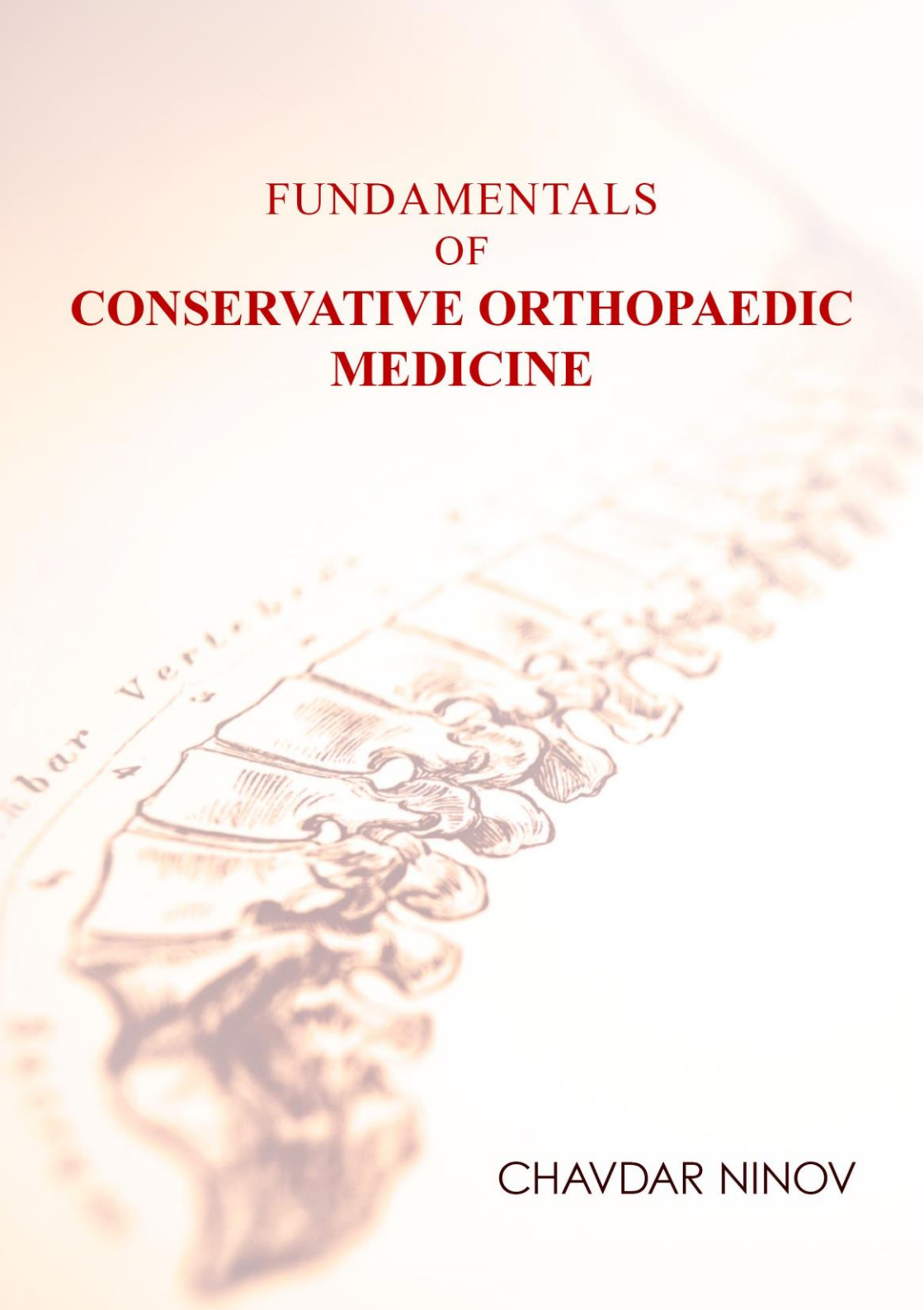
# FUNDAMENTALS OF CONSERVATIVE ORTHOPAEDIC MEDICINE



CHAVDAR NINOV

DR. CHAVDAR NINOV

# FUNDAMENTALS OF **CONSERVATIVE ORTHOPAEDIC MEDICINE**

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**I DEDICATE THIS WORK TO MY ANCESTORS,**
**WHOSE WORK I HAVE CONTINUED...**

**DOCTRINA MULTIPLEX, VERITAS UNA**

*...The wise man sees both near and far.*
*He manages to notice the smallest things,*
*without considering them insignificant.*
*He is able to grasp the greatest things,*
*without deeming them impossible,*
*because he knows that there is nothing final in the discernment of things...*

**Ancient wisdom**

## NOTE

As author, I would like to start this monograph with a declaration as to the authenticity of the ideas presented herein, as well as their verbalization.

For 40 years, I have studied, applied and created various integrative therapeutic methods, focused on the human musculoskeletal system and its health. The entirety of the material in this book is the fruit of my original thought, or my own interpretation of topics I have studied. Any similarity to other works is purely coincidental, and is not the product of undeclared citation, copying or plagiarism.

All characters and all therapeutic outcomes cited are real and non-fictitious.

I am convinced that the critiques, theories and conceptions which follow will upset or otherwise agitate certain parts of the readership. It is the reader's right to accept or reject these ideas, as it is mine to present them to the attention of those interested.

The Buddha warned his students: 'Do not believe in anything which you cannot understand, even if I am the one saying it.' In that spirit, I would call on the reader to not rush in their judgment of this work. There are two reasons for this.

Firstly, unquestioning loyalty to a single school of medical thought, or a single author can do more harm than good, particularly where the theories of that school or the beliefs of that author have lost relevance, or if they are outright mistaken. Fixating on aged methods precludes the application of novel practices.

The second reason has to do with the phenomenon of magical realism. This occurs when, in a conventional and highly organized environment, something so outrageous and unusual occurs that it quite simply cannot be accepted as real. And yet it exists in spite of its strangeness, with observers acknowledging it as true simply because it occurs in front of their own two eyes. The importance of this example is rooted in the fact that some of the following treatments of seriously ill patients and the successes achieved in respect of syndromes previously declared 'incurable' may strike many readers as incredible.

Indeed, a string of paralyzed patients – people who had fallen victim to severe occupational, athletic, or daily accidents, and who had for years agonized in wheelchairs – managed to partially or fully recover as a result of our teams' treatment.

There were many phenomenal athletes who were sadly forced into early retirement, due to incurable musculoskeletal trauma, joint deformities, or somatoform disorders, and who nonetheless returned to the peak of their sports after undergoing therapy at our clinics.

Over the years, assisted by my son Dr Svetoslav Ninov, as well as various colleagues and partners, we have discovered hitherto undocumented etiological factors, morphological substrates and pathological phenomena, which explain why almost every person on the planet will, at some point in their lives, suffer from the greatest silent epidemic known in history – musculoskeletal disease.

We have uncovered the specific pathogenetic model, according to which these issues arise, and put forward a system of optimal therapeutic and preventive measures.

**And so, dear reader – read first, think second, and judge last.**

**Welcome to the Orthopaedic Medicine of the 21st Century.**

***FIG. 1 Prof. Chavdar Ninov & Dr. Svetoslav Ninov***

# INTRODUCTION

I am convinced that nobody is born great. Rather, they become great owing jointly to inherited traits and their immediate surroundings. Maybe that is why Friedrich Nietzsche suggested that it is one's paramount duty 'to become what one is'; that is, to not let the randomness of circumstance nudge them away from the logic of their own internal design.

One school of philosophers claims that each man can only have one fate. Hindus, too, believe in a vicious form of predestination – Karma. Assent to this idea is evident even in the village graveyard, its portal emblazoned with the saying, 'Do what you will. You will still end up here'.

The annals of Freemasonry suggest that only a 'profane' – a non-Mason – could live their life carelessly, without paying thought to what awaits them at the end. Lucius Seneca warns his students against deeming 'blissful' somebody whose earthly path has not come to an end. Sometimes, episodes of cheerful existence are followed by a tragic epilogue.

***FIG. 2 Lucius Seneca***

Come to think of it, is there anything which any one of us could lose at any moment? Life, health, happiness, success, wealth, love, family… And, in the end, what determines the direction and quality of our existence – our genes or a series of coincidences? As an answer to this question, the Bible cites King Solomon: 'all is vanity, a futile grasping

and chasing after the wind'… 'Time and chance' are what determine the outcome.

There is no right way up in this Biblical-existential prose. I doubt that anyone, be it an enlightened mystic or a scientific genius, could offer an answer to the age-old question – are we the makers of our own life, or are we pawns in the battle between entropic chaos and the fragile order which we have tried to impose ever since we were blessed with the gift of reason?

As there is no way to answer these perennial questions unambiguously, we can at least resort to an analysis of objective reality, the philosophical maxim that there is no difference between the manifest and the secret, and also one of the Hermetic laws postulating 'as above, so below'.

Every individual is a product of various factors and circumstances, such as genetic configurations or environmental influences. Even the Cosmos we inhabit grants certain qualities and characteristics to the physical essence, or to the destiny of individuals.

I grew up with my grandfather's stories of his phenomenal mother Neda – my great-grandmother. She was a diviner like Vanga, though unlike her, she was also a healer. Like Vanga, my great-grandmother survived a serious incident. Not with a tornado, but by almost drowning in the river adorning the village. Family legend has it that, as she fought for her life in trying not to be crushed by rocks and tree trunks dragged by the raging river, my great-grandmother saw a strange old man crouching on the riverbank. This man, concerned yet smiling, waved his hand and called out: '… Come woman.

When you reach me on the shore, you will become like Saint Petka.'

This is the last thing my great-grandmother recalled before losing consciousness, and the first thing she shared with her relatives, when she came out of a coma, three days later. And she became a Saint! The family elders told stories of the miracles she performed through fortune-telling and healing. Like Saint Petka, she fell into a state of trance and whispered prophecies.


***FIG. 3 Saint Petka***

I began my introduction with respect for the mission of this holy woman, and in the hope that I have inherited something from her. I am convinced that, just like the great artist, the great doctor is born rather than made. A prolific healer who saves thousands of people from suffering deserves no less respect or recognition than a Picasso, for example. The art of healing implies no less talent than the arts of singing, painting, writing or dancing.

