Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

We Get Letters & E-Mail

"...a one-sided rivalry"

Dear Editor:

Once again, as if we haven't seen enough petty in-fighting between colleagues who should be on the same team, Dr. David Seaman has chosen to make a thinly-veiled attack on two major players in the field of alternative and/or functional medicine. ("Liver Detoxification: Interview with Dr. David Seaman, Part II," *Dynamic Chiropractic,* June 18, 2001, by Doug Andersen, DC.) Though not mentioned by name, Dr. Seaman three times emphasized the uselessness of "a powder containing rice protein, rice syrup solids and vitamins and minerals that gives you what any basic multiple vitamin provides." This is an obvious reference to Dr. Jeff Bland and HealthComm's (now merged with and called Metagenics) Ultra Clear and Ultra Clear Plus liver detoxification products. Dr. Seaman also states: "I read through all of the articles provided by the main laboratory using this approach, and found that not one article supported its testing claims." This can be assumed as a reference to Great Smokies Diagnostic Laboratory (GSDL), the leader in functional testing. Apparently, Dr. Seaman feels that liver detoxification is so complex that only he could be the judge of proper testing procedures and protocols designed to improve liver function.

This tale goes deeper than it appears at the surface. There seems to be a misunderstanding from many years ago that has created a one-sided rivalry. I attended a seminar given by Dr. Seaman at Life University in 1995 or 1996 and heard the attack on the Bland products then. The rest of the seminar was brilliant, detailed, and one of the best educations in nutrition that any student could receive. I subsequently purchased Dr. Seaman's books and have his posters in my waiting room. I certainly appreciated the message, but was slightly disappointed by the messenger. I was able to ask Dr. Bland about this a couple years later and he politely refrained from detail, only to say that he heard of the ongoing comments by Dr. Seaman. I learned through others in his organization that there was a miscommunication many years previously that caused Dr. Seaman to feel slighted. It should also be said that in the past, Dr. Seaman has had a relationship with Interplexus, another supplement supplier, though this relationship no longer exists.

Dr. Seaman's comments about Great Smokies are curious and must be considered in light of his past relationship with Diagnos-Techs, another lab doing unique functional testing, with whom he also has no current relationship. His comments in Dr. Andersen's interview suggest that the testing by Great Smokies using aspirin and acetaminophen challenges is inaccurate (GSDL also uses caffeine) and that no valid research exists to support findings of fast or slow phase I or II detoxification pathways. This is in direct opposition to his position in his handbook from 1995, *Nutrition and Pain Control and Nutrition for Chiropractic.* Here, in which he promotes Diagnos-Techs and Interplexus throughout, he clearly likes a salivary caffeine clearance test pioneered by Diagnos-Techs in 1988. In an article written for the *FCA Journal,* Winter 1994, Dr. Seaman praises the laboratory director of Diagnos-Techs, Dr. Elias Ilyia, and the developer of the salivary caffeine clearance test, and states that the test "offers a high predictive accuracy in assessing cumulative damage or impairment to the functionality of liver cells." He goes on to say, "The therapies associated with most tests involve diet and nutritional supplements."

In the Dr. Andersen interview, Dr. Seaman claims that "not one article even remotely suggested the utility of testing Phase II enzymes in the general patient population." Yet in his handbook he describes in detail the findings of the caffeine clearance test that can identify an increased or decreased phase II detoxification pathway. Dr. Seaman also states: "...whether the patient's P-450 test shows up as either underactive or overactive, the same nutritional supplement is typically recommended." This is another reference to Ultra Clear. In his handbook, he suggests the use of a cytoprotective supplement (Livit 2, a trademark of Interplexus and Ayush Herbs) with no differentiation as to its use for phase I or II or for overactive or underactive findings.

Apparently, Dr. Seaman has changed his mind about the efficacy of liver testing and the use of Interplexus products. He certainly has the right to do that; liver testing has always been controversial. I simply take issue with his inflammatory remarks (another possible use for UltraInflamX) regarding people or companies that he ought to be happy to have on his team, and the belittling of decisions that other practitioners might make as to how to diagnose, test and treat their patients. We all do things differently in our offices. We use our education, experience, standard and nonstandard tests and intuition to do the best job we can.

