

## We Get Letters & E-Mail

"It appears, however, that Dr. Sportelli still seems to embody much of the ignorance of medicine that he attributes to the health care consumer."

Dear Editor:

I agree with Dr. Sportelli's plea to chiropractors to abandon their insurgence against the medical profession in public forums. This is not only good business for chiropractic, it would reflect a better understanding of medicine and a less insular stance.

It appears, however, that Dr. Sportelli still seems to embody much of the ignorance of medicine that he attributes to the health care consumer. Comparing the number of patient deaths under chiropractic vs. medical management is a ridiculous notion. Chiropractors do not actively manage or treat potentially fatal conditions. If chiropractic did not exist, I don't suspect that the death rate would increase appreciably. This is certainly not to say that the profession doesn't help many people. Similarly, most individuals with potentially fatal conditions choose medical management. Just because two million Americans die each year does not mean that MDs do not significantly decrease morbidity/ mortality and generally enhance the quality of life. The mortality rate in the U.S. has been progressively declining with little exception since 1930.

A more legitimate question to ask in the context of the desire of many chiropractors to be primary care providers is: "Would there be more deaths under the chiropractic or medical model?" How would the chiropractor manage diabetes; COPD; hypertension; hypothyroidism; pneumonia; asthma; strep throat; depression; chest pain; venous emboli; and asymptomatic hematuria? I, and other primary care MDs, manage all of these conditions in a typical day of medical practice. I don't make up the medical conditions that exist in the world, and I incessantly exhort patients to practice good dietary, exercise and sleeping habits, just as most medical physicians do. I literally make hundreds of medical decision each day. Many of them have potentially serious repercussions. If MDs don't stay educated and vigilant, will people have serious morbidity and die prematurely? Yes, they will.

Do you think medical doctors hate alternative medicine? DHEA, SAM-e, EDTA, ginkgo, green tea and echinacea are all the subject of medical research I have read in the last few months in significant medical journals. Use vitamin E after MI? It's now almost standard care among cardiologists. Zinc lozenges for colds? A good randomized controlled clinical trial says it doesn't work, refuting earlier research. The future of medicine, Dr. Sportelli, is that it will rapidly adopt what is proven to work and drop what doesn't. Cheaper solutions will always get mainlined faster. Patients will also get increasingly sophisticated and follow the research. Much of alternative medicine will cease to exist as we know it. We will increasingly think in terms of things that work and things that don't work.

Let's look at something that works well and represents the paradigm of the rift between medicine and chiropractic. Universal immunizations of infants are one of the most cost effective health interventions ever devised. In the late 19th century, infectious diseases such as pertussis and diphtheria accounted for 200 deaths among every 1,000 children in the U.S. I wouldn't recognize

these conditions now because I have never seen one case in infants during my training or practice. In 1993, the all-cause infant mortality was 8.4 per 1,000 live births. In Canada, there was a 98 percent drop in H.flu meningitis in two years after introduction of the vaccine. The inactivated polio vaccine (IPV) is being adopted this month as the national standard. For the first two polio doses (2.4 million doses given) there were only eight cases of iatrogenic polio in the entire county. This horrible disease was rampant in the U.S. in the early 1950s.

Chiropractors should be thankful that most health care professionals don't know that all I was taught about immunizations in chiropractic school was that the incidence of polio was coming down in the U.S. when the vaccine was introduced, so the vaccine was bogus or, worse, harmful (like all vaccines). This basic philosophically self-imposed ignorance of the epidemiology of disease will only serve to isolate chiropractors from other health professionals.

So, Dr. Sportelli, you go right on teaching your profession all about medicine. I think that this time you might have stumbled onto an idea work sticking with.

*William Culbert Jr.,MD,DC*  
*Oak Ridge, Tennessee*

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Quo Vadis, Palmer?

Dear Editor:

This is a reply to Dr. Guy Riekeman's "View from the Fountainhead." Thanks, Dr. Riekeman, for your thoughts and the many years of fine service to chiropractic. Your intentions are beyond question, as is your love for our profession. That said, I need to pick a bone with you. I think I'll pick the occiput.