Indeed, medicine is an art. But its perfect mastery is open only to a select few – to those doctors who love others more than themselves, who will fight for someone else's child as if it were their own, and who will perfect themselves all their lives in order to be useful to their patients. To those for whom there are no holidays and days off because they are always available to those in need, those who have sworn that ancient oath and will uphold it to the end.

Patients expect the doctor to perform a miracle, yet sometimes the doctor can only explain why the miracle will not happen… Yet, since life itself is a miracle, those who preserve it often perform miracles… just like that. Not with flamboyance, but as a mere ordinary part of medical practice.

It may be a karmic mission of some reincarnated souls to serve, or it may be out of some excess of kindness and humanity. Maybe the world is just set up in this way, with some serving others – just like ants and bees.

People are born with a gift, which presupposes its discovery during our early childhood as well as the creation of the pre-conditions necessary for its development. It is truly tragic to try and become a doctor or a singer without having the requisite qualities for it, and only pursuing these out of some misguided thirst for prestige or under the pressure of family expectations.

Back in the day, the most offensive adjective for an athlete was 'average' – an athlete who is always in the middle of the group and, together with other middling sportsmen, serves as the background against which the champions will stand out. In sports, it is not scary to be in the middle. Doing sports for health, as they say. But in medicine, mediocrity is frightening. Unfortunately, medical mediocrity is a mass phenomenon.

I encountered medicine, or rather the inept actions of a group of sports doctors, in my youth. I was a national weightlifting competitor and when I entered the big leagues, I suffered a new injury almost every month. Because of this, I was a regular patient at what was then the Dianabad Republican Centre for Sports Medicine. I swallowed a combination of the toxic Indomethacin and a harmless combination of

B-vitamins; they heated the painful area with an infra-red lamp, electrophoresis with salicylates, and manual massages and a water jet. After two weeks of rest and therapy, the pain subsided and I returned to training and competing… for a month, until the next injury. The problem was that there was a lack of precise diagnostics, adequate therapy and prevention. The symptoms and their clinical manifestation were treated, not the aetiology; that is, the root cause of the underlying suffering.

The most common practice was corticosteroid infiltration. If you were in pain anywhere – Celestone. If something feels tight – Ultrademoplast. In the 1970s, this was all that sports medicine had at its disposal – anabolic steroids for rapid growth of results and corticosteroids for injuries and pain. A number of great athletes, including world and Olympic champions, who brought glory to their homeland throughout all corners of the planet, were retired early with serious health problems, due to the fact that there was simply nobody around who was capable of taking care of them.

A legendary track and field coach had stated that in all 30 years of his involvement in the sport – 10 years as an athlete and then 20 years as a coach – he had not seen a single elite athlete cured by sports doctors. On the contrary, owing to mistaken diagnoses and treatments, many talented athletes were lost forever.

I would suggest that this coach goes too far in his condemnation, and that his criticism should have been confined to the system and organization of sports medicine at the time, rather than the doctors. There were good doctors who did the impossible to help the suffering athletes, but the system impeded both them and the athletes.

There were also infamous cases, like the time where a famous weightlifter decided to have a cortisone injection on account of elbow pain. The sports orthopedic surgeon grabbed a syringe and, to go through the motions faster, began to penetrate the patient‘s elbow joint from an upright position. He penetrated so deeply that the needle emerged on the other side of the arm and – God knows how – between the three bones forming this complex joint, spraying the drug into the eyes of the amazed sportsman. He then smugly remarked, ‘we’re done here!’ This may sound like a gag, but I assure you that it is a true story. By the way, later on, this same weightlifter’s barbell broke during training. The ricocheting steel slapped him in the face and quite literally crushed his facial bones. He lost consciousness and was saved by his coach, rather than the team doctors. It seems they were only on hand to give out pills.

I had femuro-patellar chondromalacia myself, because of which I suffered from severe pain at the top of the kneecaps (patellar apex syndrome). I was given a series of periarticular corticosteroids injections in both knees, directly in the most painful point and deep within the tendons (lig. patellae proprium). I was lucky that they did not tear – two great weightlifters, one world champion and the other an Olympic champion, were both retired with total quadriceps tears just after such infiltrations.

So, becoming world junior champion at only 17 years of age, I was forced to stop my competitive career because I could not walk from the pain…and because there was no one who could help me.

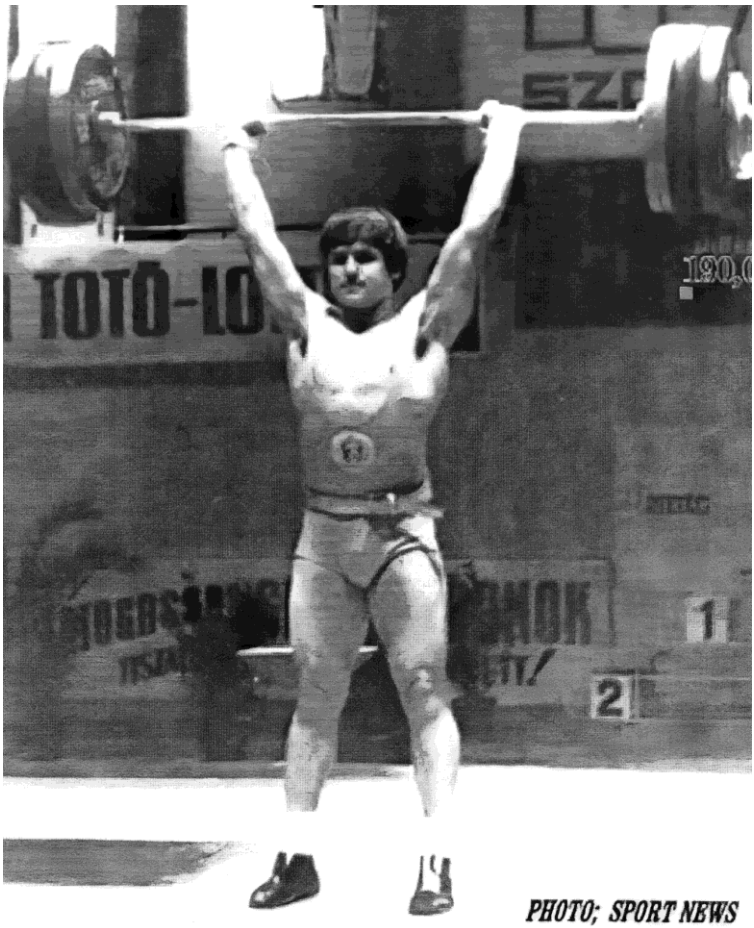


***FIG. 4 Chavdar Ninov – World Junior Champion, Solnok, Hungary, 1976***

A colleague of mine from the junior team, later a world champion in the light heavyweight category and long-time head coach of the Bulgarian national team, told me decades later that I was one of the greatest talents he had ever seen in this sport! But so what?

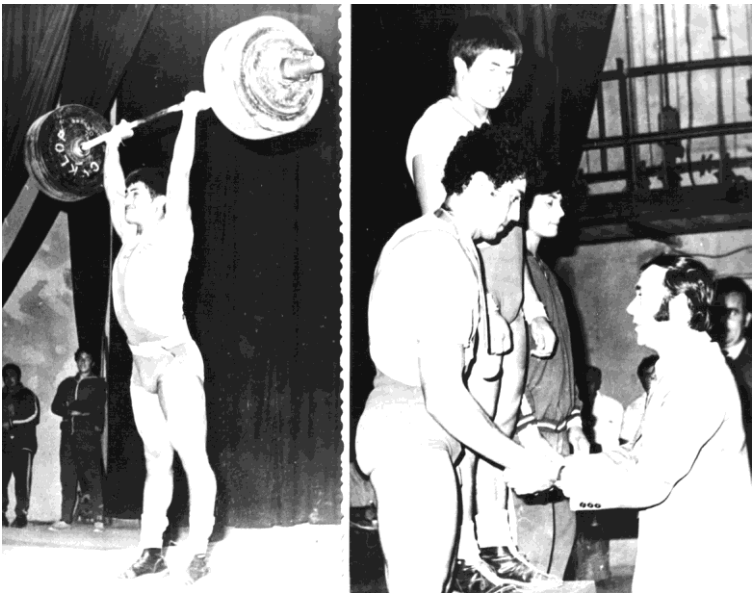

*FIG. 5*

I started training Karate in the classic Shotokan style. Eight years later, I earned my 5th Dan and entered the national team. But, before my first international appearance, I seriously injured my left knee (O'Donoghue triad). The joint fully lost stability, and I again had to stop because of a lack of qualified medical personnel capable of caring for me.

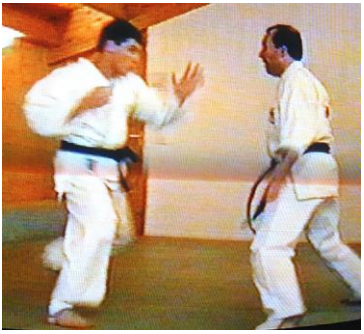

***FIG. 6 Training with Luc van Dorn – national police instructor, Belgium***


***FIG. 7 AND 7a Training with Rosen Dimitrov – World Karate Champion***

Then, during my first master's degree in sports pedagogy, along with the principles of modern sports science and the methodology for achieving high sportsmanship, I began to study Manual Therapy (Chiropractic) and Acupuncture in a bid to help myself and other athletes who were stuck like me. I saw that sports medicine, in its then-current version, was not able to help us.

I already knew that understanding the complex design of the body and its functions, as well as the ways in which it hurts, is a necessary condition for building a lifestyle and training model that preserves the musculoskeletal system of the athlete in order for them to achieve constant growth of results without injuries and amortization.

Novel (in those days) experiments and research, as well as the improvement of training methods, also predisposed sports medicine to intensive development particularly in the field of prevention. It became clear that in many cases, the treatment of an injured athlete is a fundamental therapeutic mistake – a properly constructed system of preventive and

prophylactic measures can protect many competitive athletes from injuries and the subsequent hard therapeutic remedies, such as surgeries.

The motor system is the only complex structure in the body subject to human will, and it is therefore regularly subjected to serious overloads leading to injuries. And back then, it was abused a great deal. This is because sport was, during the time of socialism, an ideological weapon in the Cold War waged against the countries beyond the 'iron curtain'. It was also the golden age of modern sport when, in academic and measurable sports such as weightlifting, athletics and many other Olympic disciplines, systematic maximal loads were accepted as the only guarantee of increased performance. Then, through the optimization of sports training, adequate recovery and bio-stimulation, sports results reached astonishing heights. But this happened against the background of the development of intricate and complex traumatism which has quite literally disabled many elite athletes.