Dr. Seaman challenges: "... if a doctor can provide us with some concrete, nonanecdotal examples of liver detoxification and nutritional therapy, it would be very helpful." If I want to use a liver function test, design a nutritional protocol with any product I choose, retest to show the numbers change and, oh by the way, the patient feels better (anecdotal)... It's all the patient wants. And each practitioner needs to support his colleagues. Dr. Seaman knows well that the reason for so many chiropractic techniques is that a chiropractor chooses a technique that suits both the doctor's personality and the needs of the patient. The same holds true for nutritional therapies. There are studies that show increased liver function using many different protocols, and only a few are cited following this article.[1-5] Whether it's glutathione supplementation; glutathione sparing herbs (milk thistle); cytopro-tective/antioxidants; ayurvedic; homeopathy; or dietary change, the liver functions better and the protocol is up to the discretion of the practitioner.

Dr. Seaman: This is getting old. Please stop. Let's reserve our energy to work together to educate as many people as possible on alternatives to traditional medical care through chiropractic, nutritional therapies, and any other protocol. Petty rivalries diminish not only you, but all of us.

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David Dahlman,DC
Cincinnati, Ohio

"... the antiquated notion of "toxic overload" needs to be revisited..."

Dear Editor:

In the natural healing arts, we are constantly stretching the limits; seeking new applications of historic and current research and experience. It is in this spirit that I raise a few counterpoints to Dr. Seaman's opinions. He states that he "takes issue with the concept of toxicity in general," and says, " I do not think that liver toxicity and detoxification methods are at all valid." Perhaps a more useful discussion of the term "toxicity" would be helpful to the readers and instructive to practitioners.

"Toxicity" may imply a general state of ill health characterized by malaise, fatigue, poor cognition, and myriad physical symptoms. It is brought about by years of poor diet, poor digestion and a sedentary lifestyle. This process frequently extends into more clearly diagnosed conditions such as irritable bowel, arthritis, obesity and possibly autoimmune diseases. The cellular mechanism is perhaps best presented as a metabolic acidosis due to poor nutrient and circulatory status. "Xenobiotic toxicity" is a different etiology of a similar clinical presentation, and is characterized by a history (often difficult to identify) of exposure to xenobiotics in industry, home, occupation or hobby. Most people with the general symptoms above suffer from a combination of the two processes.

The reality of modern life and xenobiotic exposure is undeniable. I suggest your readers explore the U.S. EPA Toxic Release Inventory (http://www.epa.gov/tri/tri99/index.htm) for their states or zip codes, to get some idea of the magnitude of chemical compounds to which there is potential exposure. This issue is particularly important for children, as in one European study, levels of lindane, heptachlor and DDE were observed in the fat of 40 percent of children in some farming areas. This represents not only a significant xenobiotic burden, but one of exogenous estrogen exposure as well.[1]

A second area in which Dr. Seaman would appear to have "issues" involves the perceived lack of science and clinical application of measuring activity in the phase I and phase II pathways. There are many studies illustrating the relevance of such laboratory research. While it is true that few clinical trials using detoxification methods have been published, the basic science/physiology and biochemistry of the approach are solid, universally acknowledged and extensively studied in *ex-vivo* and animal models. These include the critical relationships of specific nutrients to the detoxification process. I list the following quotes from recent papers to illustrate my point.

"It is clear from the above review that protection against the toxicity of certain xenobiotic compounds results from the maintenance of optimal tissue concentrations of glutathione for detoxification through conjugation reactions. Intracellular cysteine concentrations must be maintained to ensure repletion of glutathione lost in conjugation reactions and this can be provided for through dietary supplements of sulfur amino acids ..."[2]

"Diets containing cruciferous vegetables may induce glucuronidation, an effect apparently due to the presence of certain indoles in these vegetables. The glucuronidation of paracetamol (acetaminophen) and oxazepam have been shown to be enhanced to a modest extent in subjects fed a diet containing cabbage & Brussels sprouts."[3] (The laboratory alluded to in Dr. Seaman's article uses paracetamol [acetaminophen] metabolite recovery as a measure of glucuronidation activity, glutathione conjugation capacity and sulfate conjugation capacity. The above article mentions many conditions and disease states that alter glucuronidation of acetaminophen, including Crohn's

disease, hepatitis, cirrhosis, obesity, Gilbert's syndrome and pregnancy.)

