

We Get Letters & E-Mail

"... more support from doctors and vendors..."

Dear Editor:

As chiropractic enters its second century, it is appalling that events such as the 1996 National Convention in Atlanta have to be cancelled due to lack of support! Vendors have complained that attendance at other national events was poor and that only 62 of the 3,900 vendors (less than two percent) who rely on us for business felt that they needed the extra business. As the sponsors of the National Convention stated in their apology letter dated October 3, 1996, "As you attend future conventions that charge a fee, ask yourself, 'Why am I paying to look at a company's product?'"

I hope that there will be more support from doctors and vendors for national events in the future.

*David J. Frey, DC
Decatur, Georgia*

Put It in Writing

Dear Editor:

I read with great interest the article, "Diagnostic Ultrasound and the Musculoskeletal Practitioner" in the October 7, 1996 issue. The article was co-authored by chiropractors, osteopaths and medical doctors and presented the reader with more than 70 references citing support for the use of DUS in diagnosing soft tissue injuries.

I also recall a position paper distributed by the American Chiropractic College of Radiology, signed by Robert J. Longnecker, DC, DACBR, stating: "The application of diagnostic ultrasound in the adult spine has very limited documented support in any referenced medical literature."

Is Dr. Longnecker willing to reassess his position and put that in writing on ACCR letterhead? I suspect this was not a question of the value of an imaging procedure, but one of image.

It is my opinion that the chiropractic leadership continues to hold our progress back through a lack of vision, courage, and fear of exposes on television. If the leadership continues to respond from a position of fear, then we as a group will never achieve our potential.

*Larry R. Smith, DC
London, Kentucky*

A Simple Technique

Dear Editor:

Thanks for reprinting the dysmenorrhea article from the Chiropractic Journal of Australia. This subject could use more research. I've had outstanding success with some 10 dysmenorrhea patients. In addition to vertebral adjustments, I've use a pressure technique learned at National College of Chiropractic. When we do further research on the subject, I suggest this technique be given consideration.

The technique is very simple.

WHEN?

Have the patient come to the office at the first sign of dysmenorrhea.

WHAT?

| | |
|--------|--|
| One: | Adjust the patient. |
| Two: | With the patient prone, apply heavy heel-of-hand pressure upon the apex of the sacrum. Hold for two minutes. |
| Three: | With the patient still prone dig your thumbs firmly at the lumbosacral area, about an inch and a half apart. Hold for another two minutes. |

Repeat this process in a day or two. Then, have the patient return at the first sign of the menstrual cycle. Maybe I'm lucky, but my dysmenorrhea patients were relieved of their symptoms -- most in just one session, several in two months, and one in three months.

WHY?

My rationale is the dysmenorrhea was caused by uterus blockage because of closure at the cervix. I further conjecture the pressure technique affects the local autonomic nervous system. This dilates the cervix and encourages blood flow.

The above is but my clinical experience. It would be great to see an in-depth experimental study made on these procedures. Until then, as long as I appear to have success with dysmenorrhea, I'll continue to so treat it as above.

It would be interesting to hear from doctors of chiropractic who've used this technique, as well as those who may now choose to try it.

*John Palo, BS, DC, DABCO
Professor Emeritus in Orthopedics
New York College of Chiropractic*

The Root of the Matter

Dear Editor:

Right treatment; wrong diagnosis. Not that our didactic skills are lacking in any sense, it's our understanding of what we diagnose that needs revision. Ever since the early 1980s, the struggle with subluxation and nerve interference has not only raised a personal banner, but has also helped maintain the division in our profession. Those who hold the philosophical banner will often state their case of nerve interference with empirical evidence. Those who think that chiropractic should limit their scope to treatment of musculoskeletal complaints would have to ignore all the conditions

we can influence via spinal adjustments.

It's amazing how a profession can survive so well without a common ground. That's why I was so pleased to see the article in the October 7 issue, "How Does Subluxation Affect the Nervous System?" Dr. Seaman points to research done by Drs. Mooney and Robertson and, in earlier years, by Dr. Bernard Feinstein. Each doctor was able to reproduce a myriad of symptoms, from isolated joint pain, to specific referred pain pattern, to symptoms affecting the body's viscera. All this was accomplished not by affecting the nerve root proper (ventral root) but by irritating the dorsal root, those nerves that innervate the posterior element of the spine.

Understanding that the medial branch of the dorsal ramus innervates the facet capsule, the sole motor function of the multifidus, and is the sensory component of the surrounding fascia, gives us the simplest explanation of why subluxation can cause such diverse symptoms. And who better than a chiropractor to affect the posterior structures of the spine?

The confusing issue, as Dr. Seaman points out, is why haven't our researchers and educators taken this information and expounded upon it. It makes such sense and so easily explains chiropractic that it makes it difficult to refute the efficacy of what we do. We as a profession would be able to rally behind one common understanding -- the subluxation does affect nerve function -- even though it's not just the one we've been professing for 100 years.

Surprisingly, this information was only briefly discussed during one of my postgraduate courses in the orthopedic diplomate program. Then I had the opportunity to hear Dr. Scott Banks, DC, speak at a spinal symposium and was inspired to follow up with his lecture series on spinal biomechanical disorders. Finally, someone has taken this information and made it chiropractic.

*Gary Spero, DC
Amityville, New York*

"Why Don't We All Wake Up?"

Observing the continual intraprofessional bickering wore me down. I drifted off to sleep, dreaming about the 2000 Olympic Games. Competitors were busy everywhere: the decathletes demonstrating their best form, right along with the individual event athletes. All shared the common goal: striving to prevail in competition over their colleagues. Each had demonstrated devotion to their sport through years of training. Each felt a special devotion to the Games the nonathlete would never understand. On one event had domination over the rest. Spectators could pick and choose any event they wanted to watch.