War is war. And like any war, this one, too, had its victims – thousands of young people lost their health, and some even their lives, at the hands of long-term, stressful sports loads without adequate medical care. Because professional athletes cannot be treated according to the standards of ordinary people. Here, a different and much more complex approach is needed, combined with an understanding of the deep pathogenetic mechanisms leading to systemic trauma and early tissue degeneration. It was absurd for coaches to massage their athletes before and after training, and for elite athletes to go to villages to 'folk' healers in a desperate bid to find help. Something had to be done in the face of this social and humanitarian absurdity.

Thus, right there and then, on the 'front line', I laid the foundations of my own complex therapeutic system, which was designed to fill the 'blind spots' in the scientific knowledge about musculoskeletal disorders and to give to athletes and workers a more adequate and efficient healing methodology as a next stage in the development of sports and occupational medicine. An adjustment and addition to the already existing physiotherapy, rehabilitation, osteopathy, chiropractic, acupuncture and a hundred other healing methods, each with their usefulness and drawbacks.

That was then. Today, forty years later, what was once an „alternative" form of healing has become a new medical science, which my associates and I named **'Conservative Orthopaedics'**, or the **'Ninov Orthopaedic System'**.

Four decades of humane care for a substantial number of patients with motor pathology have contributed to this system, together with a series of master's degrees, doctorates, medical specializations and professorships, and years of travels across the world to hundreds of seminars and postgraduate qualifications, to achieve the utmost level of awareness attainable within a human lifetime.

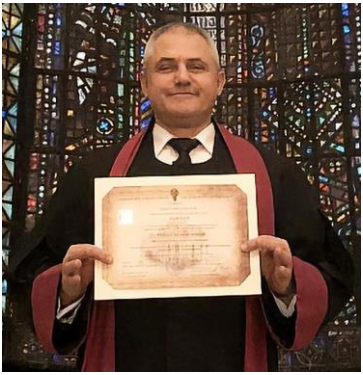

***FIG. 8***

After presenting the method at a number of scientific events and working and collaborating with pre-eminent scientists and clinicians such as Prof. Marc Martens, Prof. Claudio Manzini, Prof. Chan Gunn, Prof. Paul Ackerman, Dr. Jacob

Rozbruch, Dr. Josef Michielsen and many others, it has become an established opinion in academic and professional circles that the **Ninov Orthopaedic System** is the most comprehensive model for the treatment of conservative (non-surgical) musculoskeletal disorders and associated persistent pain, after that of Prof. James Cyriax from the middle of the twentieth century. It has indeed been suggested that, given the magnitude of its scientific contribution and social utility, the Ninov Orthopaedic System is worthy of the **Nobel Prize for Medicine**.

***FIG. 9***

The remarkable results achieved in the successful treatment of dozens of Olympic and world champions in more than twenty Olympic sports, as well as many thousands of suffering patients around the world are proof of this. Mention should also be made here of the successes of all those doctors and therapists trained and licensed at our Academy and clinics and later supported by our foundation.

*FIG. 10*

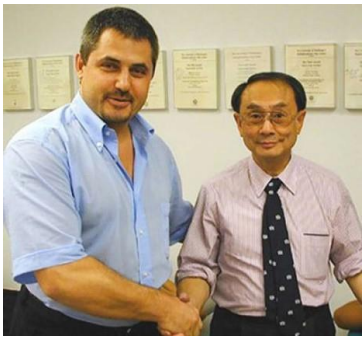

*FIG. 11*

*FIG. 12*

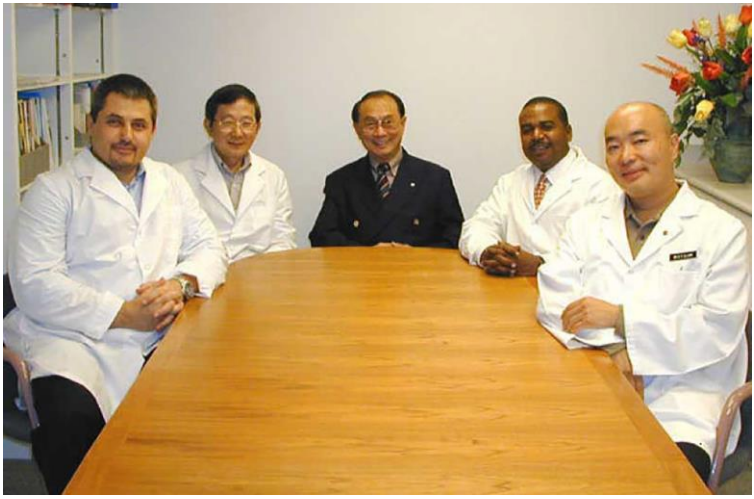

*FIG. 13*

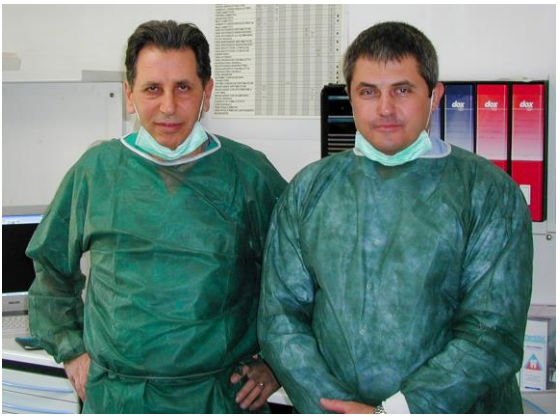

*FIG. 14*


*FIG. 15*

*FIG. 16*

Such facts can be difficult for certain academic institutions to accept. This is indicative of modern science's predisposition towards an exclusive belief in experimentally verified theories and practices, and the rejection of everything that 'cannot be measured under a microscope'. Such an approach does not inspire confidence in empiricism, considering that, unfortunately, over half of the diseases that are the subject of surgery and internal medicine have no clear aetiology in academia. Not to mention that certain structures of society have no incentive to see medicine develop, partly because a healthy human would not need the pharmaceutical products and instruments that they produce and sell. Also worthy of mention are the mobs of convenient doctors formed by them to offer their medicines and serve their commercial interests. Or the warring of medical schools reminiscent of a political thriller, and the incompetent parasitic bureaucrats entrenched in various administrative and academic institutions.

After all this, everything boils down to worldview, morality, humanity and truth. But the truth is hard to establish and enforce.

Extensive sociological research in the United States has shown that it takes about 15 years for a proven and well-functioning methodology to be massively implemented across the country. Everyone is eager for the new, but they are also afraid of it - and that with good reason. It is said that doctors

prescribe drugs they know little about, to treat diseases they know even less about, for the benefit of people they do not know at all...

An ancient Latin maxim holds: ‘Doctrina multiplex, veritas una’ or ‘many theories, a single truth.’ That truth for which some are burned at the stake or thrown to the lions. The truth, empirical or intuitive, arrived at by way of endless experimentation or transcendental meditation, discovered by one‘s own labour or gifted by a messenger.

How to discover the truth? How to preserve it from distortion, denigration and universal denial? For many newly discovered truths have been hard to establish, even if they have been repeatedly proven. Mass conservatism and the inability of many to reason are the cause. Schools and universities rarely teach us to think. Rather, they force us to memorize and reproduce.

A new truth is hard to institute even if it is important or life-saving. Those who have not struggled to impose something new would not know.

So how do we seek, discover, impose and preserve truth? This author proposes that one must live long and well, completing the mission with which each of us came into this world, and by doing so, becoming better people. Perhaps the secret lies in the miracle of our creation. In that primordial ‘God Particle’ that we carry within us to illuminate our darkness with, as the poet said, in that bright gift given to men - reason. To reason, to analyze and synthesize, to find the consequence of every cause, to turn every hypothesis confirmed by experiments into a theory, and that theory into

the basis of practice. To think and create, making this world a better place to live in today compared to yesterday.

On this occasion a great poet wrote the following:

*„To stay, to be needed,*

*to be there even after you,*

*thou everything and image past thee*

*rediscover and re-create.*

*You shall re-create them like the vine,*

*closing the spaces in grains,*

*like the tree in fruit, like the bee,*

*who created honey from earth and light.*

*Like the woman groaning in which*

*a more lasting image love seeks,*

*like the Earth returning richly*

*and clouds and birds and leaves...“*

This is the ultimate meaning. Perhaps that is the ultimate purpose of human life. For each of us to live our lives in the most creative and fruitful way. To discover our truth, and when the time comes, to leave this world to those who carry on. This is how our traditions, wisdom, and culture are constituted – the great common chain of personal truths gathered since the beginning of our civilization in that parallel space which the Indians defined as Akasha, and which my colleague Prof. Carl Gustav Jung defined as ‘the collective unconscious’.

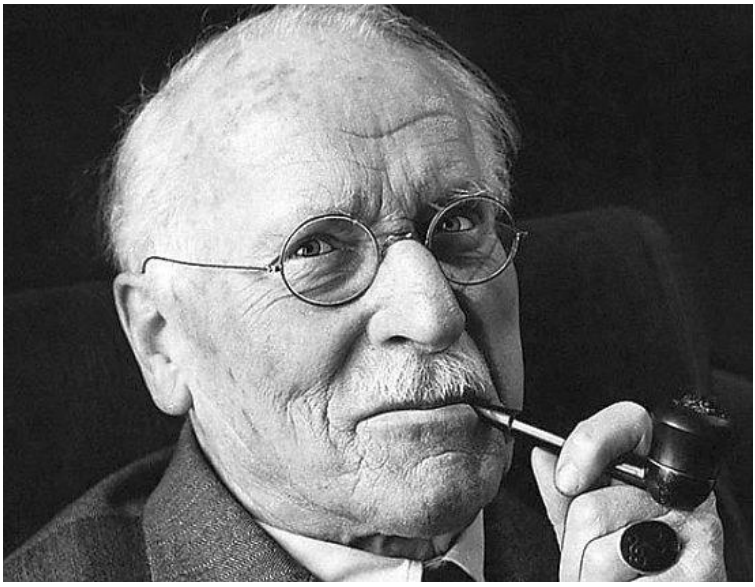

***FIG. 17 Carl Gustav Jung***

Above I have already shared my conviction that medicine is an art and to achieve mastery in this humane profession requires not only a systematic accumulation of knowledge but also a specific talent, just as in the other arts. A common joke within the medical community is that of the intern knows everything but can do nothing, and of the surgeon who can do everything but knows nothing. This facetious statement is symbolic, of course, but it has some merit in the sense that each scientific and therapeutic discipline requires different qualities from its practitioners.