An article in a toxological journal further states: "Human studies have demonstrated functional impairments in sulfation capacity in some individuals. The test procedure typically uses the analgesic acetaminophen as a probe drug, which is detoxified by sulfation and glucuronidation."[4]

Finally, a clinically utilized detoxification regimen has been shown effective for a variety of exposures. "A detoxification regimen has been found to be safe for use by individuals exposed to recreational (abused) and medical drugs, patent medicines, occupational and environmental chemicals."[5]

Without exhaustive review of the literature, the above references should assure the reader that not only are efforts to explore an individual's detoxification status possible with the currently available laboratory methods valid, but that these investigations may have strong clinical significance for a large variety of conditions. I disagree with Dr. Seaman that manipulation of P450 or conjugation pathways for individuals is a dangerous undertaking. With a viable laboratory test as guidance regarding activity of two of the most relevant P450 isoenzymes (1A2 and 2E1) and a clinical approach based upon science, rather than conjecture or fear, practitioners may play a key part in the healthcare of individuals challenged with toxicity.

In summary, the antiquated notion of "toxic overload" needs to be revisited with our current knowledge base, and the realities of our ubiquitous exposure to xenobiotics. While many of the traditional but rudimentary therapies for "toxicity" remain valid, (such as those mentioned in Dr. Seaman's article: psyllium husks, digestive enzymes and water). I submit that the effective practitioner incorporates a more up-to-date viewpoint and uses the many tools at hand including laboratory work, oligoantigenic dietary regimens, specific nutrients, medical foods, and botanical extracts, to exert a lasting and beneficial influence on patients.

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John Furlong,ND
Brad Rachman,DC
Department of Medical Science
Great Smokies Diagnostic Laboratory
Asheville, North Carolina

"... like Old Doc ..."

Dear Editor:

When I was a boy I watched "Gunsmoke" on TV. Old Doc would treat everything: deliver babies, treat gunshot wounds, sleep disorders; you name it, he treated it. Though times have changed, and most doctors are specialists now, the medical profession has managed to keep this anachronism alive. A medical doctor straight out of school, with no specialty training, can perform plastic surgery or even work as a psychiatrist. He or she might have problems with malpractice coverage, but it is not illegal. Medical doctors and osteopathic doctors in California and many states around the country can and do practice acupuncture after passing 200-hour courses. However, they do not need to take any course to practice acupuncture. With their licenses they can do anything. It's a throwback to times when each had to be a medical jack-of-all-trades, like the old doc on "Gunsmoke."

Most MDs who want to dabble in acupuncture take a quickie 200-hour course. The most popular one is by a Dr. Helms. I taught point location at one of his courses. Doctors don't even have to attend most of the classes; they can view videotapes at home and fill out questionnaires. Six months ago, medical doctors in my town asked me if they could follow my wife and me around our office while we practiced acupuncture. I agreed. I thought they wanted to come and watch for a few hours. I soon learned their plans were to come every day for a month. I was shocked to find out if they followed us around for a month they could claim they were our students and practice acupuncture legally. I told them my clinic was not a teaching facility and recommended that they at least take Dr. Helms' course.

What does this have to do with chiropractors practicing acupuncture? Plenty, if you consider Dr. Prescott's article, "Chiropractors vs. Acupuncturists." (*Note:* Dr. Prescott had a two-part article on "Chiropractors v. Acupuncturists" published in the April 9th and April 23 issues.) He stated that California acupuncture programs typically require "200 to 300 hours of actual acupuncture coursework." The conclusion that he reaches is that this should be qualification enough to train as an acupuncturist. As a chiropractor that has received a license to practice acupuncture in California, I believe that I can make a reasonable assessment of this position. When I decided to get my California acupuncture license, a 2,800-hour program was required. I received credit for Western medicine courses taken as a chiropractor, approximately half the courseload. I was required to take 1,100 hours in acupuncture, another 400 hours learning the herbal medicine component, plus spend 200 hours in clinic. I graduated from the San Francisco College of Acupuncture and Oriental Medicine over 10 years ago.

