

## We Get Letters

Dear Editor:

I wanted to take a moment from my schedule to discuss with you my shock in seeing such a misplaced advertisement.

As I scrolled through the publication I read articles that caught my eye, but nothing caught my eye more than the advertisement on "Mycocide Antimicrobial Nail Solution" (in the January 30, 1995 issue). Even though an advertisement is supposed to catch the reader's eye, suffice it to say that my reaction would not be one the vendor wanted to obtain.

I am well aware that to be able to distribute a publication of this size is absolutely essential to have advertisers. However, I also think that the advertisements should somewhat fit the publication. As I sit and continue to look at this ad, I am utterly perplexed. I asked myself, "... is this actually an advertisement for curing bacterial and fungal nail bed infections?" Where does this fit into the practice of chiropractic? I believe there is a health professional that already addresses this (dermatologist).

I sincerely hope that no one in our profession actually thinks that prescribing this "stuff" will make us any more credible. In my opinion if someone needs to have an ointment prescribed they would certainly go to someone who is a specialist in this field, not someone who just reads an advertisement from the vendor. I know how I feel when I hear that someone went to a physical therapist or physiatrist for a spinal adjustment when I am well aware that my profession has been shown to be most effective at this type of treatment.

But I digress, my only reason in writing this letter is to get an editor's view of why this advertisement would even be in this publication. If it is for financial reasons then I must ask ... is there no other source of funds that can be used to better represent and support the profession?

*David Adler, DC  
Roswell, Georgia*

Editor's note: As the most popular forum for the chiropractic profession, there are numerous companies that contact Dynamic Chiropractic to present their products and services. While we refuse more advertising than most of the other chiropractic publications put together (as this is being written, we have one advertiser that is threatening a lawsuit because we won't run their ad), we still strive to offer a full spectrum of advertisements to the chiropractic profession. This puts the chiropractor in the decision making position. Advertising that reaches beyond that spectrum is usually discontinued based on "natural selection" (if DCs don't buy it, they stop advertising). While our advertising standards are high, they are not meant to limit the chiropractic profession in its scope of practice. This issue of "DC" contains the fourth ad that this particular advertiser has placed. They are apparently getting significant response from the profession.

Dear Editor:

Commendations to Charles Rybeck, DC, for his eloquent and thought-provoking commentary "Everybody Wants to Go to Heaven, but Nobody Wants to Die" ("DC" volume 13, no.4, February 1995). I agree wholeheartedly with Dr. Rybeck that the chiropractic profession would do well to clearly define our role in health care and use that as foundation for future growth.

Rather than follow the time honored chiropractic tradition of extrapolation (if AHCPR states manipulation helps acute low back pain, then manipulation must be the treatment of choice for chronic low back pain, neck pain, bedwetting), let's use the scientific validation of our primary therapy, the chiropractic adjustment, to enhance our position in the health care marketplace. Industry is being devastated by the cost associated with low back pain. The American public is replete with functionally impaired individuals because of back pain. We have an opportunity to significantly alter the way the public perceives our profession.

As we join the mainstream of health care (and begin to see more than 5-7 percent of the U.S. population), we can further enhance the role we play in the diagnostic and therapeutic arena. Continued research will document those conditions (mechanical and organic) best treated by the chiropractic adjustment.

Of course, we don't stop practicing until everything is proven, as Dr. Rybeck points out. However, it serves our best interest to temper our claims of success. This comment is intended for those chiropractors who follow the other time honored chiropractic tradition of neglecting to understand the natural history of a condition. When statements are made like "everything works on at least 80 percent of the cases," you're probably just looking at the natural history, irrespective of the interventions chosen. Unless we can document that therapy works better than the natural history, we are wasting time and money.

Our future lies in developing and implementing practice guidelines, involving clerical and clinical issues. This may be the most positive fallout that the managed care "beast" has delivered upon us. Dr. Rybeck is truly a visionary in our profession and certain to be one of our leaders.