The sheer volume of internal medicine develops within internists' extraordinary intuitive and interpretive abilities, just as with the famous character of House, MD. In comparison, the dexterity of some surgeons is legendary, given that they

perform multiple manipulations with complex instrumentation inside the body, often with almost no visual control.

In Italy I met Dr. Bruschelli, an elderly pediatrician who also became a patient of mine. He was known by the nickname 'the golden needle' because in his long career of 50 years he had never had a child cry while administering a vaccine or other injection.

Another pediatrician, Dr. Anchev, amazed me with his extraordinary dexterity in percussion, palpation, and the way he could examine the throat of a protesting baby.

One of my teachers in orthopaedics - the legendary Belgian Professor Marc Martens, who in 60 years, has performed or participated in more than 100,000 surgeries with an unprecedented success rate. In his time, he operated on almost all the injured stars of European football.

***FIG. 18 Dr. Chavdar Ninov & Prof. Marc Martens, APRA Clinic, Antwerp, Belguim, 2001***

I remember helping spinal orthopaedic surgeon Prof. Venci Rosmanov with an operation on a lumbar disc herniation that was stuck in a very difficult position to remove, somewhere around one of the lower lumbar roots. There were multiple adhesions in depth, and the operative incision was no larger than five centimeters. I watched him struggling for an hour to remove the herniated disc's nucleus without success. Sympathetically, I suggested that he simply enlarge the surgical incision to poke more comfortably with an additional instrument. 'Listen, I'm not going to dismember this poor woman's ass for some perky herniation', he retorted (I quote him verbatim). Fifteen minutes later, he victoriously pulled the piece out through the small surgical channel.

I once assisted another colleague in Milan, Prof. Claudio Manzini for a hip replacement, but during the fitting of the titanium acetabulum it turned out that the size of the prosthesis was not suitable for this patient. An ambulance immediately drove out to the other end of Milan, to the supplier company for a new joint size, and we waited almost three hours in the operating room until the right prosthesis came. On the sixth hour of what should have been a two-hour surgery, we had it fitted. Manzini finished the other surgeries scheduled for that day by about 5pm, and then continued to consult patients who came from all over Europe until midnight.

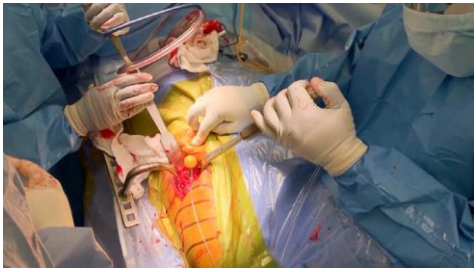

***FIG. 19 a***

***FIG. 19 Assoc. Prof Venci Rosmanov, Prof Claudio Manzini & Dr. Chavdar Ninov***

Another interesting case was that of a jockey from Nice, the girlfriend of a German billionaire, who fell from a galloping horse and seriously damaged her cervical spine. Immediately after the accident she was taken to a local chiropractor and he manipulated this acute whiplash injury, permanently paralyzing the poor girl. The German contacted our team in Antwerp asking for assistance and we, along with renowned spinal orthopaedist Dr. Josef Michielsen, agreed to help. Josef organized a room at the hospital (it was a Sunday), and the patient‘s sister and I went on the German‘s private jet to pick up the patient from Nice to be operated on in Belgium. And there, after arguing with the local doctors, we were escorted

away by the police and released only after the patient's parents signed off that they wanted their daughter to leave the hospital in question. The return flight was very turbulent and I had to constantly support the patient's head despite cervical immobilization. An ambulance was waiting for us at Antwerp airport. Following a five-hour surgery and several weeks of intensive rehabilitation according to my methodology, the paralyzed girl fully recovered and went back to professional riding.

***FIG. 20***

Another case was that of a young mother from Rotterdam. She gave birth to her first child and a month later went for a walk in the woods with her husband. There, they decided to run to see who could get to the car the fastest. While running, she tripped and fell without holding her hands out, breaking two cervical vertebrae and becoming paralyzed from the neck down – total quadriplegia. This mother who had been breastfeeding her baby up until an hour ago could no longer even touch it. A year of intensive rehabilitation in a specialized clinic resulted in zero progress and finally her relatives contacted my team. It may seem unbelievable, but three months later she had fully regained use of her arms and body, partial control of her legs, and began an almost normal life. I will never forget the look in this woman's eyes as she told me how she felt when, thanks to our help, she was able to hold her child again.

There was a 36-year-old man living in Barcelona who had very severe back pain which did not go away even after the surgery he had undergone. On the contrary, it got worse. And thanks to a team of Spanish doctors, he had been placed on permanent morphine therapy which lasted for over a year! Just like that, with no clear diagnosis and no other attempts at treatment, this young man lay at home in pain even at rest, despite the morphine, with no hope of getting better. After a long and complicated series of events, he was brought to our clinic. Within a week, he left almost in disbelief having entirely recovered. He was pain-free and morphine-free.

Another woman from Valladolid was in a wheelchair due to intolerable low back pain and lack of strength in her legs. She had also been on morphine for 18 months and had made two suicide attempts. After a complex treatment according to our methodology, only 10 minutes later she got up from the wheelchair and started to walk around the room. Her family‘s reaction was particularly interesting – the husband and daughter watched from the corner without showing any emotion, silently but intently. They were in shock. Both burst into tears soon after, as they came to realize what had happened with an almost-superstitious fascination.

There was a similar situation with an English patient of ours whom we treated in Benidorm. She had also been in a wheelchair for a year and was only able to stand up for two or three seconds before collapsing back down. After the very first procedure, she got up and started to walk with a miniscule limp, quietly tearing up. We had her leave the room, walk across a long hallway and, opening the door to the reception and waiting room, wave to her husband. Doing

so proved almost fatal. The 80-year-old husband, who had cardiac issues, almost slipped off his chair in surprise.

Or note the case of a Chinese man who retired and bought a house in Benidorm. During renovation, part of the heavy ceiling fell on his head in a freak accident. Due to the resulting compression fracture of two cervical vertebrae, he became paralyzed from the neck down for seven long years. He came to us not for the paralysis, which in the opinion of his treating neurologists was permanent, but for the constant pain he experienced all over his back. The man had tried everything and nothing had helped. He had been on anti-depressants for years and was now constantly thinking of suicide, which he was not even able to commit given that he could only move his head. After the second procedure, he regained the ability to move his hands and started eating on his own, typing on a computer, and even playing the guitar. Interestingly, the night after the procedure in question he had one long lasting erection. I joked that he could finally made his wife happy after seven years, and he sourly informed me that he hated that particular sensation – he was wearing a permanent plastic catheter.

Or the case of a friend of mine for whom I actually ventured into studying paralysis to begin with. He had been in a severe car accident, resulting in a crushed fourth thoracic vertebra. When I saw him, he had been paralyzed from the chest down for two years. Up until then, I had worked mainly with sports trauma. Wanting to help him, I took up reading and researching. When I was sufficiently informed, I started treating him. Literally one month later, after 18 manipulations, he had fully recovered. He even started going hunting with an ATV machine and riding a jet ski at sea.

There was a circus performer paralyzed after falling from a somersault on his neck and a champion acrobat with an accidental gunshot wound who had both been paralyzed for years. They also achieved remarkable improvements after treatment.

And the multiple-time Belgian water ski champion who was paralysed from the waist down after a serious road accident. After a month of therapy in my clinic in Ghent, he made a full recovery, and has since had two children.

Particularly interesting was the case of one of the world's most famous extreme athletes who broke his back three times in succession. Each time, he had become paralyzed and confined to a wheelchair, and each time I got him back to his feet. The second incident was very severe. After his parachute got caught between buildings, he fell like a stone from 20 feet. Before hitting the ground, the parachute caught air and partially unfolded. He pulled the brakes and lifted his legs to gain a meter or two, hitting the ground with his pelvis. The old fractures of the second and third lumbar vertebrae broke again, and he got a new fracture of the twelfth thoracic. He had emergency surgery resulting in a clumsily placed arthrodesis, and remained in hospital and in a wheelchair for months. I started treating him at the hospital from which he was not released due to visceral complications. On one such visit, I brought his then-girlfriend with me. I left them talking and went to see the neurosurgeon. And when I went back to them, I found irrefutable proof that my therapy was working – he was sitting up in bed, she was sitting on top of him, and they were having sex. A wild and desperate sex which saw them both crying and clinging to each other. When he saw me, he almost screamed out: 'Fuck the legs, the

important thing is that my dick is working'... Priorities ☺ He was discharged within a week, and I found another colleague with whom we removed the metal fixation of the damaged spinal structures. A year later, joining a Belgian expedition to conquer the Himalayan eight-thousander Annapurna (8,091 meters), he managed to climb to the second camp at 7,000 meters, but due to lack of sufficient preparation, he became hypothermic and was returned to the base camp and then transported to Kathmandu by helicopter. The local doctors, seeing the scars on his back from the many operations he had undergone, flatly refused to believe that this man, paralyzed a year ago, had almost climbed one of the highest peaks in the world. They asked him, "How did you do it?" He told them, "a great doctor helped me". Their reply was, „It was not a doctor, it was a Mahatma" – a saint.

***FIG. 21***

A few years ago a worried mother came to one of our clinics carrying an MRI of her son‘s cervical spine. Five years earlier, the boy, then 18 years old, had suffered a freak accident. Jumping into a shallow pool, he hit his head on the bottom and broke two cervical vertebrae. He drowned and remained clinically dead for more than 30 minutes. He was rescued without a brain deficit but, due to the whiplash, he remained completely paralyzed with total quadriplegia. He was treated for eight months in the best American hospital in Istanbul without any improvement and remained paralyzed for five years. The resonance finding was not good in the sense that the spinal cord, at the level of the trauma, was almost totally damaged and according to my first expert opinion, the condition was irreversible. After all, we are doctors, not magicians, and we can only restore existing, albeit affected, structures. But with a totally damaged morphology, unfortunately, little can be done. In traumatology there is a concept of ‘trauma incompatible with life’. Well, in my specialty we can formulate ‘trauma beyond repair’. Therein lies the secret of our success with some so-called ‘hopeless’ patients. They were pronounced totally disabled and no one wanted to attempt to deal with them. But they only appeared that way, and in fact had preserved structures which, although severely deformed and degenerated, were salvageable. From resuscitators, I know of cases with patients in clinical death, where the team gave up and declared exitus letalis… But then, enthusiastic or touched resuscitators would continue artificial respiration and cardiac massage and some of these apparent victims had returned to life. Our field is not dissimilar – we fight to the end and only declare a disability ‘irreversible’ once all avenues of recovery have been truly exhausted.

