

Dynamic Chiropractic



CHIROPRACTIC (GENERAL)

Chiropractors vs. Acupuncturists, Part II

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Early Chiropractors - Money - Information Age Medicine

In the last article I addressed the "Point-Counterpoint" article from *Acupuncture Today* in which Dr. Amaro, the chiropractor/acupuncturist, and Mr. Molony, the executive director of the American Association of Oriental Medicine, debated the relationship between chiropractors (and MDs) and acupuncturists.¹

1. I agreed with Dr. Amaro's statement that there is a "turf war" going on between chiropractors and acupuncturists - money, power and prestige are at stake. (I added that rather than just being about acupuncture, it is about market share, control over billions of dollars in sales of herbal medicines, etc.) Indeed, the very survival of practicing chiropractors is at stake.
2. Those acupuncture organizations (or the AMA, ICA, ACA, etc.) that claim to be defending patient welfare are usually seeking to feather their own nests.
3. A patient's right to choose must be preserved and enhanced.
4. Traditional Chinese medicine (TCM) is a valuable addition to the world's healing enterprise. But the use of needles (be they acupuncture, hypodermic or from a cactus bush) is not within the exclusive domain of TCM. Nor is the Chinese theory of the "meridian" and/or *qi (chi)* an exclusive explanation for the body's ability to self-regulate. TCM is not an exclusive approach to herbal medicine. In fact, TCM practitioners are moving away from their tradition single herbs to complex formulas. Is this in their scope, Mr. Molony? Additional data (nonallopathic) must be considered, developed and made available to and for patients, including:
 1. The energy (*qi*) information and balancing techniques taught by Dr. Amaro. He teaches a system based upon a more contemporary (arguably advanced) application of the TCM five-element theory than is taught in more traditional TCM programs;
 2. The neurological models being developed in Anglo/American medicine, which

use, in part, theoretical models that have been espoused by chiropractors for over 100 years; and

3. The functional medicine model emerging within the German naturopathic (MD) community. This type of medical practice includes not only the use of needles ("dry" and "wet" injections) to affect the body's regulatory matrix (system), but also makes extensive use of homeopathic, herbal and allopathic medicines. I will leave the allopathic medicine aspects to others.

I will focus here primarily on the "turf war" (money) and the importance of the functional medicine model. One could say much about the A.K. model for acupuncture. Space will not permit that here. Before looking ahead, it is important to look back to the history of chiropractic and its relationship with acupuncture and functional, naturopathic, medicine.

Early Chiropractors

According to Walter Wardwell's great book on the history of chiropractic, J. Shelby Riley started the New England College of Chiropractic in 1912. Dr. Riley emphasized a theoretical model he referred to as "zone therapy." The following pictures, which come from a republished version of Dr.

Riley's 1924 book *Zone Reflex*,³ should speak volumes to all acupuncturists. Dr. Riley is shown massaging what would be, according to TCM, large intestine 4 (the *Hoku* point) and demonstrating a technique for the mechanical compression at the six main meridians of the upper extremities. Dr. Riley was demonstrating a treatment for abdominal pain in massaging LI 4. Space does not permit me to go further with the information from Dr. Riley's book. It is important to note, however, that Benedict Lust, the purported founder of naturopathy in the United States, wrote in 1918 that Dr. Riley's "zone therapy was an early forerunner of acupressure."



Dr. Riley's "zone therapy," for abdominal pains: Stroke back of hands and up to elbows gently with wire brush or metallic comb for a few minutes. Relief may come by wrapping fingers and thumbs with heavy rubber bands; wrap close to body of hands. Check by deep pressure circling motion massage all abdominal area reflex.

Dr. Keating, the chiropractic historian, has made the point that when D.D. Palmer left Palmer

College and started moving around the country, he took with him what he called his "traveling library." A major portion of his library was on Oriental philosophy and, I believe, Oriental medicine. Historical precedent is not only interesting, it is of great significance in a courtroom.

