Dynamic Chiropractic

PHILOSOPHY

We Get Letters

Good News, for a Change

Dear Editor:

I was recently visiting with friends Roger Jones, BS, DDS; William Knox, RN, MD; Susan Taylor, BA, DO; Todd Miles, MS, DPM; and Linda Thomas, AS, PhD, and they all remarked how proud they were of my chiropractic profession, the good press we were receiving, and the maturity we are obtaining.

Wade Whittier, DC
Des Plaines, Illinois

Help Chiropractic in Hungary

Dear Editor:

I am an April 1988 graduate of Logan College of Chiropractic. I am living and working here in Budapest since June 1993.

In addition to receiving your paper, is there any other information or materials/books that you could send us to help us in educating the Hungarian Ministry of Health and Welfare? My contact in the ministry, Dr. Sudy Lila, MD, is very open to chiropractic and information on chiropractic and its benefits. Hungary is a country in which the people are very receptive to natural therapy and chiropractic. Our major opposition here is from those medical doctors who have been "educated" by the German manual medicine doctors. This group is trying to incorporate all of chiropractic into medicine as "musculoskeletal medicine" to the exclusion of chiropractors. Fortunately, those Hungarian practitioners of manual medicine are very poorly prepared and create more problems than they help. In addition, very many Hungarian medical doctors are accepting American and European chiropractic doctors and recognize the quality of their education. (An article in Top Medicine, February 1993 written by two professors at the Semmelweis Medical University stated that the European and North American chiropractic education is equivalent to the education received by the Hungarian medical students.) Unfortunately, the negative influence of these German-influenced doctors has prevented automatic acceptance of chiropractic credentials. At present chiropractors here are forced to practice as "natural therapists" to comply with present directives. We need information, as much as possible, to influence the new health laws that are now being formulated.

My mailing address:

Dr. Jack Conway
Ermelleki utca 8
H-1028 BUDAPEST

Hungary

"The Dilemma of DCs Barge and Sigafoose"

Dear Editor:

I must comment on "... move the bone correctly and let God do the healing" in the January 30, 1995 "We Get Letters."

Permit me to instruct:

1. A subluxation can cause back pain.
2. Cancer of the cervix can cause back pain.
3. How will these two chaps know the difference if, per chance, the patient has both conditions?
4. Would God heal in one condition and not the other?

The above quote seems very homocentric. Innate intelligence is not selective for the human animal. No, dear reader, let us get our collective psyches out of our lower colons and perceive reality as it is! When an electron vibrates, the universe shakes. "Enuf said."

R. Jeffrey Brown, DC
Jeffersonville, Indiana

"... osteopathic education is very competitive"

Dear Editor:

In regard to Keith Innes, DC, "Faculty Viewpoints" column, page 26 in the February 13, 1995 issue, Dr. Innes states: Osteopathic "student enrollment is decreasing, so they accept lesser quality or those not familiar with the profession." In my view, osteopathic education is very competitive. Last year, there were over 50,000 applications designated by more than 9,000 applicants for applications for approximately 2,000 seats.

Eugene Sabaitis
Osteopathic medical college information,
1995 entering class

American Association of Colleges of Osteopathic Medicine
6110 Executive Blvd., Suite 405
Rockville, Maryland 20852-3991

Don't Blame the Faculty

Dear Editor:

Dr. Keith Innes is to be commended for his continuing commitment to advancing the chiropractic

profession, which he so admirably accomplishes through his teaching and his writing. In many ways I feel as he does, that the profession risks losing sight of where its strengths lie. However, in his latest article, "The Future of Chiropractic [Innes K. The future of chiropractic. Dynamic Chiropractic 1995, 13(4):26] he makes what I feel are some incorrect assumptions and assertions, points which I feel need to be taken to their logical conclusion in order to understand why they cannot be supported.

Before I address those points, let me note that there are some quite cogent points in the article nonetheless. Dr. Innes uses as models two professions to teach us how our profession runs certain risks if we do not have the wherewithal to deal in advance with those risks. The two professions are podiatry and osteopathy. Podiatry self-limited itself years ago and is still paying the price for its decision to choose selectivity. And osteopathy bears no resemblance to the profession it was years ago; it has lost its identity. Very few osteopaths manipulate any more; this does leave the field wide open for us.