So my team and I got serious about helping the ‘written-off’ patient in question with his severe general paralysis and after only 10 treatments he was sitting up in bed with perfect postural control of his body. He began to eat, wash and tend to himself – something he hadn‘t done in five years. When I first met his mother, and seeing the extent of the damage to his spinal cord on the MRI images, thoughts of declaring his situation incurable intruded, but the woman touched me with an admission that the young man wanted to become a doctor. I had to at least try to give him a chance even though it seemed hopeless. And as I watched him recovering „miraculously“, functional and smiling, I thanked the Fates for the gesture I had decided on.

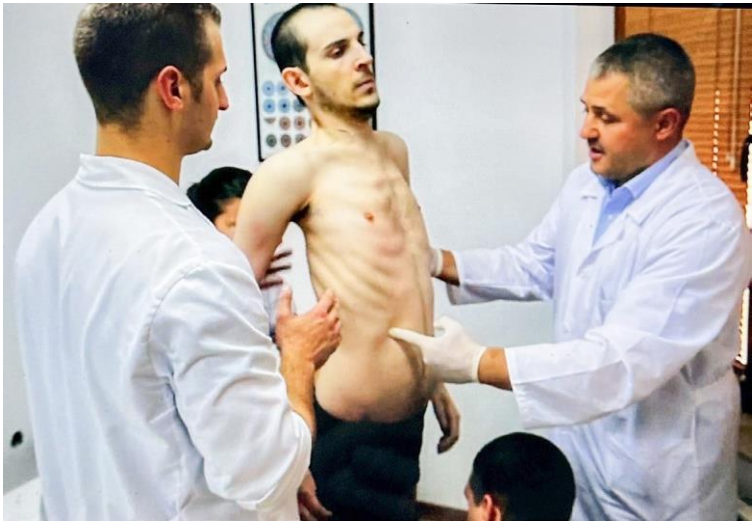

***FIG. 22***

I could go on for a long time about the many severely disabled patients whom I and colleagues have helped more or less to recover, and they have helped us to become better and better at the art of healing.

This string of stories of patients saved thanks to my methodology is too long to be presented here. By mentioning some of them, I would like to illustrate my conviction that mastery is an integral part of the arsenal of the good physician whose achievements are unfortunately forgotten in time.

One other teacher of mine, spinal orthopaedic surgeon Professor Georgi Kaymakchiev, once said that after about 50 years in the operating room, when he looked back in time, he saw only a thousand-long line of patients, most of whom – even if successfully cured – did not remember his name.

It is interesting that today, 40 years later, I have not become a better therapist since the beginning of my career, despite the great experience and routine I have gained – further proof that we are born with certain qualities that we then only develop and polish.

In support of this, I will take the liberty of discreetly giving a few examples of some elite athletes and other famous people I have helped.

The first athlete I helped was an Olympic weightlifting champion. It was September 1983, two weeks before the World Championships for that year. He had a completely blocked lumbar spine, to the point where he could not even lift the 20-kilogram bar.

All attempts to cure him proved unsuccessful and he was removed from the national team squad with a referral to a specialist clinic for rehabilitation. I had completed some of my training in Manual Therapy and Acupuncture and had started helping fellow students. The rumour had spread that I had become a ‚doctor.' I was taken to him to „have a look" as the last resort to save his participation in the World

Championships. I jabbed a few contracted back muscles, successfully manipulated his lumbar blockages, and the pain was gone. We repeated this each day, and on day five he bench-pressed almost 200 kilograms with no more complaints. He went to the world championships, from which he had been categorically excluded from before my intervention, and returned as a world champion. I continued to work with other weightlifters right up to the Seoul Olympics.

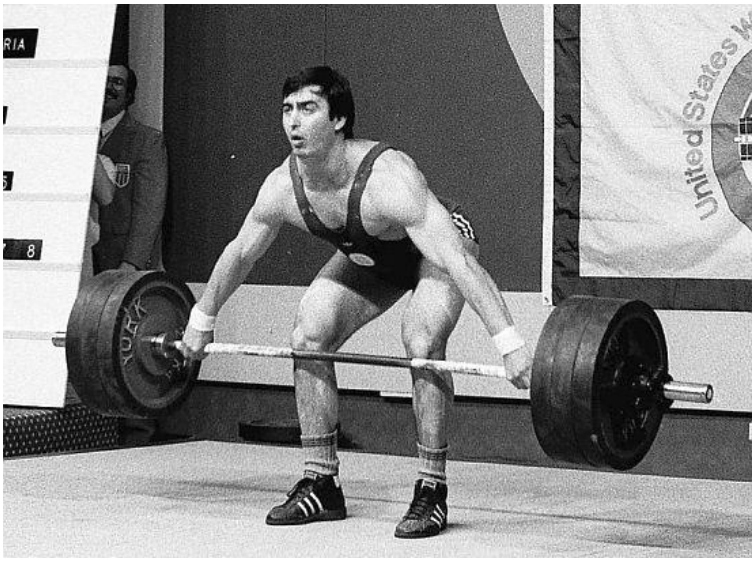


***FIG. 23***

Another case was in 1985, before the Mundial in Mexico, a key player on the national football team whose lumbar spine was in such bad shape that he not only could not train, but he could not even walk or stand straight. Naturally he was cut from the team and sat at home or in another clinic for months with no prospect of recovery. After we met, we did a week of therapy, and the player started training, got back into the team and was one of the most successful defenders of the

Mexico Championship. He even made the great Maradona sweat on the field. Years later, in 1995, the same football player called me on the phone and asked for assistance for a serious knee injury. It was at this time that I was specializing in sports traumatology under Prof. Marc Martens at the Apra Clinic in Antwerp. I presented the patient to the professor. The resulting examination revealed a total rupture of the anterior cruciate ligament which he had been playing with, undiagnosed by his doctors, throughout the first half of the season. After a successful Macintosh ACL reconstruction, he continued his career for several more years.

***FIG. 24***

In early January 1986, a coach brought in a fresh graduate for a check-up who would go on to become the most successful female hurdler in the history of track and field.

At that time, she had almost given up competing because she had no solution to her numerous problems. Her spine had multiple degenerative changes, her leg musculature was permanently spastic and ruptured in many places, and even the function of certain thoracic organs was affected, causing hepatomegaly and renal diabetes. In spite of her extraordinary talent, her only victory up to that point had been a silver medal at the European Indoor Championships

at the 60m hurdles. I started treating her and two weeks later, during the first indoor tournament of the season, she achieved the best result in the world – a record for the previous decade. We worked as a team for the next three years and she set seven world records, winning first place in the World Women's Athletics rankings for 1986. She became Olympic champion in Seoul in 1988.

***FIG. 25***

Another renowned sprinter at 100 and 200 metres had a serious injury to her lower back, the back of her left leg and her whole foot. She had injured herself in a race in the summer of 1987, and she had stopped training for seven months by March 1988. Any attempts at therapy were unsuccessful. After a week of treatment according to my methodology, she returned to the track without any complaints and underwent pre-Olympic training successfully. At the 1988 Seoul Olympics, she reached the 100m final and there in the final

80m she came second to the legendary Florence Griffith Joyner. She was a hair away from an Olympic silver medal, but unfortunately, just before the final, she suffered a total rupture of her biceps femoris and finished last, on one leg. But she had her Olympic final.

***FIG. 26***

There was another elite young gymnast who had an undiagnosed kidney disease, one of the symptoms of which was blood in the urine (hematuria). On the basis of this, he developed permanent uncompensated anaemia. Nothing helped, not even two kidney surgeries. He was an outstanding talent in gymnastics, but was even exempted from physical education classes at school. His coach literally stalked me a year begging me to do „something“ but unfortunately nothing could be done about this visceral, and most likely genetically-inherited, problem. The moment I was hired to work in the medical department of Levski-Spartak, the club this gymnast belonged to, the management gave me the task – make the “miracle” happen.

At that time I was working with the Chinese Embassy’s in-house doctor, a competent old acupuncturist. He suggested an aggressive treatment for the young talent‘s kidneys – insert-

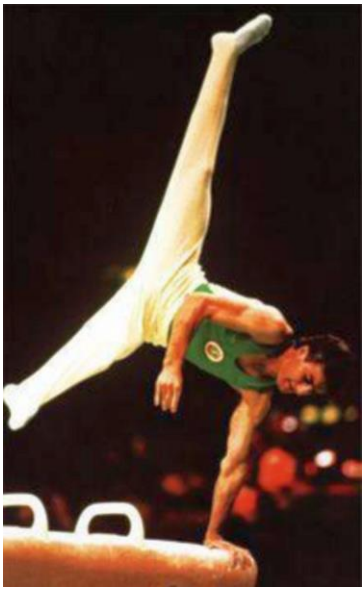

***FIG. 27***

ing a red-hot 15-centimetre-long needle directly into the kidneys. That, alongside the thorough manipulative vertebral revision made the "miracle" happen. The blood in the urine disappeared, as did the permanent back pain. With me looking after his spinal health, the gymnast returned to training and became Olympic champion within two years in Seoul for the pommel horse, revolutionising the technique of this apparatus.

Or the story of one of the 'Golden Girls' of Rhythmic Gymnastics who was diagnosed with an avulsion fracture of the foot. She was immediately fitted with an orthotic shoe as an alternative to cast immobilization and banned from training for three months. This was a few months before the World Championships in Varna in 1987. Once I started treating her, the problem turned out to be aseptic necrosis of a growth joint, not a fracture. Once I rebuilt the 'fallen' arch of the foot due to reflex-induced hypotension of the hamstrings, she restarted training a week later. At the World Championships, she achieved the most emphatic win in the history of this Olympic sport, earning eight maximal scores of "10" for eight routines, capturing five gold medals out of a possible five, and entering the Guinness Book of World Records.

