

We Get Letters & E-Mail

Dr. Winterstein as a Leader and a Visionary

Dear Editor,

All professions require leaders to survive and visionaries to evolve. Few of us are either, and even fewer are both. Dr. Jim Winterstein is in this latter category, and the students at National College are obtaining a unique educational experience just as I did 20 years ago at Logan College, under the direction of Drs. Bea Hagan and George Goodman.

Recently, several letters to the editor in *Dynamic Chiropractic* have criticized Dr. Winterstein for suggesting clinical titles which would allow the public to better differentiate the specific capabilities, nature and scope of practice for doctors of chiropractic. In rereading Dr. Winterstein's thoughts - nowhere do I see any criticism of the individual DCs chosen practice methods, provided they are legal, ethical and contemporary. Anyone who knows this distinguished educator and clinician realizes he would staunchly defend any DC practicing within those boundaries.

The public deserves to be aware of our capabilities as individual DCs. For those people seeking chiropractic care and management in an office that interprets standard diagnostic and examination findings through the unique neurophysiological perspective of a DC, then this proposed level of credentialing will assist them. For those people seeking "pure, unadulterated chiropractic" they can more readily obtain the services of that practitioner.

My family chiropractor in Connecticut, Dr. Marino Passero, used to say that his job was to see that the next generation of DCs was more capable than he. I expect the Logan student of today to be getting a better education than I did 20 years ago. If the new graduates do not achieve more in practice than we have our level of success will be limited.

I am convinced Dr. Jim Winterstein will not let that happen.

David Hepler, DC, DABCI
Lincoln, Illinois

Thank you, Mayor

Dear Editor:

Editor's note: Dr. Masci addressed this letter to the publisher. He noted it wasn't really intended as a letter to the editor. However, we think it's a great letter and worthy of broader reading than just our publisher.

I am responding to the News in Brief (June 26) article on the chiropractor in Alabama running for mayor. Great luck to him! I sincerely hope he wins. It is imperative for chiropractors to be active in

politics at all levels. We have fresh perspectives to offer the electorate, every one of us.

Tooting my own horn, I have been mayor of my Port Townsend, Washington (pop.8,500, annual budget: \$17 million) for the last five months. I was a city councilman for a year before that. The only other mayor/chiropractor that I am aware of was Keith Henning,DC, of Cashmere, Washington (home of Aplets & Cotlets, pop. 3,500). Keith was also a councilman on the city council before his mayoralty.

As an elected official in this region, I have the honor to serve also as a board of health member that oversees the county health department (budget of \$2.7 million); the joint health board/hospital commission; the local transit authority (budget of \$2.5M) and the regional transit planning organization; the disability board; the community action council (a private/public social services organization (budget of \$18 million and 200 employees); numerous economic development boards; land use planning commissions and many internal committees that serve the city government and the citizens directly. Not too shabby for a Cleveland L.A. 1974 graduate!

More importantly, wherever I go, whomever I see or talk to, whatever the subject I'm testifying to or for, they get to know that a chiropractor is speaking. I never hide it. Actually, I'm quite blatant about it. I'm a political moderate, fiscal conservative, social advocate, I don't let that get in the way.

I urge doctors with a political inclination to run for something. Really want to have fun? Sign up to run for hospital commissioner! That'll shake things up.

Geoff Masci DC
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"The Electroencephaloneuromentimpograph - Some Interesting Conflicts"

Dear Editor:

In researching the history leading to the development of the electroencephaloneuromentimpograph, I found some interesting conflicts with reports made by several chiropractic history writers. The four core Palmer faculty members known as "The Four Horseman" did not all resign over the introduction of the NCM, although this has been a story used to discredit B.J. Palmer for years.

Of the four: A. G. Hendricks,DC,PhC, resigned in May of 1925 to pursue business interests in Florida (Dzaman 1980, 282) and James Firth,DC,PhC., resigned September 1, 1925 (Dzaman 1980, 282). The two remaining, H. E. Vedder,DC,PhC, who resigned over de-emphasis of the basic sciences (Dzaman 1980, 288) and S.J. Burich,DC,PhC, (Dzaman 1980, 288) resigned at different times in 1926.

And now, Dr. Keating has propagated this inaccurate piece of chiropractic history in his article, "The Early College Wars, Part II." Dr. Keating writes: "The NCM's introduction (Keating, 1991) prompted the departure from the Palmer School of four core faculty members, who subsequently established the Lincoln Chiropractic College in Indianapolis."

He also reported: "A new high in arrogance was reached in 1924, when Palmer introduced his two-pronged, spinal heat sensing instrument, the neurocalometer (NCM)."

Those familiar with chiropractic history are aware that Dossa Evins,DC, invented the neurocalometer (NCM), and should receive credit for his invention. B.J. Palmer bought the rights to the NCM from Dossa Evins and then leased them to the profession. B.J. wrote a pamphlet *Shall the PSC Survive?* (no date given) in which he wrote the article "A Frank Admission of Facts" to explain what he did with the NCM and why.