The minimal requirements have risen considerably since then. The acupuncture component alone is now 1,800 hours. If you add the hours in herbal and Western medicine now required to obtain a degree from a California acupuncture college, double the hours. Those of us who graduate such programs and obtain a license to practice are considered "entry-level" practitioners. My training was not considered advanced.

Medical doctors can practice acupuncture with 200-hour courses, only because they are so politically powerful. The days of the "wild, wild West" are ending. You won't see many doctors like ol' Doc on Gunsmoke any longer; back then there was no one else. Practicing with grossly inadequate training is fortunately becoming a thing of the past. When I graduated from chiropractic college in 1979, you only needed a 50-hour training course to be recognized as an acupuncturist by the Minnesota Chiropractic Board. NWCC offered another 50-hour course, which was considered advanced training back then. I took this course, and every course offered by NWCC, and went to all the Acupuncture Society meetings for chiropractors. One of the seminars I took was a series of weekend courses offered by a Dr. Dale. (I never took Dr. Amaro's course; I don't think he was teaching courses back then, but I assume it was a comparable course.) Those of

us taking these courses were very interested in acupuncture formula books and *akabani* technique. With the type of training we had, these approaches seemed reasonable. When I went back to college to study acupuncture in California, I thought I was well trained and it would be easy. It quickly became apparent how inadequate my training was. What I had learned was taught in the first few weeks of school, and it was a two-year program.

As chiropractors, we can add acupuncture to our repertoire. You can do it right now, just as I did. All the required Western medicine courses can be transferred from chiropractic college. If you don't want to learn herbs, there are some schools that only teach acupuncture. After graduating from one of these schools, you would be qualified to sit for the national examination: NCCA. I want chiropractic to be associated with quality care. Why would we want to be associated with the totally incompetent medical acupuncturists?

Renaming ourselves as practitioners of "functional medicine" is not the answer. We must be competent and know what we are doing.

Eric Lisbin,DC,DiplAc
Reading, Pennsylvania

"But is he really serious about the connection between deep emotional or psychological disturbances and adjusting the atlas?"

Dear Editor:

"The Atlas Activate and Adjust Technique" by Michael Via,DC (*Dynamic Chiropractic,* July 16, 2001) left me a little puzzled. I kept waiting for the good-natured "gotcha" from the editors. Next, I thought it was April Fool's Day and you had a hidden camera on all us chiros waiting to catch our reaction. Lastly, I feared that you found this new "adjusting technique" credible enough to apply ink to it, in what is your usually respectable paper.

Dr. Via, I'm sure, is a very empathetic and caring doctor. When he finds patients with emotional or psychological traumas, he cares enough to do more than just run them through an assembly-line practice. He talks to them and allows the therapy of caring to come out in his treatment. All of that I applaud.

But is he really serious about the connection between deep emotional or psychological disturbances and adjusting the atlas? Does he really feel that an atlas adjustment erases the trauma? Suddenly nightmares are abolished, memories are assuaged, and mental terrors are cured? He credits this with erasing acid reflux, fear of flying, depression, war nightmares, heart arrhythmias, urinary urgency and fibromyalgia - among other conditions. To think that all of these conditions reside in the spinal cord, and especially in the atlas! I never knew that. And to think I had hoped we had given up the antiquated idea that adjustments cure "everything but *rigor mortis*." Actually, the idea of "tactile psychotherapy" is not new, and no - it does not reside in the atlas. I believe what Dr. Via is misunderstanding is that many people need to vent their hidden fears and anxieties. Many also have a psychosomatic connection and are easily moved to emotional release by a caring focus, especially by a "doctor." They may be able to even buy into the doctor's belief system enough to truly be cured, when he assures them that some magic spot on their body, or some magic incantation will bring them the relief they desire.

Dr. Via has discovered the long-known principle used by every huckster televangelist, new age

guru and psychiatrist. Sadly, he's equating the atlas to the cure, when he would have the same results by convincing the patient that tension in his or her big toe was at fault.

Come on, people! Did we all get dumber since I last checked? Will we ever develop critical thinking ability in this profession? Do we have common sense? I'm sure some will think I just don't get it, and maybe they're right. I don't get it!