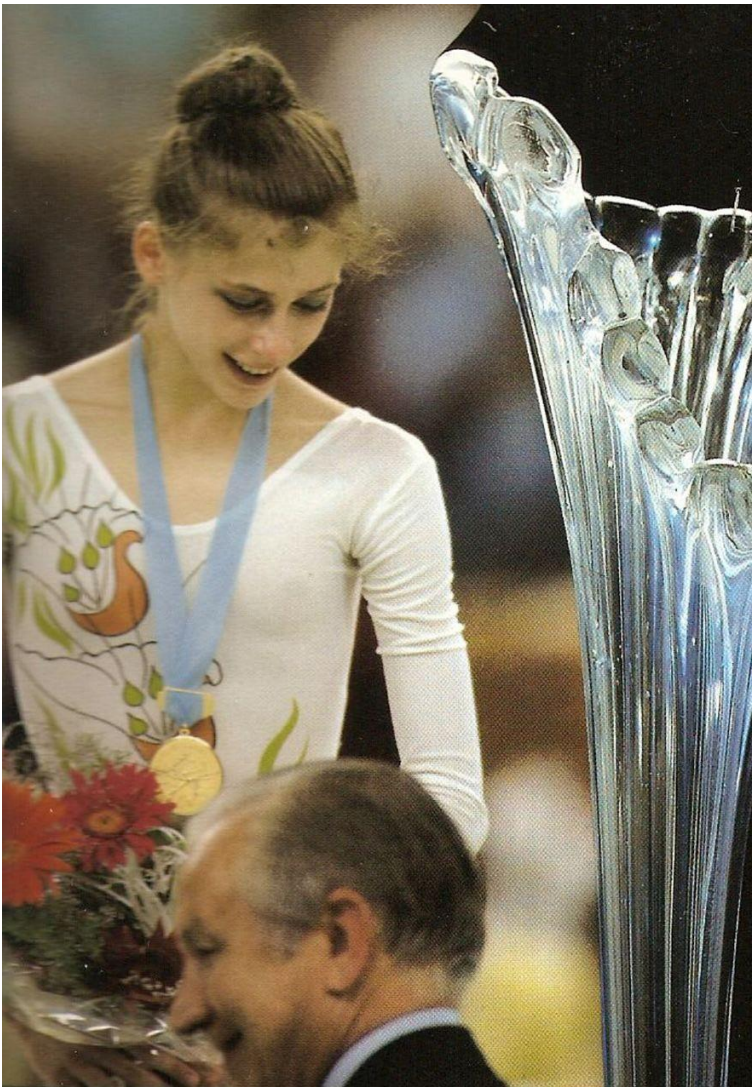

***FIG. 28***

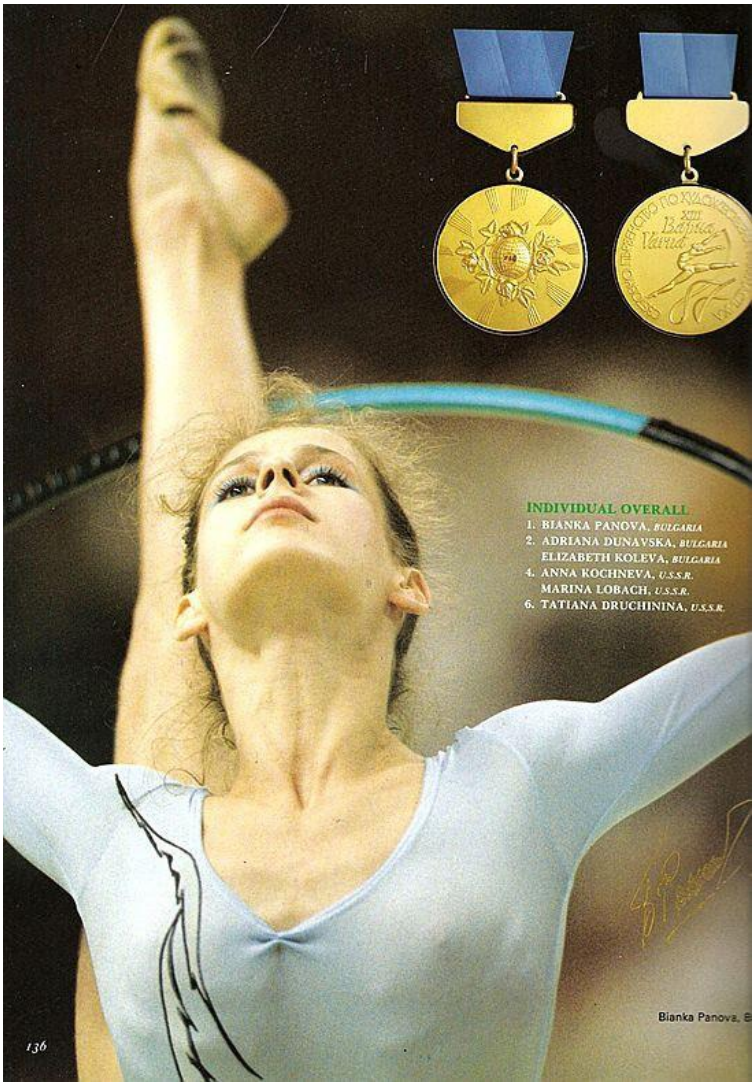
INDIVIDUAL OVERALL
1. BIANKA PANOVA, BULGARIA
2. ADRIANA DUNAVSKA, BULGARIA
ELIZABETH KOLEVA, BULGARIA
4. ANNA KOCHNEVA, U.S.S.R.
MARINA LOBACH, U.S.S.R.
6. TATIANA DRUCHININA, U.S.S.R.
Bianka Panova,
136

***FIG. 29***

Milan's elite players had not played the entire first half-season (1990-91) because of serious back problems. After signing my contract with this club in January 1991, I started to treat them and both players returned to training after 10 days. The first one became one of the most successful Italian coaches years later, and the second one who was then the goal scorer of the championship, is today the "sports ambassador" of this club.

*FIG. 30*

*FIG. 31*

Another famous player was a perennial goal scorer (with more than 160 goals in four years) of the Belgian championships, but he suffered a serial injury of the abdominal muscles and injury of one knee which prevented him from playing almost the whole season. About 15 days after the start of the treatment he returned to his favourite pastime – scoring goals.

*FIG. 32*

A legend in Belgian judo, an Olympic champion in Moscow and multiple-time world champion had practically retired

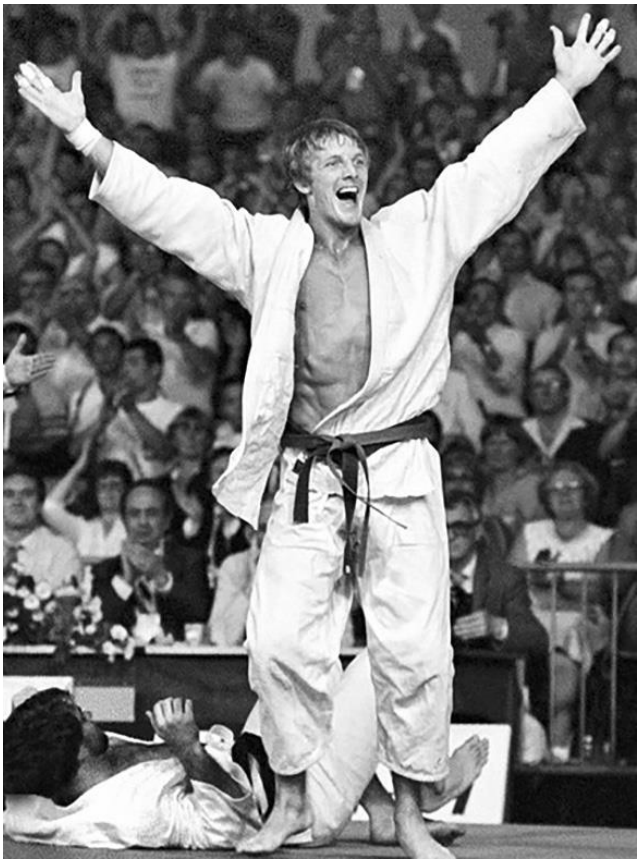

*FIG. 33*

from the sport before the 1992 Barcelona Olympics. At 38 years old, he had undergone five successive surgeries on a knee which was habitually frozen in flexion contracture and very painful. He had also recently been operated on for a lumbar disc herniation, and had been diagnosed with a heart rhythm abnormality, for which he was banned from competing by the medical committee of the Belgian Olympic Committee. We started training for the Olympics in question

in Belgium, and then in the high-altitude French base of Font Romeu. First, we fixed the spinal problems, then the knee, and finally the cardiac functional abnormalities, which turned out to be a typical vertebra-visceral syndrome. Once resolved, he regained normal mobility of the thoracic spine. The judoka fully regained the form he had been missing for years and participated in the Barcelona Olympics repeating his previous successes.

The 1992 World Golf Ranking runner-up was diagnosed with late onset ankylosing spondyloarthritis (Bechterew‘s disease) and, according to rheumatologists, the chance of becoming paralysed was very high. It was severe, with constant pain all across his back and an almost complete loss of mobility. I worked with him for about three months, leading to a complete recovery despite the changes in his sacroiliac joints and spinal discs, returning him to big golf. He still plays to this day, even though he‘s in his 60s.

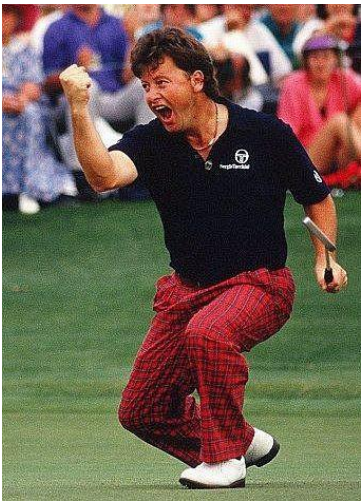

***FIG. 34***

Two elite tennis players, who in a few years became “number one” in men‘s and women‘s tennis, respectively, were my patients at the tennis boarding school in Waregem, Belgium between 1992 and 1996. They were suffering from serious chronic problems in the spine, shoulders and knees. After the conduct of complex therapy, and the institution of an early diagnosis and prevention program, their problems subsided.

