

We Get Letters & E-Mail

Can't We All Just Get Along?

Dear Editor:

Now is an exciting time for chiropractic. Our two major organizations have finally set aside their shallow differences. They have been working together to make the world a better place by letting the public know what chiropractic can do for them. What bothers me is how I can read a positive article in Dynamic Chiropractic about the Alliance for Chiropractic Progress one minute, then read an article in JACA by Dr. Pedigo which is demeaning towards the ICA. He states how the ICA's attempt at writing new codes was worthless and goes on and on with his badgering of the ICA. Do we attain anything by belittling someone? Does it really matter whose codes are better?

My understanding of the Alliance was for chiropractic groups to work together. How can they accomplish a goal by back-stabbing the groups they work with? This problem makes me worry that when we do put our money together, we will waste it.

In the past, when we have collected a large amount of contributions, it has been used unsuccessfully. We made a beautiful Rose Bowl float that received minimal coverage, and a brilliant documentary which had butchered air times and probably interested chiropractors more than the public. One member from our float was Tiger Woods. I would like to see the Alliance ask Tiger, Joe Montana, Mel Gibson or another prominent actors and athletes to help us out with our campaign. The results would be phenomenal.

If we are going to run advertisements, place them in Sports Illustrated, Time, Good Housekeeping, or Muscle & Fitness, etc. Choose well-read magazines. If we are going to do it, let's do it right.

The problem of working together as a profession stretches far deeper than the Alliance, though. We are our own worst enemy. In New York, some colleagues and I organized the CNY Committee for Chiropractic Care. We each donated \$3,000 this year to promote chiropractic on television for all chiropractors.

Sounds like a great idea, right? Our opposition is the New York State Chiropractic Association. They tried something similar several times before but failed, so now they refuse to participate because they didn't organize this effort. They even call our members and try to get them to quit. If you think your state organization is doing what is best for you, think again. It seems receiving credit for something and having a new picture in their journal is more important than doing what is best for all chiropractors.

After Governor Pataki signed legislation to include chiropractic coverage under all insurance policies, each of the three state organizations tried to take sole credit for this law's acceptance. Is it that important to satisfy your thirst for glorification, or succeed for the good of all doctors of chiropractic? Exactly why do we have three organizations trying to do the same thing?

Another two examples, and certainly not limited to the following, are Chiro America and Kids' Day America. Both are great ideas, but why do we have to limit the number of chiropractors who can

participate? Is the idea behind these groups and others to promote chiropractic and inform the public of all the ways this great profession can help them live healthier lives, or is it to make money and alienate others?

If we want to become more widely accepted by the world, maybe we should take a long hard look at ourselves and how we work with one another, or ostracize each other. Inclusion is more beneficial than exclusion.

*Jay Lipoff, DC
Manlius, New York*

"So You Want to Help Mexico? Give Scholarships to Their Students!"

Dear Editor:

I recently read the Palmer College alumni newsletters for October 1997 and winter 1998. I was surprised by the idea of Dr. Gary Krakos, liaison for international affairs for Palmer, supported by Dr. Virgil Strang, president of PCC, in taking "chiropractic expeditions for its faculty and students to India, Mexico, and the Caribbean." I know this is not a new practice, and that several North American colleges support or have supported such expeditions.

I graduated from the Anglo-European College of Chiropractic in Bournemouth, England last September. As a Mexican chiropractor, I am required by Mexican law upon graduation to fulfill a community service as a chiropractor. This service is necessary to get licensed in Mexico, and it takes 480 hours of working in mostly poor and dodgy areas of Mexico. Students of any nationality, even Mexicans and Americans, are not allowed to adjust any patients on Mexican soil unless they are doctors of chiropractic. Any foreign faculty member or student adjusting people in Mexico is breaking the law. I wonder how the American chiropractors would feel if foreign, unqualified students and faculty members would establish free clinics "for the good of the American people" next door to their practices?

The Palmer students and faculty have not been cleared by the Mexican government, the Mexican Chiropractors Association, or anyone whomsoever to start their guinea pig experience. The only person who told them they could do so is the PCC alumni representative in Mexico, who does not belong to our association or any other respected chiropractic, medical or health association in Mexico.

I think Drs. Krakos and Strang have not realized that there is a Mexican Chiropractors Association, a Mexican health authority, and yes, a Mexican federal government. If they want to start up chiropractic adjusting (guinea pig) expeditions, or Indiana Jones expeditions, they should first try East L.A., Harlem, or even East Moline, Illinois, where a large number of Mexican Americans live with no health services whatsoever.

If they really want to help us "poor Mexican chiropractors," they should give scholarships to our students, although I would rather pay to study in a college where the president and faculty support mutual respect among colleagues and national associations, as well as the dignity of patients and or our profession.

*Victor Manuel Sanudo Diez, DC
Mexico City, Mexico*

In Defense of Fruit and Vegetable Pills

Dear Editor:

I am writing in reference to G. Douglas Andersen's article in the December 1, 1997 issue entitled "Commonly Asked Questions of 1997." While I generally find his column interesting and educational, I have to take issue with his answer about fruits and vegetables in pill form.

I would like to let Dr. Andersen know that there is research concerning the bioavailability of NSA's Juice Plus, which is essentially fruit and vegetables in capsule form. The research was done in the June 1996 Current Therapeutic Research Journal (vol. 57, no. 6), which is a peer-reviewed professional journal. One of the authors of the study is Kenneth Blum, PhD, from the department of pharmacology at the University of Texas Health Science Center in San Antonio.