I must quickly agree with you on the recent folly at National College of Whatever. All I can say is that chiropractic medicine is an oxymoron. Here we are at a most wonderful time in history, watching the last throes of the broken modern medical model, while a portion of the army of the victorious say, "Hey, wait up all you lemmings, we want to jump off the cliff with you." Wow. Yep, I don't get it either. As my Granny used to say, "There just is no accounting for what some people's children will do."

I had to look hard to my left in an attempt to understand these policies of National College. Now I find my neck bent all the way around hard to the right in an effort to understand the position taken by my beloved alma mater, PCC. Easy, my sternocleidoids are under stress. One question quickly comes to mind: Who's holding down the middle ground? With chiropractic, like America itself, the solid middle ground is where progress is best made. Funny how the two extremes in any arena always end up beating loudly on the "we-they" drum, making us think those are the only two choices in town.

Historically, the position Palmer is holding to reminds me of the belief put forth in Nazi Germany of ubermensch, that being the conviction of white Arian purity and supremacy. If we're not careful, the words cult, belief, faith and religion can easily get wrapped around "philosophy." Indeed, the only way to avoid this trap is to hold to the sanity of the late great Virgil Strang: "Develop your thesis and then test everything against it. Truth will out."

There is no question in my mind about the bending of old -time chiropractic philosophy in Lombard and the Twin Cities. Yet this discussion cannot be about adjunct therapies. (I was taught physical

therapy at PCC.) Rather, it's got to be about why we do what we do, rather than just what we do. Most of us have already accepted that certain adjunct therapies are necessary to stabilize the spine.

I cannot pass up this opportunity to call you folks on Brady Hill to take you to task for your role in our present state of affairs. There is an old saying in chiropractic: "As Palmer goes, so goes the profession." That used to be true. Sadly, that hasn't been the case for quite a while. This is because Palmer used to supply leadership. Leadership implies showing us all how to move forward. Whereas you did mention "moving forward," Palmer hasn't moved forward very much in the 26 years since my graduation, relative to the mainstream of the profession. It's more like the profession drags most of the colleges forward, kicking and screaming.

There appear to be three fundamental modes of function in nature: the creative, the maintaining, and that which destroys and brings about change. It seems to me that a healthy organization requires a balance of all three. Clearly, Palmer has the "maintaining" part down pat, being fairly stuck in the proverbial La Brea Tar Pits. I think we need a serious infusion of the other two modes high up on Brady Hill. It's the "creative" that moves us forward, while the "destructive" gets the deadwood out, making room for the new.

The new is very important. The first law of life is that all things must grow. Hey, Palmer, if you continue to dig trenches and circle the wagons around a reality that's based in the 1950s, the majority of the profession will just drive right on by, leaving you at your lonely campfire with an ever diminishing status. Palmer, having abdicated the throne, has left the chiropractic ship of state without a rudder or a tiller man. And as one would expect, from time to time various pretenders and posers will take a shot at stepping into daddy's boots.

If you're going to lead, lead. If you'd rather follow, follow. If Palmer chooses to continue to abdicate, Palmer, and no one else, will be held responsible by history if this rudderless ship crashes into the cliffs where lemmings run.

Why not boldly take the next step? In addition to all the good talk about the subluxation, how about teaching students the causes of the redundant subluxation and how to stabilize those well-adjusted bones?

I'm talking about what many of us are already doing in our offices every day. In 1974, about the fifth time I adjusted the same PI ilium in a short space of time, I woke up to the fact that the sartorius muscle ought to be holding that bone in place. That made me realize that my DC degree from Palmer was truly only a license to learn.

In your "View from the Fountainhead," you spoke to the importance of keeping our profession pure. I gotta tell ya, digging trenches and circling the wagons around ridged beliefs doeth not a purity make.