In Dr. Innes discussion of these two profession he does however raise a point of contention. He notes that a recent chiropractic journal included as its contributors a breakdown of authors comprised of chiropractors, physical therapists, medical doctors, and PhDs. He asks what is wrong with that picture. The implication, of course, which is highlighted by Dr. Innes' later comment that "he who owns the data is in charge," is that only chiropractors ought to be publishing in chiropractic journals; by doing so, chiropractors then own the data. This is, I believe, very wrong. The fundamental point of scientific publication is dissemination of data for all to use. It matters not a whit whether that data came from a chiropractic or medical source: it is there for all to see. Understand, the chiropractic profession has little money available for research, and apparently little real commitment to it. We are forced, in that sense, to use what we can. But still it would not matter. Is it critically important that the main author of RAND was a medical doctor? Or that Dr. Meade is as well? Research from the most unusual places may help our profession in the end. Developments in endocrinology, certainly not performed by chiropractors, certainly have had a major impact upon the profession. While it is desirable to have our researchers answering our own questions, the reality is that we need to gather our date from every possible source.

But where Dr. Innes' analysis falls flat is in his discussion of the "insidious disease" within chiropractic.

He starts by commenting that as many as two-thirds of some classes in chiropractic college have never been adjusted and some of those same students who have seen chiropractors in private offices have not been adjusted. This unreferenced assertion is then used to note that our colleges are admitting students who have little if any knowledge or belief in chiropractic as a way of life. I am not sure I understand the point. Is Dr. Innes saying that only students who have gone to chiropractors can be accepted, that it is a prerequisite to acceptance? That's as ludicrous as saying that someone who has never had surgery cannot become a surgeon or that someone who has never used the services of an engineer could not desire to study to become one. In point of fact, under those criteria, I could not have been accepted by National College since I had no exposure to the profession when I was accepted. What is more important, a willingness to learn or unquestioned belief in a system?

Dr. Innes goes on then to decry the seeming failure of our colleges to teach the "philosophy, power, and understanding" of the chiropractic adjustment. I ask, which ones don't? This is a powerful assertion, given that the adjustment is our main therapeutic intervention (terms I used advisedly, knowing that many chiropractors feel we are not therapeutic at all). To support this contention, Dr. Innes tells us to follow the MPI instructors as they talk to students. No doubt when they do, they hear complaints. This is normal. And I often note that the easiest way to "neutralize" a technique

entrepreneur is to hire him or her at a college.

And Dr. Innes seems to equate being good at technique with knowing great numbers of them. He says that two colleges teach their students only 30 procedures, but doesn't say which. Are knowing more techniques a concomitant of being good at technique? It's an arguable point, but it does require some inspection of whatever information is available. None is offered here.

Finally, Dr. Innes asks us to take to task those who are responsible for this sorry state of affairs. He does this by telling us the tale of Dr. Z, the chiropractor who saw himself as the future designer of the profession, and Dr. X, the real neurologist who knew nothing about how chiropractors view the world. This allegory seems to imply that the fault for these problems lies with our college faculty; Dr. Innes even says that "After all, he is faculty, an elite position that exemplifies the 'Peter Principle' to its fullest extent." For those unfamiliar with the Peter Principle, it states that within an organization people will rise to their level of incompetence. That is, people who demonstrate skill ultimately get promoted into a job for which they are not qualified (the person who is a whiz at assembling electronic component earns a deserved promotion, but to a management position where he has no skill or desire, for example).

Well, I've been a college faculty member for 15 years now, and from my own experience faculty are about as low on the totem pole of import to this profession as one can get (except for journal editor). How are we elitist? Because some of us exercise our desire to read literature, study, ask questions about what we do in light of that knowledge, and change our classes to reflect that new knowledge? Do we really want faculty who simply go with the flow, who are unable to critically interpret literature or critically think, who are unthinking automatons boosting the profession out of blind obeisance?

Dr. Innes, chiropractic is not a way of life any more than medicine or engineering is a way of life. And even if it were, that would mean something different to each of us in the profession. You never describe what a "chiropractic way of life" is. Chiropractic is an occupation in addition to being a form of health care, one that helps a great many people and one that is dealing with its problems in so many positive ways. The occupation of chiropractic requires a phenomenal commitment to patient care and well being. It involves the work of our thousands of practitioners who treat those patients every day. It requires the continual study and commitment by our faculty, who are so accustomed to being vilified that articles such as this roll off their backs like water off of a duck's back. It requires hard frustrating work by our researchers, whose reward largely consists of people yelling at them for not finding what they wanted. It requires harrowing decision-making by our administrators in attempting to steer our profession and its educational process into the uncharted waters of the unknown future. It isn't easy, as I can attest from the difficulties I and my colleagues face in beginning curricular revision designed to produce better critical thinking doctors of chiropractic.

I know that Dr. Innes means well, but many of his comments do hurt people, people every bit as committed to this profession as he is. Honest people have honest disagreements and arguments. We do so civilly, in a desire to present opposing points of view. We do so in a manner that does not objectify entire classes of people such as faculty, as I honestly felt occurred here.

