

## We Get Letters & E-Mail

"We hope to earn your respect, trust and enthusiasm"

Dear Editor:

My sincere thanks for *Dynamic Chiropractic's* recognition of Alternative Medicine, Inc., in 1999, and for the tremendous honor of being named "Person of the Year." This award is even more gratifying given that AMI has just completed its first year of operation.

As most of your readers know, Dr. Richard Sarnat, MD, who serves as the company's president, and myself created AMI to promote a new model of health care based on wellness and prevention. By documenting and publishing the results of our program, we intend to show the nation's major health insurers that they can increase the quality of services and significantly reduce costs by allowing individuals to choose a fully credentialed doctor of chiropractic as their primary care physician.

So far, our program has received overwhelming support from Blue/Cross Blue Shield in Illinois, which offers its 700,000 members access to AMI's network of DCs. Member satisfaction is virtually 100 percent, and the news of our success continues to spread across the nation, thanks to positive coverage in the Chicago Tribune and USA Today. We hope to earn your respect, trust and enthusiasm as we continue to fully integrate the best treatments offered by alternative and traditional medicine.

*James Zechman*  
*CEO/chairman*  
*Alternative Medicine, Inc.*  
*Highland Park, Illinois*

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"The article ... should be mailed to the ICA, ACA"

Dear Editor:

The article you published by Walter Wardwell, PhD, in your Jan. 12, 2000 issue should be mailed to the ICA, ACA and all the states that have multiple chiropractic organizations, especially New York. (*Editor's note:* See "What Chiropractors Should Do," also available on line at [ChiroWeb.com/archives/18/02/22.html](http://ChiroWeb.com/archives/18/02/22.html).)

Maybe some common sense statements from Dr. Wardwell will help our multiple organizations put their egos aside and unite for the well-being of the chiropractic profession. Dr. Wardwell states that the AMA's Committee on Quackery wanted "to encourage continued separation of the two national chiropractic associations." It seems that we do not need the AMA's help in achieving this.

I only hope that Dr. Wardwell's sincere statements will be utilized, as a house divided cannot stand. If we continue to undermine the very foundation of the chiropractic profession, we will surely fall

without the help of any outside forces.

*Stephen Renick, MS, DC*  
*North Salem, New York*

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"We are specialists in the treatment of neuromusculoskeletal conditions and should concentrate our efforts in that direction"

Dear Editor:

I have been an avid reader of your paper for the 16 years that I have been in practice, and have always enjoyed your periodical. As we all know, the nature of our profession is once again at a crossroads. The rhetoric of straight vs. mixed is the same as when I began in 1983. The constant threat of outsiders usurping the domain of chiropractic, the adjustment, is still an ongoing issue. Many of the original issues remain the same, with an occasional victory on one front that is overwhelmed by a loss on another. I sometimes think that these issues are like the Israeli-Palestinian peace talks.

In reading the current research topics on somatovisceral effects of chiropractic, it seems we are trying too hard to be all things to all people. Although I applaud the efforts to bring an objective light to these arguments, I am somewhat dismayed at our need to focus on what is a small percentage of the average chiropractic practice. All practices predominate in the treatment of neuromusculoskeletal pain. Even the most ardent straight practitioners will refer to back and neck pain to advertise their practices.

We are identified with back pain and predominately treat back pain. We have the most clinical success with back pain, and there is a considerable volume of evidence to support the use of chiropractic care in the treatment of back pain. Yet we continue to pursue topics such as ear infections, colic, asthma and vaccinations to support the conviction that chiropractic care is broad-based in its approach to health care.

The reality is that, with the exception of D.D. Palmer, there is no recorded evidence that any DC has successfully treated and reversed hearing loss in a patient. Certainly if he had reduced his patient's headaches instead, I believe that we would all be better off today. With the exception of a minority that has the charismatic ability to persuade their patients to agree to a lifetime of chiropractic care for their health care needs, the average chiropractor today is experiencing a dramatic decrease in patient volume. The rules of the game have changed. Today's focus is on short-term care and gatekeeper control. Isn't this what we used to brag about years ago - that we were quicker and cheaper? To attract patients to our practice today, it is essential to position us as specialists, not as generalists. If you want reimbursement from insurance companies, then you must fit into a mold of providing an essential service with specified goals and limits. We as a profession seem to have a double standard in this regard.