*FIG. 35*

*FIG. 35a*

This list could be very long given that hundreds of athletes from every corner of the planet in more than 20 Olympic sports which have been restored and returned to 'Big Sports' using this methodology.

Another example is the back pain combined with paretic phenomenon in the legs of the King of a European country. His Majesty was operated on twice unsuccessfully and was treated with no result for more than three years. Officials contacted my team, asking for an opinion and possible help. I began to care for him and, a month later, he made a complete recovery. He later asked me, "Why didn't I meet you earlier?" I replied, a little offhandedly, that maybe it was his fate to suffer as ordinary people do for a time, and that the heavy crown he wore did not make him less of an ordinary human. He thought about it, and I worried that I had seriously broken protocol with this revelation. He then looked at me

and said, “You‘re right, Doctor. Kings are human as well, though they often forget it.”

Or the brachial plexitis of a world-famous American singer, on account of which she had not slept for a month and who, grateful for the treatment I offered her during her concerts in Belgium, extended the programme of her entire Euro tour.

Or the serious problems of several world-famous Hollywood actors who were cured with almost comical ease, or the long-suffering of the many popular businessmen, some of whom never left the covers of the Forbes magazine and who, despite their financial means, suffered for years prior to ending up in one of our clinics.

***FIG. 36***

I was once asked in an interview if I treat celebrities and ordinary people in the same way. Of course I treat them the same way. Fame, power and wealth do not make people’s afflictions work differently. An old Chinese saying states,

"Before death, they are king and servant; after death, they are but white bones." As I mentioned above, I listed the problems of only a small fraction of my patients over the last 40 years to illustrate my belief that a great doctor is born in much the same way as a great athlete or artist.

Despite the risks and rewards, doctors should not treat people from different walks of life differently. As it is written in that ancient oath:

**"...I will keep my life pure and sacred, as well as my art..."**

It is difficult to say exactly what Hippocrates meant by this oath. I would like to believe that he was referring not only to his life, but to life in general. Life – pure and sacred, as well as the art that preserves it...


*FIG. 37*

As I mentioned above, I have told of the problems of a small fraction of my patients over the last 40 years to illustrate my belief that a great doctor is born as well as a great athlete or artist. Yes, academic schooling and long practice help a physician increase his success rate and to sound more convincing when advising his patients, but the ability to heal is a gift that cannot be replaced or compensated for by hard work.

Therefore, the selection criteria for prospective physicians must be comprehensive and well-organized, at least like competitions for elite dancers or tests for football players. And certainly the discovery and cultivation of a talented doctor who will save thousands of people is many times more important to society than the discovery of an elite football player who will kick a ball entertaining crowds in stadiums.

Ancient physicians formulated a cardinal rule for practitioners of medicine: “Primum non nocere”; that is, above all, do no harm to patients with your therapy. Do not just carry out therapy, but heal. This is what the essence of the method presented in this monograph is aimed at – not to harm, not to conduct treatments, but to heal by combining all that is good in the empirical ancient traditions with the most advanced modern technologies in the art of healing naturally.

Somewhere in the Bible it was written that “there is a time for everything under the sun... there is a time for love, and a time for dying.” Someday it will all end for each of us as it once began. The question is what will happen between these two important events in our existence – the beginning and the end. Yes, there are fate, providence, karma, environment and other formative factors that somewhat determine the quality of our lives along with our free will. But there are also phenomena intrinsic to humans such as love, mutual

aid and compassion that help them survive life‘s battles. And these phenomena are part of the working arsenal of all good doctors, no less than their working toolkit. Doctors standing between patients and suffering, between them and death, with their sacred mission delegated by God to care for their patients until the end of the world...

*P.S: I titled this introduction „Instead of an Introduction“ and took the liberty of being more extensive because this text is more than an introduction. It is a frank sharing with readers of my philosophy formed after decades of humane labour around the bedsides of the sick and an insight into how the art of medicine should be studied and practiced. I believe that the philosophy of medicine is no less important in shaping good future physicians than the healing practices they learn. I hope that what is written here will be of benefit, to colleagues committed to this sacred profession, and to patients who would do well to glimpse early on the importance and difficulty of being healthy.*

***FIG. 38***

## CONSERVATIVE ORTHOPAEDICS

Today, at the beginning of the third millennium of the new era, modern allopathic medicine offers its patients three main treatment modalities: operative surgery, conservative pharmacotherapy and physiatry. In surgery, there is always some form of aggressive (even with low-trauma minimally invasive technologies) penetration into the patient‘s body for targeted substrate, tissue, or organ treatment. Conservative therapies in turn differ according to the means and methods of treatment: drugs, application of physical factors, hands-on treatment, or others.

Almost every major clinical specialty involves both modalities – operative and conservative. For example, there is abdominal surgery and gastroenterology for the treatment of diseases of the abdomen, neurosurgery and neurology for diseases of the nervous system, cardiac surgery and cardiology for diseases of the heart, endocrine surgery and endocrinology for diseases of the glands, and so on.

However, the treatment of musculoskeletal disorders does not enjoy such positive clinical and practical organization. The specialties of orthopaedics and traumatology presuppose surgery alone. All other non-surgical systems, methods and techniques for the treatment of the skeletal and musculoskeletal system are in the hands of therapists who, at least officially, have nothing to do with orthopaedics and traumatology. This leads to serious socio-professional dissonance.

On the one hand, orthopaedic surgeons study general medicine for six years and then specialize for five years. That is, to start operating on patients, they need a minimum of eleven years of highly organized university-level education. On the

other hand, therapists such as chiropractors, osteopaths and physiotherapists study for an average of five years, while massage therapists, acupuncturists and all kinds of alternative manual therapists (yumeiho, shiatsu, acupressure, reflexology) 'qualify' with a few months of courses. The differential in the quantity and quality of training between orthopaedic surgeons and all other non-surgical therapists is obvious.

It is important to note that physical therapists inadequate training does not mean that their therapy is any less important to health than surgical interventions. On the contrary! In the case of a bone fracture in a limb, for example, the surgical treatment involving the aligning of the bone fragments, their eventual metal osteosynthesis, soft tissue treatment (evacuation of haematomas, muscle and dermal sutures) and subsequent cast immobilisation takes on average between one and two hours. This is all the surgeon does – a critical initial inter- vention designed to ensure normal bone consolidation and subsequent control of the surgical wound. According to most orthopaedists, this is all that is required for the patient to heal. Unfortunately, such a position is often acutely divorced from reality. That is because the surgeon, despite operating in a sterile environment, cannot guarantee that the wound will not suppurate and that osteomyelitis will not develop with a subsequent formation of pseudoarthrosis and even loss of the limb. Nor can the surgeon ensure that Sudeck's atrophy, excessive callus hypertrophy leading to compression of surrounding tissues, hyperplasia of the operative cicatrix supporting midbrain dominants and reflex functional lesions in distant parts of the body (Huneke's effect) will not form.

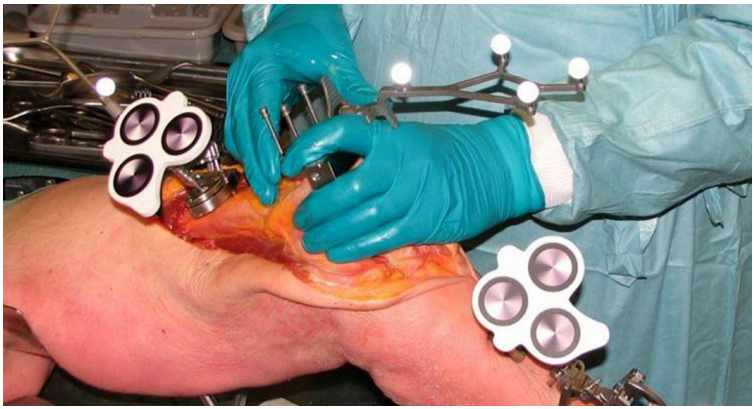

***FIG. 39***

Not to mention how helpless or downright ridiculous some orthopedists become when, after the intervention, they begin counseling their patients on the rehabilitation strategy. Rehabilitation therapists would be just as ridiculous if they tried to suggest how to conduct the surgical treatment. Orthopedists usually look down on therapists who will care for patients in the post-operative period. But they often forget that acupuncture and therapeutic 'dry' pricks, manual soft tissue techniques, joint mobilization and manipulation, physical therapy, and motor rehabilitation have never been present in their curriculum. Therefore, although they have a leading role in the integrative therapy process, it is appropriate that they do not instruct patients in matters outside their expertise. The same applies to rehabilitation therapists. They cannot give an opinion as to whether a pathological process requires surgical treatment without precise expertise and clinical thinking for which they are not formed and to which they are not entitled.

The problem is that after some severe traumatic or degenerative musculoskeletal disorders requiring initial surgical

treatment and months of rehabilitation, the issue is not at all which is more important to the patient‘s health, the surgeon or the rehabilitator, but understanding and accepting that both sides of the integrative healing process are each indispensable.

The fact is that if the surgeon is incompetent and makes mistakes in the operation, these mistakes, usually, could not be compensated by the therapist, just as after a brilliant intervention the surgeon would not see the result of his work due to incorrect or poorly conducted rehabilitation.

In view of the foregoing and for the needs of the patients, a total change in the **education** program of the non-surgical therapists performing not only the post-operative care but also the frequently much needed pre-operative preparation is required.

There is also a need for a change in their socio-professional status because only physiotherapists (physiatrists) and sports physicians are accorded the respect necessary for their self-esteem as medical executives, whilst all others remain non-physicians – lacking the ability and the right to think clinically, make diagnoses and in most cases conduct therapies without these being explicitly prescribed or supervised by a physician.

There is a need to introduce a single **educational** standard in the training of therapists, and a new more expedient ‚bundling‘ of therapeutic modalities, so that for the same illness, the patient does not have to see several different therapists; such as a massage therapist, osteopath, chiropractor, acupuncturist or physiotherapist for example.

Not to mention that massage therapists massively presume to manipulate joints (which is a criminal offence, especially when manipulating the cervical spine due to the high risk of damaging the vertebral arteries responsible for half of the brain's supply), osteopaths to perform physiotherapy, chiropractors to apply acupuncture... that is, each to use techniques and methods they do not know and cannot apply proficiently. Equally shocking are the activities of so-called 'folk healers' – uneducated laymen full of noble intentions to help the suffering, but carrying out dangerous procedures which might frankly amount to criminal practices.