Dana Lawrence, DC, FICC
Lombard, Illinois

The More Information, the Better

Dear Editor:

I must congratulate Dr. Croft for bringing up some important points in his latest article in Dynamic Chiropractic1 regarding the use of advanced diagnostic imaging. He concluded with the statement: "It is hard to imagine how knowing more about the nature of spinal disorders could ever be looked upon as a shortcoming." I agree completely. This is especially pertinent in the case of disc herniations and bulges, which more and more DCs choose to treat with nonsurgical methods.

The idea that DCs should not order MRI or CT scans unless we plan on sending the patients to a surgeon is ridiculous. Many disc patients can be managed by chiropractic care, however, it is a high risk population -- and for that reason diagnostic imaging is necessary part of the modern day chiropractic practice. If we are going to treat disc patients, we must recognize that these are serious cases. Although some asymptomatic patients may show abnormal disc lesions on CT or MRI, this does not mean that the seriousness of a disc herniation should be played down. When severe, disc herniations can result in a surgical emergency and permanent nerve damage.

An MRI or CT scan is the best way for us to determine a disc lesion. There is no better methods available, period. And if we are going to be responsible for the diagnosis and conservative care of disc patients, we should liberally order these scans when clinically needed. As Dr. Croft mentioned, there are many variables that determine the level of pain experienced by patients with the "same" MRI image. A small bulge in a patient with stenosis could be worse than a small herniation in a patient with a large canal.

Dr. Cox recently published some statistics about the success rate of disc patients under chiropractic care.2 The clinical results were variable, based on the level of disc lesion and the type of lesion. For example, only 57 percent of patients with L4-5 prolapse (non-contained disc) reported good to excellent results, while 82 percent of L5-S1 protrusions (contained disc) responded well. In my experience talking with neurosurgeons, far lateral disc herniations (into the IVF) are almost always surgical cases, and respond poorly to conservative care.

Knowing these outcomes, shouldn't I be accountable to my patients when they ask how likely I am to be able to help them? I'm not going to be as optomistic with the far lateral HNP patient as I will with the L5-S1 bulge patient -- even though they may have the same clinical findings! How do I know, merely based on clinical findings if my patient has a disc bulge, contained or noncontained disc herniation, stenosis, far lateral herniation, or a space occupying lesion?

I had two female patients last year who had clinical symptoms of a disc lesion, but actually had multiple sclerosis. A DC friend of mine was scanned for what was thought to be an L5-S1 disc herniation, that turned out to be an ependymoma of the cauda equina. One of my male patients just had a scan for what I was sure was a disc lesion, only to find out that he had metastatic disease from a prostatic carcinoma. I will not gamble with my patients' health care, just because an insurance company or HMO wants to avoid the scan for financial reasons. It is too risky for me, not the insurance company!

Of course we will need much more data to correlate the images seen on MRI and CT with clinical findings. However, the more information I can get on the nature of a patient's anatomical lesion, especially discs, the better. It helps guide my course of management, and gives me a better idea of the likely prognosis. In cases with litigation, such as auto and work related accidents, it may become the single most important finding. Still, clinical findings such as pain, disability, ortho/neuro exam findings, etc., are very valuable and necessary components to proper care of patients. We treat patients, not MRI scans -- but those scans sure do help. I would not want to practice without access to imaging studies.

1. Croft AC. Advanced imaging: What shortcomings? Dynamic Chiropractic. Jan 30, 1995. pp 12, 21.

2. Cox JM, Feller JA. Chiropractic treatment of low back pain: A multicenter descriptive analysis of presentation and outcome in 424 consecutive cases. JNMS. Winter 1994. 2(4): 178-190.

Michael Schneider, DC
Pittsburgh, Pennsylvania

"... chiropractic is a health care service, not a way of life, not a religion."

Dear Editor:

The verbal gibberish expounded in the article, "Don't Forget ... This Is Next Year" was offensive to the intellect of the profession.

I think that it would be appropriate to ask Dr. Joseph Keating to examine the phrase, "... to make a commitment to be more Christ-like, etc., etc. and chiropratic-like," and other self-actualizing "new age" statements.

It is opinion that this kind of pathetic exposition is destructive to the advancement of the profession. I am quite certain that chiropractic is a health care service, not a way of life, not a religion.

Michael Lynn, DC
Exeter, California

The Nightmare of Immunizations

Dear Editor:

Last week my partner gave me a copy of an article in the January 2, 1995 issue of Dynamic Chiropractic written by two unfortunate students at Cleveland College in Kansas City. He was understandably upset over their suggestion that chiropractic should embrace immunization as both preventative in nature. This, it seems, was the basis for the perfect marriage according to the research done by the unfortunates.