I hope this letter will be able to correct Keating's misinterpretations in "The Early College Wars, Part II" so that it will be historically correct on the above two points.

Reference

Who's Who in Chiropractic International History-Education. Copyright by Fern L. Dzaman 1980.

Norris Erickson,DC

Aurora, Illinois

Virtues of Wellness Care - Where's the Research?

Dear Editor:

All my professional life, beginning with chiropractic college, I have heard the virtues of "wellness care" extolled and promoted. I try to encourage my patients who are open to continue maintenance care, though in a more holistic fashion than simply getting periodic adjustments.

However, I have yet to see a single research finding that indicates that those patients who do receive regular chiropractic care, regardless of symptomatology, benefit in any measurable way. Do they truly have fewer illnesses and injuries over the long haul than patients who only receive symptomatic care? Do they use fewer medications or other forms of medical intervention? Does the monthly trip to the chiropractor save health care dollars over the long run? Do these patients have higher "quality of life" indicators? If so, is it because people who receive regular chiropractic are generally more likely to take better care of themselves?

I'm not trying to play devil's advocate, but if wellness care is really so effective and all-fired important, why are there no research studies to determine its significance? I've never seen a research design proposal from any of the chiropractic colleges, associations or foundations. Isn't it time the profession put some hard data behind our intuitive (and I hope accurate) belief in chiropractic wellness care, just as we have done with treating back pain and certain disorders?

Could someone let me know if there is scientific research out there on the subject that I may have missed? If not, this is certainly fallow ground for serious study.

Scott Rogers,MA,DC

Boone, North Carolina

Why Maintenance Care, You Ask? Hmmm? Allow Me to Explain

The reason for the gap between the 78 percent recommendation and the 34 percent acceptance of maintenance boils down to one factor: the ability of the average chiropractor to educate his or her patients about subluxation, the detrimental effect subluxations have on human health potential,

hence the need for spinal maintenance. The truth is that IF every person in this country knew what I knew about chiropractic, 100 percent of the population would be under chiropractic maintenance care.

According to the ACA, the average chiropractic patient visit average (PVA) is approximately 12 visits. My PVA is right at 50. I know some chiropractors whose PVA is well over 100, which means they've done an outstanding job of educating their patients about the need for maintenance. What is your PVA, Dr. Murphy?

It's similar to dentistry. If you went to a dentist with a toothache (and you had either never been to a dentist before, or you had but it had been several years), and he got rid of your toothache in one or two visits, and then told you don't bother rescheduling, just come back when you have another toothache. What would you think? I would think, that knowing what the American public has been taught about preventative dentistry, that this dentist must be a total and complete idiot. In fact, I would wonder if he a dental license and degree.

As a chiropractic patient myself, who plans to get adjusted once a week for the rest of my life, so that I may also feel and function as close to 100 percent as possible, I would ask the same questions of you that I would ask of the aforementioned dentist, based on your letter that I just read. There are only two differences to the chiropractic scenario. 1) The American public doesn't realize the true benefit of chiropractic thanks in most part to chiropractors like you who don't really realize what chiropractic is and is not. 2) While people don't tend to die from cavities, they do die from subluxations. This is much more serious.

Don't get me wrong. I'm not saying that you are a bad person or a bad chiropractor. I'm just saying that I don't think you have all the facts, or you wouldn't be saying the things you said in your letter. If you want the research, I suggest you call Dr. Nikitow for free sample brochures. He has gathered all the information on maintenance to justify it, the majority of it by MDs. Not unlike yourself, I practiced a musculoskeletal model of symptom-relief chiropractic for nearly six years. Luckily, I discovered the Parker Seminars, which enabled me to learn the philosophy, which was missing at Logan College. Now I have an 80 percent maintenance wellness practice. And it's a 95 percent cash practice. If I could wake up to discover what chiropractic really was, I know deep down in my heart, that you can too. Good luck.

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Who Really Cares?

Dear Editor:

This letter is in response to the article on the chiropractors with other medical physicians on the front page of the June 26 *Dynamic Chiropractic* regarding MedScape and their refusal to put (DCs on) their website. I'm not quite sure who this response should be directed to, but here are my thoughts anyway.

We need to direct our energies elsewhere; to something of more importance. To be upset that MedScape won't list chiropractors with other medical physicians is ludicrous; There are bigger fish

to fry. I am relatively new to this profession and I have never seen a more oxymoronic, contradicting, arbitrary profession in my life. This is the problem we face! We want to be recognized with medical physicians; we want to be separate. Which is it? I feel MedScape is exactly right by having a separate place for chiropractors and chiropractic patients. We are not medical practitioners, and do not care to be!