And so, it is necessary to create a new medical specialty, to be studied according to a uniform standard in medical universities, and which will unite all the practices and methods available for the treatment of the motor system of the body.

Of the conservative (non-surgical) methods of therapy of the human motor system known today, those of greatest clinical relevance are:

1. **Manual soft-tissue techniques**: massage, acupressure, shiatsu, Cyriax friction, Ninov Myopressure, myofascial and connective-tissue techniques – all these and many more similar forms of therapeutic influence on the soft tissues located on the skeleton; skin, fascia, contractile part and collagen matrix of muscles and indirectly vessels and nerves.

2. **Manipulative skeletal therapy,** otherwise known as 'joint manipulations': the subject of chiropractic, osteopathy and manual therapy.

3. **Medical needling**: acupuncture, Ninov's MyoPuncture, Gunn Intramuscular Stimulation, 'dry needling' according

 

to Simon, medicated infiltrations, mesotherapy, prolotherapy, saline infiltrations, biopuncture, and others.

4. **Physiotherapy**: laser, electrotherapy, magnetic fields, thermotherapy, and more.
5. **Motor rehabilitation** (kinesitherapy).

These five broad groups of therapeutic methods form the five pillars of the future medical specialty which, at our suggestion, was named **'Conservative Orthopaedics'**. With an optimal curricular organization, this new specialty is intended to complement, and in many cases therapeutically replace, operative orthopaedics at the advanced academic level in order to achieve a working symbiosis not dissimilar to that between cardiology and cardiac surgery, for example.

This novel and sophisticated medical discipline, taking its rightful place in the family of other clinical specialties as part of modern allopathic medicine, will in turn make redundant many traditional and conceptually outdated therapeutic methods.

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# EPILOGUE

I had planned „Fundamentals of Conservative Orthopaedic Medicine“ to be a monograph in two parts. The first of these, which I offer to the kind attention of colleagues and patients, is mainly theoretical and presents the history of my therapeutic system, its philosophy, and its continued development.

I have taken the liberty of criticizing, constructively and with good reason, certain aspects of some therapeutic methods, while at the same time suggesting appropriate alternatives.

In the second part of this thesis, specific diagnostic, therapeutic and preventive methods will be presented, granting the practical essence of the Ninov Orthopaedic System.

I would like to mention the fact that hardly anyone could claim authorship with regard to basic medical sciences such as anatomy, physiology, pathology, orthopaedics, neurology and rheumatology, for example. Yes, certain authors and schools can demonstrate specific contributions, but in general, medicine as it stands today is the collective achievement of many generations of scientists, over hundreds and even thousands of years. Therefore, I do not intend to present and prove my sources of information because it is impossible to know them. If someone says and proves to me that they invented anatomy or orthopaedics, I will cite them in all my writings. But there is no such person and there cannot be.

In the introduction to this first part I declared the following:

*“As author, I want to start this monograph with a declaration as to the authenticity of the ideas presented herein, as well as their verbalization.*

*For 40 years, I have studied, applied and created various integrative therapeutic methods focused on the human musculoskeletal system and its health. The entirety of the material in this book is the fruit of my original thought, or my own interpretations of topics I have studied. Any similarity to other works is purely coincidental, and is not the product of undeclared citation, copying or plagiarism".*

I repeat this statement because the topic of intellectual property theft and plagiarism is particularly relevant today. Many of my discoveries and methods have been completed for years without me daring to present them in a book, as I do now, because I did not know how to defend them. But at some point, I told myself that all this was created for people and the information belongs to them. And as I have learned from people and utilized their services throughout my life so far, it is right that I share the most useful part of my own achievements with as many people in need as possible. Even if I somehow fail to fully establish my authorship and scholarly contributions, or if some dishonest or morally bankrupt pretenders attribute my findings to themselves and purport to sign their names under my own work, so be it – the important thing is that as many physicians as possible are made aware of this original therapeutic system and the principles which underlie it. This is so that as many patients as possible can achieve optimal motor health and a pain-free life.

Hemingway was convinced that people do not necessarily have to be successful and happy in their life‘s journey. Geniuses like Bach and Rembrandt only received full recognition long after they had left this world. On that, the Bible says: ‘Not according to merit, but according to time and occasion.’

In that sense, I do not expect gratitude and understanding, but rather a hope that a certain number of people will find a solution to their problems.

In fact, life is difficult and dangerous! On this occasion, the great misanthrope – philosopher Arthur Schopenhauer wrote that we are all „brothers in suffering". That the life of each one of us is destined to be one of hard work, worry and trouble, that this life of ours is an irreversible downward movement and that it is not only cruel, but also extremely unpredictable. Also that all of us living people are like care-free lambs running in the meadow under the watchful eye of the butcher (he meant death) who will take us one after the other and that in our blissful days we do not suspect what the destiny may have in store for us: diseases, persecutions, impoverishment, mutilation, blindness, madness and of course death!

The writer Bogomil Raynov reflected in one of his books that our society is like a group of blind men locked in a room and each blind man, expecting to be seen, craves for help and relief, but in fact receives a burden.

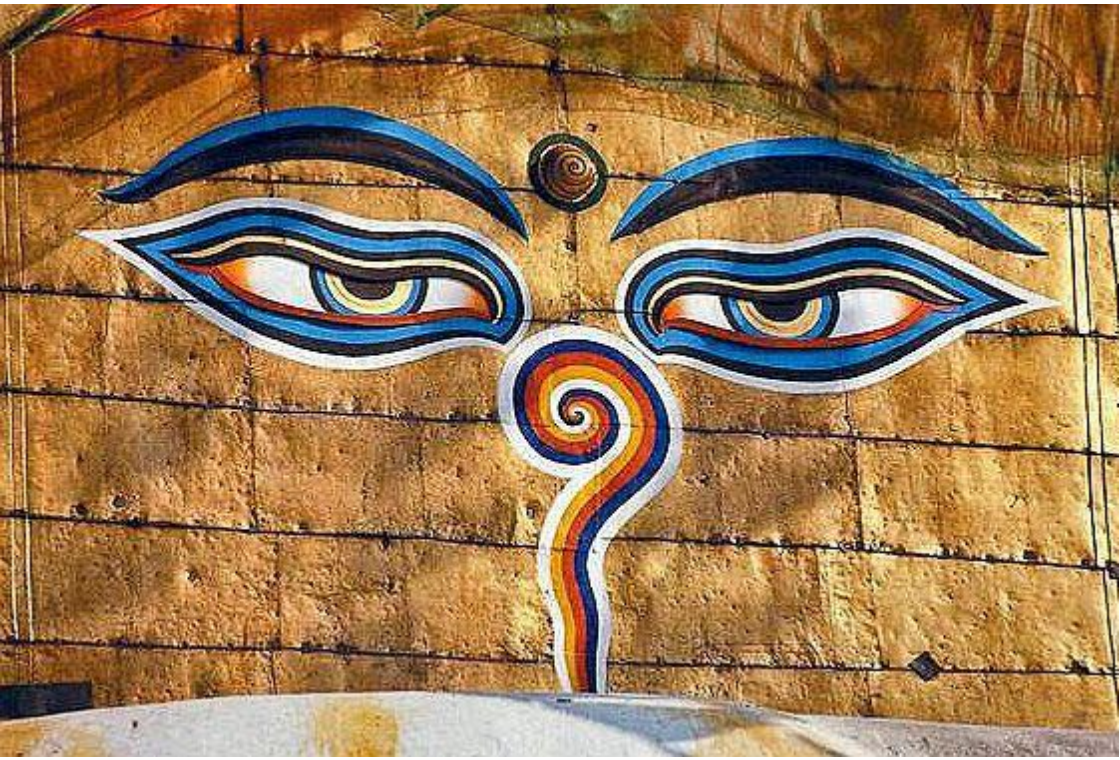
An old Arab proverb observes, 'The dogs may bark, but the caravan goes on'. In this sense, despite philosophical and artistic pessimism; despite wars, pandemics, inflation, and other crises, life goes on!

But we, the people of today, must understand and accept that our way forward is only possible if we fight for our survival together. According to Thomas Jefferson, in addition to the right to life, we also have collateral rights to freedom and happiness. But this would only be possible if we put aside our differences and forget certain absurdities of our past,

such as the various forms of slavery, racial discrimination, religious bigotry and mass genocide.

Otherwise, we too may disappear from the face of the Mother Earth like the Neanderthals, or any number of ancient civilizations such as the Lemurians and Atlanteans, who lived long before us.

***FIG. 98***



## END

***NOTE***

*Here at the end of the English version of this monograph of mine, I would like to declare that English is not my native language. For the translation, I resorted to the services of the program DeepL end some form of AI.*

*Therefore, the translation, even if understandable, would at times sound a bit like Yoda's thoughts from "Star Wars", which would be strange to native English speakers.*

*I ask for your forgiveness and understanding ☺*

CONSERVATIVE ORTHOPAEDICS is a potential novel medical specialty, appearing as an alternative to surgical orthopaedics. It has been formulated and presented to the scientific community for the first time by the author of this monograph – Dr. Chavdar Ninov. His own original methodology, the **Ninov Orthopaedic System**, originally combines therapeutic 'dry' needling, specific soft-tissue techniques, joint manipulation, certain physical factors and motor rehabilitation. It is the first sophisticated model for the establishment and application of non-surgical orthopaedics in the realm of allopathic medicine.

Dr. Chavdar Ninov is a holistic scientist who has sought the optimal model for human motor health for over 40 years with the same passion with which the medieval alchemists searched for the philosopher's stone. He has formulated aetiological factors, morphological substrates and pathological phenomena, hitherto unknown to science, explaining the underlying reasons for why every human being will at some point in their life suffer from the most massive silent pandemic known to history – musculoskeletal disorders. It also reveals the specific patho-genetic pattern by which they occur and proposes a system of efficient diagnostic, therapeutic and preventive measures to enable every human being to reach optimal movement levels and a life free from debilitating pain.

As an attending physician for nearly half a century, Dr. Chavdar Ninov has treated many thousands of patients. As a professor, he has trained and licensed hundreds of physicians and other medical workers in his methodology. Indirectly through his students, his methodology has the potential to influence millions.

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