

The Future of Chiropractic II - a 4th Paradigm

In "The Future of Chiropractic "(DC: 6/29/00 Northeast Forum), Dr. Judy Nutz Campanale wrote her comments and perspective on Dr. Reggie Gold's "The Third Paradigm" (DC: 5/1/00 Southeast Forum). Her comments denigrate the first two paradigms, and favored the third. This has the makings of a wonderful and healthy discussion, I think.

Generally (simply), Dr. Gold presents three chiropractic paradigms:

1. The traditional (old) Palmer view that maintains that chiropractic cures all disease.
2. Therapeutic chiropractic with its diagnostics, referrals, and adjustments of the spine to remove pain and symptoms.
3. The nontherapeutic subluxation adjuster who is only concerned with the subluxation and not the symptom, diagnosis, or the disease, along with their rationales and reasons for being.

It seems to me that both authors have skillfully massaged the discussion to suit their own needs and predilections, missing a major segment of our profession. These two articles carry the flavor of the old "straights vs. mixers" theme.

The not mentioned, not represented group begs mention of a fourth paradigm, which offers hope for unification of our profession based upon our knowledge, strengths, skills, and yes - our philosophy. And it properly fits our professional demographics.

I define the fourth paradigm as chiropractic physicians who adjust spinal subluxations; utilize all appropriate natural methods to remove the cause thereof; and make proper, timely referrals based upon a chiropractic diagnosis and analysis of the patient (not necessarily the same as a "medical" diagnosis).

True confession: As an excited 1974 Palmer graduate, I was dedicated to adjusting everything that made sense to adjust. I was good. I was a "straight" DC. However, within a couple months it became very clear that subluxations were returning within a few days. At first my pride was wounded. I took it personally. In a panic, I put on the religious cloak. I told my patients about our wonderful philosophy, and to believe and keep the faith. Sadly, the church of chiropractic concept didn't work at all for my patients or me. Eventually, I was honest enough to accept that the bones were going out of place again for a reason.

While I was a student at Palmer, so was Mario Sabella, one of George Goodheart's early students. He shared the concept of muscles holding bones in place. I began to study applied kinesiology (AK) and to look at the cause of the subluxation; not just the subluxation alone. This was one doctor's epiphany.

Since then, I've talked to many doctors of chiropractic - in many ways just like me - who've had similar experiences in their growth toward professional competence. It seems most of us end up looking deeper than the subluxation, one way or another.

Wait, I just heard someone say: "There isn't anything deeper than a subluxation." Sometimes that is so; sometimes it is not. If the cause of a given problem is the subluxation, simply adjust the darn thing and be a hero. But if that ilium goes back out of place soon after you've given it a proper adjustment, you might want to look at the status of the sartorius muscle (and things related thereto). Remember? It's the "anterior-hip-holder-downer-muscle." This thoughtful approach to one's practice is called stabilization care - attending to the cause of the subluxation you've adjusted.

As an aside, I've got it figured out. Patients don't come to me because I wear a white coat, have a stethoscope draped around my neck, and look like someone on TV. They went to her first; she didn't help them; now they are seeing if I can help. Like it or not, we are a results-driven profession, always have been and always will be. The reason our market share is increasing is because, for the most part, we are doing a better job than the competition at delivering the results sick people want and need. Indeed, these suffering folks need our help badly enough to pay us cash out of their own pockets instead of going to the consensus medical folks, more or less for free. God, that makes me feel good all over.

Every day in my office I find an intimate relationship between subluxations and lack of health and disease. While at Palmer, Boyd's Pathology taught me that there were four cardinal stages of pathology (disease): redness, swelling, heat and pain. I learned that if I quit treating when the pain leaves, then I'm leaving 75 percent of the problem still there. For 27 years now, I've been consistently observing that as I get my patient's spines cleared of subluxations and stabilized, they are returned to health and vitality. They become happy. Like most of you reading this, I really don't have a problem reading the reflex bed along the spine and seeing when a "hot" viscerosomatic reflex speaks to profound unhappiness in a patient's glands or organs. It's not difficult to know when to refer; the spine tells all. If I cannot clear the subluxation - and keep it cleared - then there is some important unhappiness in that patient's body, needing attention past my personal level of skill. And yes, I do refer to other DCs who've had training I've not.

Palmer College taught me not that chiropractic cures all disease, but rather that we recognize no disease as untreatable - just that certain individual patients are untreatable. As a result, I've been blessed to fix just about everything at one time or another. Sadly, I don't see 100 percent of my patients get well, but I'm lucky enough to learn something new every day, and that's why I go to work.

As far as chiropractors stretching the truth as to what we know chiropractic can do for any individual, I'm real clear about what's ethical; what's professional; what's legal; what's moral; and what's just plain honest. My name is not God. I do not ever promise any patient anything in the way of results. Yet, on a good day, I don't mind mentioning in a quiet voice that my batting average isn't too bad, followed quickly by a loving disclaimer as to no guarantees.

During his last years, Marshall Himes taught me to be a doctor of the nervous system; Major DeJarnette's SOT gave me tons of fundamental knowledge; George Goodheart opened the floodgates with AK; Alan Beardall really helped me understand how to look at the details; Hans Selye taught me all disease is based in stored stress; and Sheldon Deal and others woke me up to the importance of body priority dictates - letting the patient's nervous system dictate the course of treatment, taking the layers of stored stress off their "onion" in an orderly and coherent manner. As has been said, if any of us stand tall, it's because we stand upon the shoulders of some mighty powerful doctor-pioneers. It's amazing that our profession is just 106 years old. I am so proud to be a chiropractor that I could bust. I've lost track of the number of my patients who've gone on to become chiropractors themselves. They went to school not because I suggested it, but because they just got hooked on it.

Well, that is the fourth paradigm. I hope no one missed it. Bottom line: There are many of us out there on the line - day in and day out - adjusting the spine and paying attention to the cause of the subluxation (why our adjustments sometimes don't hold). No sane person would say we are attempting to become MDs. Call us the thinking chiropractors, if you will. We certainly don't fit under Reggie's first, second or third paradigm. And, we surely don't argue against the importance of adjusting the subluxation. Simply put, we are just not comfortable with using a philosophy (or religion) to justify any lack of skill or attention to treat the causes of suffering.

John D. Andre, DC Kansas City, Missouri

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