to pull them forward, upward and inward (toward the sternum) so as to make the back rib hump disappear. Also it was not possible to take hold of the sunken ribcage parts on the left side that had been displaced toward the spine and detached themselves forward in order to fill the large area of concavity and bring the front rib hump back into the normal plane of the ribcage.

Tiny causes – major implications: when viewing her hollow back on the left side Katharina Schroth was reminded of the dimple in a ball she played with when she was a child. And that was enough to spark the idea: *breathe* could be used to exert gentle pressure and thrust from inside. In this way therefore the ribs could be used to exert traction. During the inhalation phase the rib hump on the right side at the back was drawn forward, starting from the front right ribcage. Unfortunately, everything fell backward again into the hump during exhalation. Soon the instruction was: 'As you breathe out, *leave everything as it was!*'

From this first result, the response to which could be both seen and felt very clearly behind as the back became flatter, there was also an upward straightening. The command 'Forward and upward!' during inhalation came into being and brought about a further flattening of the rib hump behind on the right side. Soon it became apparent that the upper part of the spine belonged in the opposite direction, i.e. backward and upward. This was practiced separately and both were then looked at together and practiced together. Part of the overhang of the scoliotic torso to the right side already became less pronounced when only this was done. The good closing together of the ribcage and pelvis was aided considerably by extending the inner direction of rotatory breathing forward, upward and inward. On each occasion, with each small individual part of the commanding inner vision, some further correction took place and the result was a constantly new feeling inside and in the outer areas of the ribcage: *It was rotating!*



Katharina Schroth's

three-dimensional scoliosis treatment

author Christa Lehnert-Schroth PT

You could see it! Hence the name rotational breathing. Something was happening in the scoliotic spine itself, and this spread to involve the concave left side of the back. This raised itself out of its sunken position and filled the deep 'hole' to some extent. On the left side at the front the rib hump flattened itself correspondingly. Important lesson: Something that is effective, i.e. correct, on one side must necessarily also produce a correct effect on the opposite side. This was amplified by traction using the ribs on the concave left side: ribs backward and upward. The weak sunken side was stretched and elongated, was relieved of its load and filled out.

The same rib traction and gentle breathing pressure was now further practiced on this side in order to lift the sunken area to the left, outward and upward. Evidence for the correctness of the approach (= the acid test) again emerged spontaneously: if work was done on the left side using the double vertebral back-rotational breathing, the back hump on the right side simultaneously flattened by itself. In this way, rotational breathing and vertebral back-rotational breathing support and complement each other. There could be no doubt: this method of working was effective.

Control photographs taken during this early period show very pronounced shape corrections. In this practical way Katharina Schroth had anticipated what would only become clear to her years later during her study of anatomy, namely that rib movement permits rotation of the spinal column because for a distance the transverse process of the vertebrae follows the same path as – and is firmly attached to – the neck of the ribs. In this way there was some resolution therefore of the original twisting of the important middle section of the spinal column.



False scoliotic balance

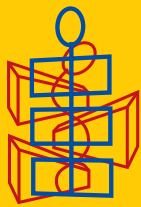


After five weeks of treatment a normal body balance

Provided that no fused areas were present, the twisted spinal column could be brought back into its correct position from two directions by pulling it forward and pulling it backward. Breathing orthopedics thus came very close to addressing the underlying cause.

The correct keynote had been struck. During the specially targeted exercises the body sometimes looked wonderful. – But then the exhalation phase came and the patient 'fell apart' again and so worked against the goal of straightening and correction.

The healing effect was too brief. For the moment the 'counter-image' of the two humps could only be achieved lying down. The firm support of the ground was lacking in the sitting and standing positions. The counter-image was also a first glimpse, not something already achieved, just a beginning.



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There were no ordered fixed points to convert the rotational lever action into its opposite. In the standing position it was found that there was no hold at all, nothing upright! What was visible was two lines that were interrupted at several points: One traveled from the feet forward, then backward and then swept out forward again and also traveled at least three times in opposite diagonal directions. The other broken line traveled from the feet out to the side – hip – and from there to the other side, to the overhang of the torso and onward – upward – back to the middle. This line too wound round and twisted on itself at several points.

Nevertheless it was recognized how scoliosis developed as an established shape (like frozen movement?). Each individual part had to be converted into its opposite.

Before twisting could be resolved in order to balance shape, even out convexities and fill in concavities, fixed points had to be visualized and created so that the lever could be applied. These were the fixed support so that the lever force of the ribs could be allowed to act on the twisted spinal column. Many fixed points had to be created in order to be able to deal with the multiple curvatures. Each one has its own special qualities and hence represents a challenge for the method.

The sagging, multiply interrupted postural lines (to the front and to the side) had first to be directed upward. Heels that had sunken outward first had to be pulled in so that they would again support loads correctly. Both foot arches had to be re-built, twisted calves lifted to the middle, knock knees straightened and thighs rotated properly. In order for the whole to be secure, a reinforcing routine of strength exercises was organized for all these parts and in this way a better, more natural shape was developed.