Garth Aamodt,DC
Grand Rapids, Michigan

Fellow Floridian Fulminates Further

Dear Editor:

I have been following the battle Dr. Guy Riekeman, Sid Williams and others have been waging against the organization of a state-run school of chiropractic in Florida.

I would like to comment on a few items related to chiropractic schools in general.

First, I think I can understand these leaders' passion about keeping chiropractic "unsullied," etc. However, let's look at the facts:

1. A chiropractic education is a privately administrated affair. Each school independently operates under guidelines set forth by the Council on Chiropractic Education and other accrediting institutions. Tuition is calculated according to the dictates of the board of directors and administrators of each school. Currently, a student finds him or herself obtaining loans to cover costs which parallel medical school. It is not uncommon for a graduate to be thrust out into the community carrying a debt of over $100,000.

   What do they receive for that cost? Three or four years of education, which grants them the right to start helping people and making money. I emphasize their right to do so, not the assurance they actually will.

2. There is no support system for the graduate in chiropractic. He or she has one of four choices: buy a practice, start a practice, work as an associate, or do something else.

   We all know that working for another chiropractor is not a profitable option. How can a graduate meet all the personal expenses and make payments on student loans making $2,500 per month (or less)? So, many look for a practice to buy, but with the ever-increasing flood of graduates in circulation, the competition for buying a solid (there are plenty of quagmire practices for sale) practice is less and less. Just look around!

   So, you can always start your own practice. One needs to have confidence, training and financial backing to do so. In addition, one must have business sense, understand the marketability of one's service in a given area, and know how to promote while stretching the dollars during those start-up months. It takes a special kind of person to do that these days. The graduate must realize that currently only a small percentage of the community will even seek chiropractic care. Of necessity, he or she must compete with other chiropractors; medics; PTs; massage therapists - the list goes on, because the chiropractor is really competing with how the consumer spends the health care dollar. These days it is spread

between a whole host of alternative and conventional options, of which the DC is just another choice.

If we are going to charge what we do for the privilege of being a chiropractor, then we should provide some support for the new doctor like the "medicine men" have done for their offspring. Instead, we are like the praying mantis that eats what hatches (unless the little devils can get out of the way).

3. With all of this in mind, it comes down to one thing: saturation. In a free market system, supply and demand is the determiner of levels of volume and success. Currently, we are at a peak of chiropractors providing service. It is becoming more difficult to split the chiropractic pie. Some in our profession may not like this kind of talk, but it is simple business. You can't keep flooding the field with hungry doctors and expect all to have success. If the public utilized our services to the tune of 50% or more, it would be different, but they don't. Until that changes, and until the public demands more of our service, our growth will be limited.

   It's not my conjecture. It's the law of a free market.

4. Finally, chiropractic educators don't seem to care about this. They keep attracting students, extracting loan money from them, and set them out in the world to sink or swim. The private school is a business that desires to perpetuate itself. After all, there are many jobs that are created in a school. So, Dr. Riekeman and others can "fight on" all they want, but the market will make corrections, like it or not.

   Look at the loan default rate among chiropractors. It's not good. With enough time and enough defaulted doctors, the "money tree" will dry up. Lending institutions will begin restricting funding. After all, it's just good business - nothing personal. Without the availability of funding, potential students will look elsewhere for a career.

You know what happens next: "All the king's horses and all the king's men" won't be able to put private chiropractic education back together again. Enter the state schools, which pick up the pieces, only then we will have no educational voice. Where that road leads is anybody's guess.

So I think that the educators in chiropractic should do as their passion dictates, but there will come a time of reckoning. I think that our leaders should work now to foster programs in state schools that have the distinct mark of chiropractic stamped on them, rather than fitfully and foolishly biting the hand that eventually can feed them. Let's quit doing what's good for a few and support the growth of chiropractic education in an increasingly changing national market.

Bradley Osgood,DC
Petaluma, California

"...misleading to your readers, but also potentially dangerous to the patient and the chiropractor."