This study was a pilot study measuring changes in plasma carotenoid, alpha-tocopherol and lipid peroxide levels in response to supplementation with concentrated fruit and vegetable extracts. In this study, the authors used NSA's Juice Plus as the concentrated fruit and vegetable extract.

Fifteen healthy adults consumed supplements twice a day for a month, and had fasting plasma and serum samples taken once a week for four weeks. The first week's sample was taken before supplementation was started to act as a baseline, and the test subjects abstained from any additional supplementation for the duration of the tests.

After 28 days of supplementation, the plasma antioxidant levels increased as shown below:

- beta-carotene increased 510%;
- alpha-carotene increased 119%;
- lutein/zeaxanthin increased 44%;
- lycopene increased 2046%;
- alpha-tocopherol increased 58%.

Serum lipid peroxides decreased below baseline four-fold, and five test subjects showed decreases that could not be detected by the assay method.

While this study does not show that fruit and vegetable extracts in capsule form lower incidence of any type of disease, it does show that the extracts are bioavailable. In fact, they were more bioavailable than the fruits and vegetables themselves. One can safely extrapolate that given the bioavailability of the extracts, taking them can give one prevention over certain types of diseases.

One last point. Many people do not eat fruits and vegetables because of allergies or irritable bowel syndrome. I, for one, am allergic to numerous raw vegetables, and many of my patients cannot eat raw fruits because of intestinal pain. So to assume that people who don't eat raw fruits and vegetables are not concerned about their health (which the article implied) is a disservice. I am concerned about my health and at least I know that one fruit and vegetable "pill" has been studied and shown to be bioavailable.

I realize that more research needs to be done besides just one pilot study, but I had to correct the perception that no research has been done. It has!

Patrick K. Ryan, DC, QME

Soquel, California

"... Any Chiropractor Who Puts Forth an Effort Deserves to Make an Adequate Living ..."

Dear Editor:

I'm not sure what Dr. Banasiak means when he says that "... better performers rise to the top" (see "We Get Letters," December 1, 1997 issue).

He might be referring to the doctor's ability to participate in a Hollywood movie as an actor. It seems to be true that having an ability to act or sell has a great (and definitely positive) influence upon your financial success as a chiropractor.

However, it has become quite noticeable to me that many of the people that I went to school with are no longer in practice. No, they have not retired to a life of luxury: they are sweating it out in other occupations trying to make ends meet.

I struggle with the simplicity of Dr. Banasiak's comment that we/they "need to get off your backside" and that "... better performers rise to the top." Some of the best and most clinically proficient chiropractors that I've known haven't made it in practice, but not because they sat on their "backsides."

It would be a good idea for the schools to offer concurrent allied health certificates/degrees. After 4-6 years of education and the financial commitment that accompanies the cost of that education, I feel that any chiropractor who puts forth an effort deserves to make an adequate living, not just the "better performers" that "rise to the top."

*Michael W. Lynn, DC
Exeter, California*

Time Columnist Shows "Prejudice toward Chiropractors"

Dear Editor:

Christine Gorman, the health columnist for Time magazine, slammed the profession by sharing her prejudice toward chiropractors in her November 10, 1997 article on the possible risks of vitamin supplementation. In her final paragraph, in reference to discerning the risks of taking vitamins, she quotes Jane Brody, the New York Times' "respected health columnist" as saying, "That may require a consultation with a professional nutritionist, not a conversation with your neighbor, a chiropractor or a health food store employee."

Looks like a letter to Time is in order!

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Medical Savings Accounts: The End of Gatekeepers?

Dear Editor:

I read your editorial, "The New Health Insurance: Should You Become a Player?" in the December 1, 1997 issue of Dynamic Chiropractic. Your ideas and presentation are very perceptive, and the historical description of events you described leading up to our current state of affairs in chiropractic is locked on like a laser beam.

There is, however, one potential and very likely scenario that will in my opinion bring us full circle to a point that even predates modern health insurance. It will allow, and even encourage, the patient to again interact with his/her doctor regarding costs of any and all medical/chiropractic procedures prior to their administration. The patient is again motivated to negotiate, because instead of a third-party picking up bills without any question, the money will come from a personal medical savings account (MSA), which is currently legal and has been enacted within the past year by Congress.

There are approximately 750,000 such policies available to professionals, after which time it is my understanding the government will look at providing greater numbers for the general public. Currently, professionals and their families can put up to \$3,750 in a medical savings account with \$1000, \$1500 or \$2500 deductible as regards to their current health insurance policy. The insured family then pays from the MSA directly to the doctor until all deductibles on their current insurance policy are paid. The insurance company then picks up the remainder at a pre-agreed upon term.

The MSA will be allowed to be deposited in mutual funds and be used for virtually any medical expense. Chiropractic will be a big winner, because there will be no more gatekeepers. Individuals will determine when, where and how much they will spend on their health.

With the current conservative groundswell for everything from acupuncture to Zen therapy, who do you think yuppies and those in generation X are more likely to go to? Will they go to their family MD to receive the latest drug for symptom relief? Or will they go to a doctor of chiropractic who uses hands-on care in relieving bodily aches, pains and dysfunctions by natural means, someone with genuine caring, common knowledge and wisdom?

The answers to these questions remain unanswered, of course, but personally, I am completely confident that when the power is given to the "little guy" again, most personal health problems will be solved quicker, cheaper and better than ever, with the DC situated perfectly to be the right player at the right time. Start now by purchasing your own MSA and encourage your professional brothers and sisters to do the same.

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FEBRUARY 1998