Not one of you could tell me that if you suffered from a corneal abrasion you would rather see a PCP than an ophthalmologist. If your child needed braces you would seek the best orthodontist, not your general dentist. If you had a severe facial laceration, no one but the best plastic surgeon would do. But we allow the minority in this profession to voice an opinion about our treatment of conditions that we are not always best suited to treat. We allow too much of our efforts to be directed toward the smallest part of the average practice, and don't direct enough effort toward becoming experts in the largest part of our practice.

We must stop spending our valuable money on practice-building seminars that advocate excessive and unproven treatments. Start to build your practice with higher clinical standards. Go back to postgraduate work and refresh yourself on the topics of neurology and orthopedics. Subscribe to and read the current journals. Become an expert in the treatment of those conditions that you claim expertise in, so that you represent yourselves and the profession in the best light.

I can tell you that I speak from experience, and that I am recognized as an expert in my medical community. My practice has been a site for the elective rotations of residents from our local hospital for both family practice and internal medicine for the past three years. Each month, these medical doctors spend one to two weeks observing and learning. I teach them about the biomechanics and neurology of neuromusculoskeletal back pain. In January, I will do my yearly presentation to the residents on chiropractic care at the hospital. This year, they asked me if I would be willing to demonstrate an examination and treatment at the hospital. Three years ago, such a presentation was very intimidating. What could I teach them? Today I realize that they do not know anatomy and neurology as I do, nor are they able to make a clinical diagnosis as accurately as I am. I am the expert. You should strive to be an expert also.

Let's make an effort to look toward the bright minds of the profession as leaders, not the ones with the biggest practices or the most money. Let's make an effort to become the clinical experts at what we do most, and establish that authority across all professional lines. From this we can establish the credibility to speak on such topics as somatovisceral chiropractic. Otherwise, our attempts to be all things to all people only further obscure the line that best defines us in the health care community.

*James McDaid, DC*  
Summit, New Jersey  
[deardocjim@aol.com](mailto:deardocjim@aol.com)

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"Securing our mutual professional futures"

Dear Editor,

I was impressed by the well-written letter from Dr. Craig Jones ([chomsky@gj.net](mailto:chomsky@gj.net)) in the January 12 issue (p. 14) urging that chiropractic colleges broaden their educational offerings to include acupuncture and traditional Chinese medicine, clinical herbology and nutritional biochemistry. It is my vision that many in the chiropractic profession and educational institutions will seriously consider how this might be implemented.

I began my education as a medical student but withdrew to pursue personal healing. No one knew about "alternative medicine" as an option then, and it took a long time to discover things that worked. My first experience with alternative medicine was through a chiropractor who used applied kinesiology, which is based on acupuncture. Eventually I discovered a school begun largely by chiropractors, Bastyr College of Naturopathic Medicine, and graduated from it. In recent years, that institution merged with other programs and is now known as Bastyr University of Natural and Applied Behavioral Sciences ([bastyr.edu](http://bastyr.edu)).

The response Dr. Jones receives to his invitation to readers of *Dynamic Chiropractic* will mark an important watershed in the evolution of chiropractic. I will be in touch with him about what I see as a potential synergistic merger that can accomplish goals sought by chiropractors and naturopaths alike. I hope front-line practicing chiropractors and naturopaths take some time to look beyond the

volumes of historical documents and proclamations about the separation of our professions and theories of practice. I believe our professions could work out a process for merging efforts of the chiropractic colleges with naturopathic educational institutions around the country. Using the model followed by Bastyr University it may be possible to create several universities of natural medicine that include degrees in chiropractic and naturopathy and some level of competency in acupuncture.

Bastyr University has an acupuncture degree program. I think there may be a way for DCs and NDs to acquire acupuncture as part of their scopes of practice. I believe that with enough care we can wrest the now-virtual control of acupuncture in this country from the hands of the tunnel-visioned NCCAOM. To get powerful benefits from inserting needles does not require the depth of training in the very rigid and limited structure that TCM now represents. Use of needles on some level should be allowed. (Disclaimer: These statements are my own and do not necessarily reflect the opinion of Bastyr University or its department of acupuncture.)