It is not only important to recognize the relationship between early chiropractic and acupuncture, but also the relationship of some early chiropractors with naturopathy and "functional medicine."

Dr. Benedict Lust, whatever else he might have done, founded the American School of Naturopathy and Chiropractic in New York in 1907. He asserted that he had studied with and learned what he termed naturopathy from Father Sebastian Kneipp in Germany in 1896.⁵ Father Kneipp did not use the term naturopathy.

Father Kneipp was called "The World's Most Famous Nature Doctor."⁶ He lived in Germany from 1824 to 1897. Dr. John Howard, the founder of National Chiropractic College in 1906, was a Mormon missionary to Germany from 1895 to 1898; while there, he studied the form of hydrotherapy and natural healing developed by Father Kneipp.

Even before starting National Chiropractic College, Dr. Howard was using Father Kneipp's methods in his own practice. Personally, I am not particularly interested in whether Lust or Howard should be given primacy for having introduced naturopathy to the United States. Clearly, Lust first used the term *naturopathy*. He purchased the right to use the term from Dr. Sophie Scheel, a homeopath.⁷ In any event, the early history of chiropractic and naturopathy are inexorably intertwined. This fact has great significance for the practice rights of chiropractors, as I have previously written in this publication.⁸

Money

Allopathic, homeopathic, chiropractic, naturopathic, ayurvedic, and traditional Chinese medical education are all costly. An allopathic education is by far the most costly. The question becomes: how will these costs be borne, and by whom?

To understand the present economics of "medical" education and practice, we have to start with the era from around 1905 to just after World War II. In 1905, there was no Blue Cross, no governmental support of medicine and no guaranteed student loans. The history to follow has been developed from books by Starr; Brown; Coulter; the autobiography of Frederick Gates (the power at the Rockefeller Foundation); and the Flexner report of 1910.¹⁰

The Carnegie and Rockefeller Foundations and the drug companies (such as Parke-Davis and Eli Lilly, each founded in 1876) were the major financial forces behind the development of mainstream medicine. (I will not detail the drug company involvement here other than to say that the advertising of drug manufacturers in mainstream medical journals was a major economic factor in the development of that branch of medicine. Of course, one cannot ignore the present importance of the pharmaceutical, academic medicine and governmental triad.) These entities, along with the AMA, gained a monopoly over mainstream medical education and practice. Frederick Gates was the prime architect of this process. He and his colleagues started with certain preconceptions, postulates and prejudices that shaped their world view, which has been termed the "industrial world view" (Brown, p. 129):

1. The prestige of medicine and mainstream practitioners should be enhanced (in part by reducing their numbers), so that the prospect of health and longevity would serve as an inducement for the movement of farm workers to the factory floor (Brown, pp. 112-119).

2. The primary objective of medical practice is to maintain a healthy workforce (Brown, p. 129).
3. Gates espoused: "Members of any society or social class whose existence is intimately tied to industrialism will find scientific medicine's explanation of health and disease (the body as a machine) more appealing than mystical belief systems." (Brown, p. 119).
4. Western medicine should serve as an entry point for American "big business" into Third World markets (Brown, pp. 122-130).
5. All "sectarians" - homeopaths- and Western herbal medicine practitioners (eclectics), chiropractors and osteopaths should be driven out of practice. (The Flexner report goes so far as to assert that "chiropractors, ... are unconscionable quacks . . . the public prosecutor and grand jury are the proper agencies for dealing with them." This former prosecutor disagrees.)
6. Medicine should be based upon: a) Virchow's cell theory (Flexner, p. 65); b) Pasteur's germ theory; c) chemistry; d) Claude Bernard's recommendation for animal experimentation (Coulter, in general); and e) Darwinian biology (Gates, p. 201 and other works, in general). The objective then becomes to "war" on the morbidic agent.
7. These factors necessitate full-time teaching faculty and hospital-based training. (The "full-time" faculty concept was opposed by the homeopaths and eclectics who believed one could only be a real teacher of medicine by staying intimately involved with patient care. Flexner and Coulter, in general.)