As this was happening, feeling developed in all the many individual parts being exercised. Gradually these became innervated and at various points in their tension they became fixed points for the pelvis. Now for the first time the pelvis could be lifted back to its intended natural position (from the protruding hip). In particular, however, the corrective untwisting of the crooked pelvis could now be started usefully and effectively.

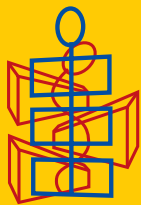
Once the pelvis had been straightened (often after 5-fold exercise correction), it was able in turn to become in various ways a fixed point for structures located above it, i.e. for the ribcage. Starting from the pelvic correction position, the rib lever could begin to be used.

Everything did not happen to its full extent at once: each small step followed the one that preceded it. Crooked hips were straightened, and the rib hump overhanging at the side was lifted and found its proper place. 'Rotational breathing' and 'vertebral back-rotational breathing' flattened the back. Of course, the straightened back on each side with an opposite curvature again had to become the fixed point for the twisted shoulder girdle higher up.

In this way corrective breathing was also successful in the standing position, and even during locomotion, under constant mental direction.

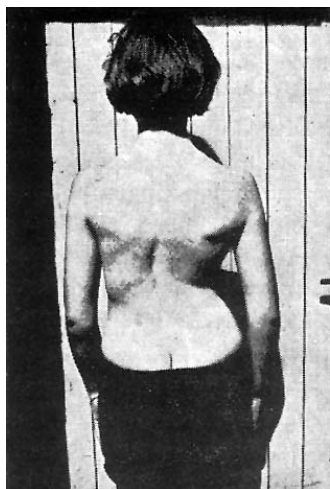
To begin with – out of ignorance – we were happy if the body appeared to be fairly upright and without visible humps.

Over subsequent months and years, once returning patients had mastered more skilful techniques, it became clear that this could not yet be said to represent a cure. Much was successful,



Katharina Schroth's
three-dimensional scoliosis treatment

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Wide backwards overhanging of the rib cage. The right hip is extremely deviated to the right. Inactive muscles over the right hip.



The weak muscles over the right hip have been developed. Both hips are aligned. After three month week muscles are straightened.

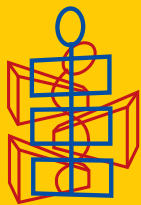
e.g. the vertebral back-rotational breathing in as much as the hollow back filled out to such an extent that during the exercise it seemed higher than the raised part of the back. The rotational effect on the left side, which lifted the front rib hump back, had simultaneously flattened the back behind. Consequently something quite palpable was happening in the rib hump. It responded with a feeling that could be described as 'pleasant and painful at the same time'. It was in this way that the inner control sense developed. If I feel 'that', then I look like that. If I look like that, then I ought to feel 'that'. The mirror helped to confirm it and became a helpful exercise partner.

The frequently confirmed innervation and shaping, indeed over-shaping, caused a shortening of overstretched muscles and a lengthening of underdeveloped muscles.

Control photographs from that period show that the principle was effective in this form.

Further years of constant development in many small sub-areas finally resulted in prolonging the effect on shape distortion in that multiple corrective breathing exercises had to be performed 'without easing off anywhere'. In particular, the exhalation phase was ultimately used in such a way that further correction led to hump flattening etc. Because the main tension was applied during exhalation, damage could never result due to straining. Every patient has to be actively involved in every phase of increasing insight and understanding in order to learn to be their own guide, to help themselves, and to 'live' themselves out of their scoliotic state by constantly following all the rules. In the end, patients wake up at night if they are lying wrongly and 'can no longer do anything else except stand and walk correctly (= in the proper way)'.

Despite all its complexity, what was described as rotational breathing or vertebral back-rotational breathing is only part of the picture. Breathing consists of outward movement and inward movement. Outward movement is actuated by the ribs and by the principal and accessory muscles used in breathing. Inward movement is produced by the diaphragm (the major muscle of inhalation) and this occurs in precisely the opposite direction to outward movement. This also needs to be seen, contemplated and practiced. This is not mere theory. In front of the X-ray screen it was found, for example, that the diaphragm could be lowered unilaterally on the right side if its position was elevated. Before this could happen a great deal of corrective work had to be mastered because in scoliosis patients the diaphragm is also tensed, distorted and twisted because all its attachment points are frequently displaced due to curvature of the spine. Among all the breathing orthopedic exercises, lowering the diaphragm in each case represents the culmination after all preceding external corrections have been made: it is like dotting the 'i'. Without it nothing has any support.



Katharina Schroth's
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Gradually, everything has to become healthy if a beautiful shape is to be regained. The patient has to achieve what is required. This remedy is not available to the lazy. It is like a mosaic.