Suddenly there was turmoil on the field: races stopped; individuals began arguing with the officials. First it was about who was better, and who should have won which event. Competitors rejected the witness of the umpires, whose role it was to make sure the athletes played by the rules, didn't go out of bounds, and so forth. The mood got uglier as some of the sprinters insisted only they should be on the field, as the decathletes were not in the real spirit of the games, not focusing on the purity of the only true competition: the 100 meter dash. Then the wrestlers demanded the gymnasts be excluded for not using hands-on only, while the archers warned the firearms events were perverting the whole meaning of the Games.

When the discus throwers claimed they were the only true athletes combining purity of form and mathematics, while swimmers should be thrown out because water sports had not been in the

original Games, I knew something big was happening. The syncopated gymnasts shrilled in their tiny voices that the beach volleyballers should leave the stadium, as theirs was an unproven event. Track and field competitors complained gymnasts were using devices other than their bodies, and thus were not in the true spirit of the Games. Divers claimed water polo was an unnatural use of the pool.

Parking lot attendants would let vehicles with a certain bumper sticker park only at certain times, and always for less time than the event the fan wanted to see, and only if they had membership ID to this particular parking lot.

A fight broke out in the stands when some learned they had paid scalper prices, while others had gotten in for free. Some wore their no-charge T-shirts, while others were forced to buy from the food concessionaires every hour on the hour. Consultants to the sprinters argued races should be held on a series of days so the best over-all could have the chance to win daily over the next 10 days. Agents to other sprinters insisted 10 races a day was the only fair way to determine the winner. The triple jump contestants contended their event was the only one that included all natural body mechanics without artificial props. Shorter athletes argued their part of the field should be elevated so they could have eye-to-eye level contact with their taller opposition. Some of the athletes wanted a year round competition, while others liked four years between. The riot squad moved in. Officials announced such public carnage had to be stopped, and all these participants would be summarily excluded from the playing field in the future.

The official spokesman for the American Musculoskeletal Association announced on "20/20" that such events were obviously dangerous and only games they authorized should be attended.

By now I had come to realize this was not the Olympic Games. It was the Chiropractic Games. With a chill I suddenly woke. Why don't we all wake up?

*Jack Pedersen, DC
Sweet Home, Oregon*

French Viewpoint

Dear Editor:

On behalf of the Laboratory for Chiropractic Communication (LABOC), I would like to expose to Dynamic Chiropractic the point of view of our association about the training of MDs to adjustment techniques by chiropractors.

First, we want to thank the awareness and reaction of Dr. White and the German Chiropractors Association, because what they are facing has more likely occurred in France or anywhere else, and chiropractors don't even react.

To the question should we teach MDs to adjust, the answer is NO. We don't think that selling techniques to MDs is rendering services to patients, colleagues and chiropractic. On the contrary, it leaves the door open to any abuses of our patrimony. Chiropractic will never be enlightened as a major primary health care by such a conduct from some chiro-opportunists. Patients adjusted by MDpractors will never have the experience of a well-applied chiropractic adjustment. Colleagues, on their side, will see their market taken away by MDs. I'll let you figure the outcome.

Chiropractic must be preserved as a separate, alternative health care system, upstream of

medicine. This is why the adjustment has been so defended over a century and has been defined as the main basis of health improvement. We belong to such a micro-specific therapeutic mainstream, it could be so easy to make it disappear. Offering our techniques to other practitioners is the surest way to dig our own tomb.

Teaching and selling our knowledge might be "surfing the wave" but there is a tremendous cost for the profession.

As responsible businesspractors, we should better teach MDs how, when, why, referring patient to chiropractors, and continue promoting chiropractic to patients. Mutual respect will be the end product of this attitude; everyone will find his place.

Teaching techniques to MDs should not be promoted. We should expect them to go through the entire course of chiropractic, as we did, for them to become DCs. Even if chiropractic and medicine are philosophically opposed, we have the possibility to suggest to them to be sincere enough to honestly inform their patients on therapeutic orientations which are vitalistic when they apply chiropractic care, and mechanistic when they practice medicine.

We say it is not possible to influence chiropractors from teaching the adjustment to MDs, because it's a matter of personal ethics. Morality of the individual is what we are dealing with. We don't think hard sanctioning is the solution, since it could drive chiropractors to make a living out of selling techniques. Besides, the number of MDs chiropractic seminars is negligible.

To minimize this problem we can try to regulate the promotion of our techniques at home and abroad. We hope the big chiropractic equipment suppliers help in this endeavor.

There are some ideas which could be easily applied. Teaching DCs should declare their seminars prior to registration to:

1. the national chiropractic association for information and approval;
2. a national committee for approval on the scientific/ethical contents of the seminar;
3. the international chiropractic authorities for approval and information for seminars in other countries;
4. leave a cash deposit to the national association which will be refunded after the seminar, except when MDs are in attendance.
5. have the national association send representatives to verify seminar attendees.

We think those measures are best adapted to the circumstances of teaching MDs.

Chiropractic will meet its goal if all together we aim at the same target. Quality of services in our field is the keystone to success toward patients, colleagues, and the scientific community. Besides, why can't we accept our differences from MDs? It seems like we are always trying to catch up with medicine. Frustration is our worst enemy!

"The future will tell if conscientious therapy and good faith, meeting with their responsibilities toward their fellows, can continue to stay attached to such sterile conjectural tissue and arbitrary ideas, or if they are able to open their eyes to truth, giving them salvation." -- Samuel Hahnemann, DH

*Philippe Benod, DC
Saint-Vallier
France*

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