How do you put this "agenda" into motion? The first step was to undertake an evaluation of the existing medical schools. This task was undertaken in 1910 by Abraham Flexner, the brother of Simon Flexner, the executive director of the Rockefeller Institute for Medical Research. The Rockefeller and Carnegie Foundations thereafter only financially supported those schools that fit the foregoing agenda; the homeopathic and herbal medicine schools (eclectics) were put out of business, and an infrastructure for medical research and education was created that remains intact to this day. It must be noted, however, that John D. Rockefeller, the founder of the Rockefeller Foundation, supported both homeopathy and chiropractic (Brown, pp. 109-111). Frederick Gates merely ignored Rockefeller's mandate. Gates state in his autobiography that the founder of homeopathy, Samuel Hahnemann, was a "lunatic."

The federal government became the major economic force in medical research and education after World War II, but the government merely continued the industrial world view agenda, using the same basic infrastructure developed by the drug companies, the AMA and the foundations, with the aid of the Flexner report.

Where will the funding for nonallopathic medical education come from in the future? Student tuition will continue to be a major factor. This, of course, places the schools under tremendous pressure to obtain students and can result in decisions that are dictated by "putting out the economic fires" as opposed to developing a long-term strategy. Personally, I think the decisions of LACC and NCC to start separate schools of acupuncture is an attempt to put out the fire caused by losing students to acupuncture schools. How can they serve both paradigms? At best, it would be very difficult.

Chiropractic colleges need to develop new sources of funding from:

1. manufacturers of equipment (development contracts);

2. sellers of herbal, homeopathic and nutritional substances the German government has a program to match funds with manufacturers of homeopathic medicines that take their products into the Third World. Perhaps China has a similar program in reverse.);
3. new information entrepreneurs (I think some of them are equally well-heeled as John D. Rockefeller was when he funded the industrial world view approach to medicine;
4. the federal government.

There must be a constant effort to advocate, educate and litigate the right to equal protection of the law relative to government funding. Frankly, however, it will not work without a biologically plausible model to present to Congress, state legislators and, most particularly, the courts. The TCM practitioners have such a model (clinically confirmed). Let's look at another model. This functional medicine model is merely an extension of the prime chiropractic principle of identifying and removing interference with the body's innate healing capacity - whatever science shows that to be.

"Information Age" Medicine

To look ahead, we must once again look back. The Flexner report cites Virchow's (1860s) cellular pathology theory as a key to the development of "Western medicine." Virchow asserted that disease starts in the individual cell. Claude Bernard (1860-70s) argued that Virchow was wrong, that disease starts as dysfunction within the body's regulatory system. Bernard described this as the nervous system. It is interesting to note how allopathy accepted Bernard's position with respect to animal experimentation, but ignored his pathophysiological model.

There is strong evidence that D.D. Palmer developed his idea of the importance of the nervous system from Bernard.¹¹ Whether he did or not is not the issue. The critical question is whether (and to what extent), the proposition, and its 19th century application to the nervous system, are true. The principle is appropriate, but the body's innate healing capacity involves more than just the nervous system; so science has now confirmed for us.

California chiropractor Terrence Bennett, as early as the 1920s, defined the body's innate regulatory system as not only the nervous system, but also stated: "The arteriole, the capillary, the tissue space, the cell, the lymph capillary, which lies in this same area, and we have a functional unit which is common to all tissues in the body." Bennett was defining the same structure as has been identified by the German naturopaths practicing "functional medicine."

The German naturopaths assert: "Organic diseases originate in dysfunctions of this (regulatory matrix) system and its connections throughout the organism." This concept is compatible with the most basic chiropractic principle of identifying and removing interference the body's regulatory system. The data demands that the chiropractic principle be restated so that the principle is to identify and remove that interference wherever it exists by all means necessary, other than the use of allopathic drugs or surgery. The chiropractic principle would include the use of dry needles.