I am an above-down, inside-out chiropractor, a doctor of the nervous system (thank you, Marshall Himes). I still have a raging love affair going on with innate. I have no desire to prescribe drugs or do surgery. However, like many Palmer alumni, I choose to act responsibly and in the constant best interest of the innate within my patients. I will do whatever is necessary to make sure the muscles of the body do their job holding bones in place, stabilizing all the subluxations I find.

Dr. Riekeman, as president of PCC, whither are you going? Will you join the responsible middle of chiropractic? If so, grab that tiller. There's a bunch of rowing left to do, and there are many strong arms that would love an opportunity to help. But many of us refuse to rally around the

Fountainhead for one second if it means effectively going backward.

*John Andre,DC*  
*Kansas City*

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Using Medicine as an Adjective for Chiropractic

Dear Editor:

Regarding the question-and-answer article with Dr. Thomas Klapp in your February 21st issue ("Q&A on the ICA"), Dr. Klapp notes that the state of Florida should be taken to task for misleading the public with the deceitful act of implying that chiropractic has anything whatsoever to do with "medicine." He also states that the very idea that the word "medicine" is being used as an adjective to the word chiropractic is extremely offensive to ICA doctors, as well as others.

The term "medicine," according to *Webster's II New Riverside University Dictionary*, is "the science of diagnosing, treating, or preventing disease and injury to the body or mind. Treatment encompassing drugs, diet, exercise, and other nonsurgical means."

This doctor feels the term "medicine" as an adjective to the word chiropractic is a plus, not offensive or misleading. I guess the words sports medicine are offensive to ICA doctors, as well as others. The fact that the chiropractic profession is progressing and evolving is too much for some doctors. Some people are afraid of change. Evolve or be left behind.

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"Represent yourself for what you are, not what you think the rest of your profession should be"

Dear Editor:

I must respectfully disagree with the premise Dr. G. Douglas Andersen expressed in his "Food for Thought" column in the January 25th issue of *Dynamic Chiropractic*. First, to accept that Dr. Ian Coulter, a dentist, can state with any credibility that our profession should abandon "the antiquated subluxation theory" is beyond any reasonable stretch of the imagination. I would point out to Drs. Andersen and Coulter that the concept of evidence-based chiropractic practice guidelines defined as "The conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients ... is not restricted to randomized trials and meta-analyses. It involves tracking down the best external evidence with which to answer our clinical questions."<sup>1</sup>

This concept was formally embraced by the Association of Chiropractic Colleges (ACC - not, with respect to Dr. Coulter, the American Dental Association) in its first position paper, which stated:

"Chiropractic is concerned with the preservation and restoration of health and focuses particular attention on the subluxation.

"A subluxation is a complex of functional and/or structural and/or pathological articular changes

that compromise neural integrity and may influence organ system function and general health.

"A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence."<sup>2</sup>

Second, while Dr. Andersen states that he is forced to "waste valuable time" informing his patients about his radiographic policies, family care policies, chiropractic technique, and clinical decision making (while making the strong assertion that chiropractors who deviate from this or a similar model are practicing in a questionable manner), I have found that I spend most of my time explaining to patients how chiropractic is different from allopathic medicine, osteopathy, physical therapy, acupuncture and massage therapy. Central to my explanation is the concept of vertebral subluxation as outlined above.

Finally, Dr. Andersen states that he would proudly embrace a title other than chiropractor, which defines his preference for clinical practice (that is, a rejection of "pseudoscientific subluxation-based" practice). Dr. Andersen would be proud to be called a medipractor, a treatipractor, a physical medicine therapist, a doctor of chiropractic medicine, "or whatever it would take to inform the public there is a basic difference."

To what standards would Dr. Andersen hold the chiropractic profession in regard to scientific validity? According to statements published previously in *Dynamic Chiropractic* by Dr. Anthony Rosner, the *British Medical Journal* has stated that only 15% of any medical intervention has any scientific validity to support it, and only one percent of all articles in medical journals are scientifically valid.<sup>3</sup> Using these statistics as a guide, I fail to see how Dr. Andersen could crucify his own profession as pseudoscientific in favor of a methodology which by medicine's own standards is 85% invalid.

