

Personal Notes: A Perspective of Physical Medicine and Immunization Efficacy within Chiropractic

R. Vincent Davis, DC, PT, DNBPM

Early in the history of the writing of this column readers were informed that the purpose of the various therapeutic modalities in physical medicine were to stimulate, or enhance, physiology. This simple fact remains unchanged. The various rules and laws which attempt to describe the manner in which these energy sources effect the human body also remain essentially unchanged. Perhaps this is true because they embody immutable laws of nature and provide us with standards which are based upon physical constants.

A reason for calling this to your attention is that in almost 10 years of presenting this column, this author has experienced an increase in inquiries from the professional readership which suggests an increased lack of understanding of the basic physical principals underlying the manner in which the various modalities effect the various functions of the human body. Since their understanding, or the lack of it, is a product of education, or the lack of that, it further suggests that the educational standards, or methods respective to the professional schools which attempt to educate these physicians is lacking. This seems only reasonable considering that each physician has been graduated or licensed. In some instances, they seem egregiously lacking in general knowledge of physics, and/or biophysics. Occasionally, it seems enigmatic as to how they managed to matriculate initially.

This communication is not intended to be indelicate and if it seems that way, please accept my apologies. However, these things do need to be stated because to correct a problem it must be known to exist. These shortcomings have apparently been treated ineffectually. An obtuse overview of the physical sciences is an unacceptable shortcoming for a physician.

Financial accomplishment must be secondary to scientific acumen or the practitioner is in the wrong line of work. Bankers should not treat patients and physicians should not have financial accomplishment as their primary goal. Schools should educate physicians in the clinical sciences, not in parsimonious economics. Having entered into an area of polemics, I hope this has a productive effect.

I realize that this writing is a departure from the nature of my usual column, but I felt the need to make this finding known.

The Objective Reality of Immunization Efficacy

While in graduate school, I worked as a laboratory technician for a major international firm engaged in the production and testing of vaccines and antisera. In the beginning, my responsibilities involved functions at almost the lowest level of laboratory function existing with that firm. I assisted in the production of many vaccines and antisera, and then assisted in their testing for efficacy, toxicity, freedom from extraneous contamination, etc. This involved virtually hundreds of lots, or batches, of product on thousands of mice and other species. As a matter of

interest, I rose from a laboratory assistant to become director of the division where I started.

After having personally performed hundreds of tests for efficacy, I can assure you that, for the most part, vaccines and antisera do work. If you are doubtful, simply go and see the process whereby the product is produced and tested at the production and testing source. If you have the capacity to remain objective, you will see for yourself that the product works, for the most part. I say for the most part because almost everything has shortcomings, even water. Once in a while, the attenuation process in producing a vaccine may not achieve the level of immunogenicity desired and may even provoke an undesirable reaction. These instances are not common, however, and the serendipitous risk/benefit ratio commonly favors the benefits to reasonable, clearly thinking individuals.

I also served as a member of the public health service for a few years and experienced the same evidentiary process relative to the risk/benefit ratios for the vaccination process. Your attention is called to my work history in laboratory medicine and public health service in order to suggest that I have more than a casual working knowledge relative to the subject of public immunization.

I suggest that the approach offered by Dr. Baird in the July 29, 1996 issue of DC is a good one. He suggests that the chiropractic profession concentrate on that which they have experience in (manipulation), and leave the principal thrust of public health issues to experts in public health. Having been in the PHS, I assure that the individuals in these arenas have exceptional expertise in their fields and apply that expertise with great skill.

As you know, medicine is an imperfect science, whether it be oriented to the laboratory, to public health, or to chiropractic.

*R. Vincent Davis, DC, PT, DNBPM
Independence, Missouri*

DECEMBER 1996