Please, please, please Mr. editor, place pertinent and useful information for this profession in our journal.

Scott Schaeffer,DC
Mount Kisco, NY

Team Work

Dear Editor,

It was good to read a positive write-up on the National Board's Job Analysis of Chiropractic 2000 report. I would like to acknowledge that the report is the work of a team of dedicated individuals including a committee from our National Board Directors chaired by James Badge, DC, "The Elec NBCE vice president. Other members of the job analysis steering committee who assisted in conducting the study and preparing the report are Lawrence Gerstein,DC; Vincent Greco,DC; Frank Hideg, Jr.,DC; and John Tierney,DC. As a committee, these individuals met on several occasions and devoted entire days working to assist in the development of the questionnaire and reviewing the report and providing feedback concerning ways to improve it.

Additionally, Dr. Badge read and critiqued individual chapters on many occasions and the entire report on numerous other occasions. Dr. Badge and I had weekly and sometimes daily contact for many months.

Once again, the National Board of Chiropractic Examiners appreciates Dynamic Chiropractic's acknowledgement of the Job Analysis of Chiropractic 2000 report.

Mark Christensen,PhD
NBCE assistant executive director
director of testing

Calcium and Bone Loss

I was rather disappointed in Doug Andersen's "Calcium and Bone Loss" (Part I). He often seems so sharp that I really did not expect more of the same drivel on osteoporosis from him. His article implied that calcium was essential for preventing osteoporosis. He states: "Thus, the strategy for avoiding osteoporosis is twofold. First, prevent premenopausal bone loss; second, reduce the level of postmenopausal bone loss." He then states that the "best natural ways to protect" the bones are: weightbearing exercise, calcium, vitamin D, magnesium, and some trace minerals.

I am amazed at how many doctors are more familiar with TUMS commercials than scientific literature. How else could the idea proliferate that calcium is The good choice for osteoporosis? Rather than try to convince anyone with my own words, please let me quote from Guyton's *Physiology*, 6th edition, the bible of physiology, regardless of health profession:

"Rickets occur mainly in children as a result of calcium or phosphate deficiency in the extracellular fluid (p. 987). Osteomalacia is rickets in adults (p. 988).

"Osteoporosis, the most common of all bone diseases in adults and especially in old age, is a different disease form osteomalacia and rickets, for it results from diminished organic matrix rather than abnormal bone calcification. The many causes of osteoporosis are 1) lack of use of the bone 2) malnutrition to the extent that sufficient protein matrix cannot be formed 3) lack of vitamin C 4) postmenopausal lack of estrogen secretion 5) old age 6) Cushing's disease, because massive quantities of glucocorticoids ... cause increased catabolism of protein 7) acromegaly.

"Obviously, many diseases of protein metabolism can cause osteoporosis (p. 988). The organic matrix of bone is 90-95 percent collagen fibers (p. 977). Ascorbic acid (vitamin C) plays a role in the formation of hydroxyproline, an integral constituent of collagen, which in turn is essential for growth of subcutaneous tissue, cartilage and bone (p. 910)."

While Douglas is right about exercise, in regard to osteoporosis, he is absolutely wrong on all other accounts. I am not saying calcium is not important. Our high sugar diets are certainly lacking in this mineral. I am saying that thinking calcium supplementation will fix or prevent osteoporosis is 100 percent incorrect. This is because plain and simply "osteoporosis ... results from diminished matrix rather than abnormal bone calcification." Period.

Vitamin C is more important than calcium in preventing osteoporosis; hormonal balance is also crucial. Bone is a mixture of matrix and minerals. Matrix is primarily a protein called collagen. When I think of protein, I think of a piece of meat. When I think of calcium, I think of chalk, which is pure calcium carbonate. Bone could be like a mixture of hamburger and chalk. Chalk is brittle. Meat does not break, it bends. Imagine a mixture of meat and chalk. If we remove the meat, what is left is brittle. If we remove protein from the bone, the bone becomes more brittle, because only calcium (minerals) remain. Osteoporosis is commonly called "brittle bone disease." If we remove the calcium, the bone bends. This is the case in rickets. Children get bowed legs and arms because of soft bendable bones. If osteoporosis was indeed the loss of calcium from the bones, the bones would not be more brittle; they would be more bendable.

*Lindsay Anglen,BS,DC
Avondale, Arizona*

Clarification

Dear Editor:

We appreciate the news release in your June 12, 2000 publication regarding the CCE Commission of Accreditation electees (p. 11). In the interest of clarification, please note that Laura Weeks,DC, and Joseph Brimhall,DC, are not new commissioners, but were each elected to a second term on the Commission on Accreditation. Howard Simmons,PhD, will be filling the vacancy left by the resignation of Dr. Joseph Malik.

*Joseph Brimhall,DC
Chairman
Commission on Accreditation*

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