The system is the sum of very, very diverse experiences. It has developed from observing: Observation allowed it to mature increasingly and prevented patients straying from the path. For example, the view that general breathing alone could bring improvement was found to be a major error. No! The more developed parts would then gain even more of an upper hand, and in 14 days a worsening of shape displacement could be seen. There is great danger in this.

It is therefore necessary from the outset to make the effort only to use the weakened parts, and for this to happen, patients have to master the well-established system. All-round change depends on continuous contemplation and re-orientation of all the minute individual parts so that the major goal – straight posture and virtual elimination of scoliosis – can ultimately be achieved. Once the blind alley of scoliosis – understood as frozen movement – has been recognized, then the contemplative approach has to ask what would be correct in a material sense, what would be consistent with the true original blueprint for that individual. In the past this question was never asked with total clarity and even less was any attempt made to supply a complete answer.

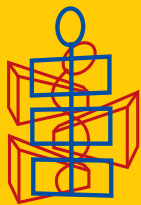
The scoliotic body has been 'torn out of' its normal equilibrium and forced into a new pattern of scoliotic equilibrium. This has become second nature. It was here that our research started in order to return to the pristine original state, to the norm.

Patients exercise and breathe and live in light, air and sunshine during treatment, during rest cures and during their leisure time. They continually 'tank up' with invigorating oxygen. All control measures of lung function improve. Their susceptibility to illness disappears. Asthma, headache and such like also disappear for the very reason that one fundamental requirement has been met – namely, fresh air and natural light. All-round health is boosted.

Patients change in terms of their essential character. They develop more toward managing themselves, being responsible for themselves and they understand how to become biologically more complete. They come to understand that they are no longer defenseless in the face of their scoliotic fate and that they can do a great deal themselves in terms of protection and restoration. They discover their inner creative powers, their ability to shape things, and they experience themselves as having mastery over the forces of nature. This appreciation of self-worth coupled with their happiness at improvements they have worked to achieve gives them a spiritual lift. This brings further health and healing with it. The positive circle has closed.

Patients become stronger physically and spiritually. Ideas become habits as they are put into practice. These ideas then prove to be shaping forces, giving patients greater power, enabling them to modify their character, inner nature and shape, as these ideas take effect.

with each individual exercise patients clearly understand that they should only allow the weakened parts to work and to go on to develop and mature. Patients also know that healing can only be achieved if – after the causes of their distorted shape have been researched – they exactly achieve the precise opposite of each distortion. As they gradually become used to this and intensify their work, this is ultimately achieved in the sequence intended. All the weak parts imperceptibly become revived, they recover and are relieved, and they are freshly perfused with blood and vital

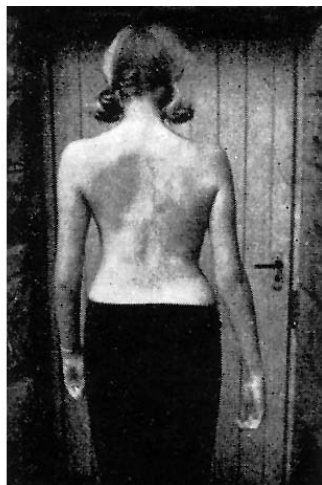


Katharina Schroth's
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Upper body hangs to the right with wide deviated spine curves. Wrong hip position.



Trunk upright, aligned hips, straightened spine curves improved after six weeks of Schroth treatment.

fluids without the need for any assistance from technical apparatus. The late-maturing tissue then helps to support and shape and hold.

Creating the *c o u n t e r - i m a g e* requires a further explanatory example. The concave back on the left side has sunk inward and downward and forward. At the culmination of the shaping exercise for this part it must then appear that the left part of the back is further out to the side than the protruding hip, that the rib 'depression' is stretched so that now the sunken back appears higher than the high part on the opposite side. Correspondingly, the situation is exactly the same when

modifying the lines that are interrupted in several places. It is not attaining the straight line that signifies a cure. It is only exercise that produces the *c o u n t e r - i m a g e*, i.e. in every respect the opposite of the convexity or concavity, that makes possible the gradual healing change in the respective parts of the distortion. Often – over and above this – the result is also then strikingly beautiful forms, more beautiful than could have been foreseen from the 'original material'. During exercise we have permitted adverse selection to occur. What is weakened is upgraded to the highest level possible. Finally it prevails. The most rigorous selection of the weaker is therefore a reasonable requirement during exercise. The over-developed is held in check. Healing is the positive cultivation of what is weak.

Extensive rest cures in the open air are the appropriate balance for the many hours of treatment work each day.

NB: The photographs are even more informative if they are turned upside down. There is then no longer any doubt 'that this mature method is a practicable way that, according to specialist orthopedic opinion, "fills a gap in existing methods for the treatment of scoliosis":

The rules by which Katharina Schroth operated were discovered by her only after the whole method had been fully worked out.