The manner in which Dr. Andersen wishes to practice is up to him and the laws which govern his scope of practice. However, just because Dr. Andersen has the platform of writing (most of the time) excellent articles on nutrition, it is my opinion that he does not have the right to redefine the chiropractic profession based upon what he feels it should be.

I have read with critical inquiry the arguments of some who strongly advocate abandoning the term subluxation and subluxation-based practice in chiropractic. We have history to serve as a strong reminder of what happened to the osteopaths when they elected to abandon their terminology (the osteopathic manipulative lesion) and philosophy (manual manipulation) in favor of being absorbed as medical practitioners. They lost their identity while retaining their colleges and DO title. The result is that according to the statistics I've seen, less than one percent of osteopaths in the U.S. regularly practice any form of manual manipulation as a primary method of intervention. Based upon my observation, as a whole, osteopaths still are not fully accepted by MDs for doing what MDs are taught in medical school. The sad truth is that the osteopathic profession elected to become absorbed in mainstream allopathic medicine in order to be more accepted by organized medicine and society. That is not a road I wish to follow.

Several decades ago, many chiropractors went to prison for doing nothing more than practicing their profession prior to the national licensure of chiropractors. I wonder how many doctors in any field today would be willing to face prison sentences for doing nothing more than that which they were trained to do. The chiropractic profession developed and evolved based on the subluxation, yet today, some chiropractors want to throw the subluxation away. How ironic that B.J. Palmer once wrote, "The wise man adjusts himself to the world; the foolish man tries to adjust the world to himself."

While I respect Dr. Andersen as a colleague, I would say to Dr. Andersen that redefining our profession in the name of seeking "acceptance" is not the answer. If a chiropractor wants to practice acupuncture, nutrition, physical therapy, magnet therapy, massage therapy, osteopathy, allopathic medicine or any other healing art, the obvious answer is to go back to school and represent yourself for what you are, not what you think the rest of your profession should be.

No matter what people think of B.J. Palmer, he was a prophetic writer. B.J. wrote that one day, medicine would seek to take what we have, call it their own, and then still call us quacks. Is that the direction Dr. Andersen wants us to move in? For my part, it is not.

#### References

1. Vertebral subluxation in chiropractic practice. *Council on Chiropractic Practice Clinical Practice Guideline No. 1.*
2. Ibid.
3. Rosner A. Unmasking an exposé of chiropractic: an error-ridden and misguided missive. *Dynamic Chiropractic* June 14, 1999;17(13):33.

*Gerald A. Anzalone,DC*  
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"What are the colleges teaching these days?"

Dear Editor:

I read with interest the article titled "Unexpected Positive Nonmusculoskeletal Side-Effects" in the February 21st edition of *DC*.

I am a retired 1956 graduate of Logan Chiropractic College. When a patient told me about a positive side-effect, my response was, "I am not surprised." I had a number of patients with presenting symptoms of heart palpitations, digestive disorders, diarrhea, constipation or headaches, etc., and a large number of these patients responded very well.

My question is: What are the colleges teaching these days?

*E. Lee Griffin,DC*  
*Louisville, Kentucky*

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"There is more to chiropractic than unleashing innate"

Dear Editor:

How dare Dr. Klapp limit chiropractic to adjusting the spine only! There is more to chiropractic than unleashing innate. He speaks of treating the whole person, not the symptoms. Well, there is more to the person than the spine. I am sure he can go to any campus and see that philosophy is

still being taught. I would dare say as well that our pioneers would be happy to see how this profession has diversified.

As for the ulterior motive hinted at in the article by the NBCE, he should check the list of committee members and see that Sherman, Life and Palmer are represented in principles and practices sections. Don't forget the mechanical component of the subluxation process. Next time I have a patient with shoulder impingement, I can guarantee I will adjust the cervical spine, but I will also look at the shoulder mechanics and correct the problem there as well.

*Timothy J. Lee, DC*  
*Pasadena, Texas*

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