The unfortunates use the same old rhetoric that small pox and polio disappeared due to immunization when in fact it is well documented that vast advances in hygiene, better nutrition, and better living conditions in both the third world and developed world countries were the driving forces behind the majority of successes. As one small example, cities along the Mississippi river no longer discharge raw sewage into the same river they draw their water from, as was done recently as 45 years ago, and outhouses not longer sit within a few feet of the family well.

We still think, however, it is okay to bury Huggies in the local landfill after a child has been vaccinated with a live virus. Please tell me how anyone can claim it is scientific to use conjecture and say 2.9 million deaths are prevented by certain immunizations. Neither in 19 years of practice nor in my personal life have I ever been able to find any validation for this idea. Furthermore, I am

betting most of you doctors haven't either.

Many of you have seen the sickness and destruction that immunizations can and do cause, and are probably as hardpressed to find this connection between the safe and truly preventative art of chiropractic, and this half-baked hypothesis marketed by pharmaceutical companies as preventative care.

In August of 1980, the parents of then-11-month-old Ruth came with her to my Lake City office distraught over the disaster that had befallen them. Ruth was crippled and obviously retarded, and her parents hoped there was something I could do to help. A pediatrician had just told them that he felt their child had been damaged by the immunization their general practitioner had administered. As she sat there slumped, unable to hold her head up, with eyes crossed unable to control her spasmatic little body, I remember wondering what possible preventative benefit this child would reap. Even with the price she had just paid, I knew that at best the vaccines were only 50 percent effective. Fifteen years later as I go to adjust this adolescent, I watch her sit slumped, cross-eyed, and drooling, staring off into space at the home she has been confined to her entire life and I still wonder.

About six to eight times a year I see Matthew, who is now a teenager. He suffers from severe bouts of imbalance brought on by a severe fever that damaged the vestibular portion of his inner ear only days after his first shots, and when his Mom questions the medic he asked her, "Do you want your son to die Mrs. X?" The doctor injected Matthew, and Matthew got his prevention and a life long disability. Matthew told me he hopes he won't have to wear a hearing aid before he graduate. He's embarrassed as it is, he says, when he stumbles uncontrollably without warning at school.

Ken was a healthy five-year-old, excited to start school. His mother thought after her first child, who was constantly sick with pneumonia, that Ken was not normal. He never had more than one day of illness in five years, and was always a bright and happy child. Living on a farm far from the city and with no money, Ken hadn't gotten his shots but before he could go to school, his Mom was told that he would had to have them. Later after the mumps vaccine, Ken became violently ill and cried through the day and night. Many times Ken would lay on the living room couch and whimper and occasionally cry out from the pain. Soon after he developed an almost incurable impetigo, he was dizzy frequently, and began to have almost constant URIs and joint aches. Today Ken is 37 years old. He suffers from dizziness, constant URIs, and he has joint aches almost every day with fibromyalgia. I have adjusted Ken for all the years that I have know how with limited results. Ken is my younger brother and at age 11, I remember seeing his pain and I still see his pain. I know first hand what immunization prevented for Ken and all those damaged. I have had 13 cases of serious damage from immunization in my practice and numerous others with less obvious outward signs and symptoms. You see DPT isn't the only evil bride in this perfect marriage you propose.

Reading your article, three things come to mind: you concern me; you disappoint me; you scare me.

As students, you concern me with your lack of philosophical perspective. You attend a very sound academic and philosophical chiropractic college. You may not have had the personal or professional experiences that I have had and possibly you were not even under chiropractic care regularly throughout life before entering professional college, but I know the tools are there for you to learn and yet you do not use these resources. This fact disappoints me. I suggest you re-check the library for authors such as doctors Scheibner, McMullen, Barge, Kent, Gentempo, Mendelsohn, and Neil Miller. Contact the CDC and DPT (the parents' group formed as a support group for damaged children). Try to understand why the federal government allocated millions of dollars to help parents of vaccine damaged children.

As potential colleagues of mine, however, you scare me. It frightens me to think that some evening I will turn on the television and there you will be, whispering to Connie Chung that chiropractic is a perfect marriage for immunization.

I put forth to the profession that this type of twisted logic is the direct result and is the most damning evidence yet that the ACA's statement in 1993 was indeed no small blunder.

I am afraid that for me, until the day comes when therapeutic chiropractors have caused enough damage with their methods that Congress finds it necessary to allocate millions of dollars to help their victims, I'd rather not consumate this marriage.

In fact, I suggest you find another bride.

LeRoy Otto, DC
Lake City, Minnesota

MARCH 1995

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