The German model was not developed until the 1960s. Bennett defined the relevant tissue at least more than 30 years before that. As a lawyer, it strikes me as simply outrageous that the development of this functional medicine concept was delayed for over 30 years because the voice of chiropractors is not "heard" in our society. Unfortunately, many chiropractors themselves do not and will not listen to the evidence. That poses other legal problems that I will not address here.

How does this relate to chiropractors vs. acupuncturists? The regulatory matrix is, as Bennett contended, common to all parts of the body. It is the extracellular compartment; a single tissue that

traverses the whole body from top to bottom. It generally runs parallel to the surface of the body but projects up to just below the surface of the skin at what have been histologically defined as Heine cylinders. That is, there are projections of extracellular tissue that turn, if you will, from the parallel plane and project perpendicularly towards the surface of the skin. Many of these projections have now been found to equate with the acupuncture points. There are, however, more Heine cylinders than there are traditional acupuncture points. The German naturopaths call the Heine cylinders or acupuncture points the "the window to the extracellular compartment."

Some perhaps less traditional practitioners of TCM have equated *qi* with energy. Indeed, much is said these days about "energy medicine." That concept has merit as far as I am concerned. But, I hypothesize that information is the more critical aspect of the regulatory matrix control. What is the difference? Energy relates to getting the job done, information to defining and regulating the way in which that is achieved. Both are important. The practitioners of TCM do not own the marketplace when it comes to these concepts. One might argue this falls entirely outside their scope of practice.

That takes us back to Dr. Amaro's central point in the article, which triggered, in part, this two-part article. There is a turf war going on. Functional medicine is a broad concept that includes the principles of chiropractic, acupuncture, TCM, homeopathy or other "-pathies." It is a new frontier that demands to be explored, funded and fully recognized; especially, by chiropractors and some, or all, the chiropractic colleges. Functional medicine, at least as practiced by the German naturopaths, is not the whole story. Let's take another look at herbal, homeopathic and nutritional practice. (Dr. Bland calls his metabolic medicines functional medicine.)

Herbal, Homeopathic and Nutritional Practice

For those who wish to prescribe single herbal remedies based upon whether they are intended to "drain fire" or "regulate *qi*," I say more power to you. Such is the way of TCM, and its value must be recognized and defended. The Germans have developed the technology to measure the body's response to herbal, homeopathic, allopathic and nutritional substances. This needs to be recognized and defended. Of course, there is more to it. Herbs, homeopathics, and nutritional (orthomolecular) substances can be used along with Western diagnostic categories on a strictly clinical basis. Again, this needs to be recognized and defended. Space does not now permit expansion of these points.

Some Conclusions

The acupuncture needle is not within the exclusive domain of TCM. The right of other practitioners to use the acupuncture needle must be recognized and protected. Patients do, however, need to be able to recognize the varieties of practitioners from whom they may receive such services. This is not a substantive problem, but one of terminology. I will not presume to provide the answer, but at least one category is "traditional acupuncture."

The chiropractic colleges that have started separate schools of acupuncture are going to find it extremely difficult to serve two paradigms. I hope they will turn to science, and accept and expand the regulatory matrix ("energy/information") paradigm.

The primary chiropractic principle should be redefined to include identifying and removing interference with the body's inherent regulatory system, whatever science shows that to be. We now know that it is, at least in part, the whole "regulatory matrix."¹¹

A variety of empirically based approaches to the delivery of herbal, homeopathic and metabolic

(nutritional) factors must also be recognized, improved and supported by all practitioners, even if they do not choose to utilize those approaches in their own practices.

The emerging "energy/information paradigm" provides an appropriate vehicle with which to approach the new information elite. Somebody will do it. Will it include your practice group? Each individual chiropractor, and other practitioner, should become involved in these matters. "The price of freedom (and practice rights) is eternal vigilance."

Chiropractors must educate, advocate and litigate for their practice rights, if they are to preserve and/or expand their heritage.

California Addendum

Much of what I have said in these two articles is presently irrelevant to you. Your right to use needles, and other practice rights, have been wrongfully taken from you as a result of your present scope of practice rule (Rule 302).

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