I was moved by the insights Dr. Jones presented about the need to evolve or be passed by. With recent scientific evidence of the presence of acupuncture energy meridians, we may be discovering part of an unseen system of biological energies that will prove the validity of many chiropractic techniques. However, this may also give an expanded view of health and healing that will sidestep the older explanations of how chiropractic works. Neither of our professions wants to be left in an evolutionary cul-de-sac. The writing I have seen from members within each of these professions shows many consider extinction a possibility. More complete answers will have to come from within our professions, and include leadership and faculty input. However, I am glad to see this chiropractor offer his time to investigate alternative possibilities. At the least, the chiropractic profession should consider the merits of acupuncture to enhance its future growth.

*Ralph Wood Wilson, ND, MS (Acupuncture)*  
Seattle, Washington  
[drwilson@quidnunc.net](mailto:drwilson@quidnunc.net)

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"Where Do the Patients Fit into All of This?"

Dear Editor:

I would like to spout off a bit. I am not a chiropractor, but I am married to one. This relationship has enlightened me greatly on the benefits of the chiropractic doctor.

The reason I want to spout off is the paper you publish and send out to chiropractors who happen to subscribe, my wife being one. I do not agree in any way with the hundreds of articles [sic] you choose to print concerning the "Get rich quick" seminars and the "I made millions and you can too" schemes. Where are the priorities of this profession and your monthly [sic] paper? The only decent article that made sense was an article by a doctor from San Leandro, California about the missions he hoped the professionals of chiropractic would make as their own this year. I might add that this article was buried in the back of your paper.

I take offense to those who run down the others in this profession. I know as well as anyone that there are those who manipulate the system to their benefit. There are also those who are in this profession only to call themselves "doctor," as well as those who are in it just for the money.

This brings up another point. The NBCE and all their wealth, made from the hard-earned money of chiropractic students, jetting around and paying greens fees to country clubs and the like. Where

do these people get off calling themselves professionals? I want to know why there has to be two different national organizations for chiropractic? When does the madness cease? Support your state and national organizations? For what? They can't agree on one thing, how do we expect there to be cohesiveness among chiropractors when there is none from above?

Where do the patients fit into all of this? Major insurance policies have all but written off chiropractic; most won't pay for one reason or another, or patients are offended by a doctor who tells them in advance how many manipulations they must have, and at what price, for them to get better. Where did any of you get the idea that you became doctors for the fame and fortune? Sure you need to make a living and I am all for that, but this ridiculous in fighting has got to cease. The ads for the "get rich quick" schemes have got to go also.

When did doctors of chiropractic turn into money-hungry cannibals? You run ads constantly from other doctors who made a miraculous turnaround in only 30 days. What's up with that? It makes me sick to be around a lot of you. You have forgotten the basic reason you "should" have to become doctors: Give patients a better life; not a quantity, but a quality life.

My wife cares most for the patients she treats, not the money. Sure she worries about the money. Who wouldn't if they were 200k in debt and barely making enough to cover expenses? The reason she became a doctor was for the patient. She has treated many patients who have been given up on by MDs and others, with miraculous success at times, and not as much success at other times. The fact is, she cares enough to try. She doesn't do it for the money, she works for the satisfaction of seeing another person walk straighter, talk better, live pain free and function as God intended for them.

I feel as if the profession needs a good dose of its own "medicine." Care for the patient and the results will follow. Chasing after wealth will only make you a worse doctor, not a better person. Litigation is an alternative to fighting for the rights of patients to good care, not for the added benefits of the doctor! I feel as if every one of you deserves to make a decent living at your chosen profession and even prosper because of it, but not in spite of it!

Go back to your original calling! Being doctors is a great gift that you should share with your patients, not your social circles! I don't care if my doctor drives a luxury car or lives on Silk Stocking Lane. I am concerned about the care they provide me. Their status in the community or their bank account will not affect me one way or the other. You, as a voice for the profession, should be doing your part to unite these doctors to the goal of the chiropractic philosophy, not trying to make money from advertisers claiming fortunes for nothing.

I have said my peace. I will now close this letter. Publish it if you will or burn it, it matters not to me. I will however keep abreast of your paper and other chiropractic journals if only to speak out against you when necessary. I realize you need to be profitable also, but you can be so if you publish useful articles for the profession, and not take money from the "quacks."

*Kevin R. Bowden*

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