Dear Editor:

Over the years I have found *DC* to be an informative source of news, and a venue to disseminate practical clinical information. After reading the July 16, 2001 article by Dr. Jeffrey Hedgecock

("Advanced Diagnostic Procedures"), I felt compelled to write. Dr. Hedgecock leads one to believe that this new "voltage-actuated sensory nerve conduction threshold" (Vs-NCT) test is an efficacious electrodiagnostic procedure, which will not only assist in the clinical assessment of a patient, but document the necessity for chiropractic treatment. He appears to portray himself as an authority, being knowledgeable in the field of electrodiagnosis, but he clearly is not.

At best, this modified version of another study, the current perception threshold (CPT) test, can be considered experimental or investigational. Neither the validity nor the efficacy of this means of testing has been established in medical or chiropractic scientific literature. It is for this reason; such testing cannot be utilized to validate the necessity of chiropractic, or any other treatment, for that matter. Furthermore, making clinical decisions based upon the results of such testing can pose a potential risk.

There is no valid CPT code to utilize for submitting a bill for this testing. Prior to writing, I researched as to whether or not Medicare had any recent policy regarding this testing, knowing they had not in the past. The search was fruitless. The FDA might have approved the use of the instrument, based upon the fact that it is similar to that of another instrument, but the agency has not commented upon the efficacy or the clinical application of the testing.

Contrary to what Dr. Hedgecock states, needles are not "*stuck into nerves*" to determine neural function. Routine nerve conduction studies (NCVs), as are somatosensory evoked potential studies (SEPs), are performed using surface electrodes. Needles are utilized for electromyography (EMGs). The clinically acceptable gold standard for an electrodiagnostic consultation is an EMG in conjunction with NCV. True NCVs are typically not performed independently. As for the needle, there is specific information gleaned from the insertional activity, which is utilized in assessing motor function. Vs-NCTs are not the *most accurate neurodiagnostic* exam available. Since the test results are based upon patient response, indicating they perceive the stimulus, this method is clearly subjective. This is not the venue to discuss the factors, which can affect the patient's ability to perceive the stimulus utilized for the Vs-NCT. The fact is, SEPs, EMGs and NCVs are all objective studies, in that the patient cannot effect, or influence, the outcome of the test results.

It is not that SEPs, or EMG/NCVs produce many false negatives. These studies do accurately measure sensory and/or motor function. The limitations seem to lie in the structure and interpretation of the test by the examiner. For example, my clinical preference is for SEPs, since they directly evaluate the sensory pathways right through the areas that chiropractors treat. Anatomically, in a mixed nerve, there are a greater number of sensory fibers than motor, and they tend to be more superficial. In other words, the sensory fibers are likely affected first. That would account for why the first symptoms patients most often experience are pain, numbness and tingling. If a cervical root irritation, as part of a vertebral subluxation complex, is suspect, C5, for example, a median nerve SEP might likely be negative. However, when assessing other nerves, with primary innervations of a single root, such as the musculocutaneo's for C5, the study would likely be indicative of the insult. For those who have true interest, the degree of involvement is also implied based upon the degree of slowing and/or the attenuation of the test result.

I find articles such as this to be not only misleading to your readers, but also potentially dangerous to the patient and the chiropractor. Given the recent increase in criminal prosecutions relating to health-care fraud, I can only recommend caution when attempting to bill for such a procedure.

As for the profession, if the objective is to validate the effectiveness of chiropractic treatment, the means of measurement must first be accepted as valid. The use of an unestablished method of measurement only serves to further detract from credibility. Like it or not, the filed of health care is controlled by the medical model. It would seem common sense to then validate the effectiveness

of chiropractic treatment utilizing methods accepted within the medical field. We do have the tools at our disposal.

David Glick, DC
Richmond, Virginia

"...the best DC I have ever read."

Dear Editor,

I would like to congratulate and thank you for the best *DC* I have ever read. I have been reading you for close to 14 years now (I think you have been around that long), and this was definitely the best issue!

Perhaps because I am a subluxation-based, philosophically-oriented chiropractor, I really enjoyed the articles by Drs. Kamen, Shea and Riekeman. Then, as far as the political news articles - those too, finally, seemed to be centered around issues that all chiros can cheer for. Can it be that we are all ultimately fighting for the same things?

In any case, the issue was a juicy one, and I appreciate you for it and hope it continues!

Mark Deitch,DC
Great Neck, New York

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