*John Ventura, DC, DABCO  
Rochester, New York*

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One Token DC in Pensacola

Dear Editor:

As a firm believer in chiropractic treatment, I am concerned about the future of the profession.

Here in Pensacola, Florida there are 25 to 30 doctors of chiropractic. With the takeover of health care by HMOs, DCs are being discriminated against. Health Options "Blue Cross" has 296 MDs and one token doctor of chiropractic. What about the balance of DCs here in Pensacola?

If the chiropractic profession is limited to referrals from MDs and if the chiropractic profession does not do something immediately about this discrimination the ACA and other chiropractic organizations will not survive as they will not have the membership and financial aid to continue as organizations.

*N.W. "Pete" Schulze, DC*

In the ICA's Corner

Dear Editor:

In response to Dr. Keating's article, "Not even in Self-Interest" February 13, 1995, I would like to commend Dr. Keating for recognizing the early efforts of the ICA to gain federal support for chiropractic research via C.H. Suh, PhD (University of Colorado). However, I must disagree with Dr. Keating's opinion of the lack of interest on behalf of the ICA towards the development of the science of chiropractic. I feel the author should be informed of the continuing education available through the ICA, which includes a three-year program towards a Diplomate of Applied Chiropractic Sciences (DACS). This program is also made possible in part by Life West and the ICA of California. This program includes such topics as research methodology, orthopedics, diagnostic imaging, and biomechanics, to name a few. The courses are taught by some of the most respected and published chiropractors of this decade: e.g., Dr. Dan Murphy, Dr. Malik Slosberg, and Don Harrison, MS, DC. In fact, Don Harrison, the founder of chiropractic biophysics and Fellow of the ICA, is one of seven to complete Dr. Suh's ICR research program at the University of Colorado, and is currently in a PhD program in mathematics at the University of Alabama-Huntsville. He has 32 research projects planned until the year 2000 and happens to teach the biomechanics portion of the diplomate program. Not only are the leaders of the ICA advancing chiropractic through research but they continue to validate the philosophy of chiropractic. I am proud to know we still have a group of chiropractors working to promote our subluxation-based profession into its second century. I hope the author will be more current the next time to avoid making an uninformed opinion about a singular chiropractic organization.

*Steve Eledge*  
*President, Student ICA, Palmer West*  
*President, CBP Club*  
*Santa Clara, California*

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A Rebuttal to Dr. Innes

Editor's note: Dr. Innes critiqued Dr. Moon's article "Turning Stumbling Blocks into Stepping Stones," in his January 30, 1995 column, "What If."

Dear Editor:

I have just read remarks in *Dynamic Chiropractic* relative to my article published in the *Ohio State Chiropractic Update*. I am most disappointed that you arrived at conclusions without first talking with me or writing so that I could provide necessary input. My office staff has no record of phone calls or letters from you. I certainly would have welcomed a dialogue to clarify any misunderstandings. In any event, I sincerely regret that you were unable to reach me whatever the reason.

Since the excerpts that you quoted from the article were taken out of context it would be impossible for the readers to understand the thrust of my message. I have no reason to believe that this was your goal. Nevertheless, your remarks even with the benefit of reading the entire article,

certainly are an example of serious misinterpretation at best.

It seems that any mention of vertebral misalignment factors results in a knee-jerk reaction by some regardless of the logic or scientific basis for the rationale. The immediate assumption is that some radical, narrow-minded chiropractor is making unfounded claims and is trying to put the profession on a philosophically based premise. Nothing could be further from the truth and no statement in my article should be interpreted as such. Nor am I interested in attacking or demeaning any other efforts in any area of research of the vertebral subluxation complex. I do feel however that information gained from all areas of research should be shared for the ultimate benefit of all doctors of chiropractic.

There has been promising research done by the National Upper Cervical Chiropractic Research Association (NUCCRA) that indicates that a normal alignment of C1 and C2 in the cervical spine can be identified and measured. The research is in its infancy but is very promising. I will not attempt to go into detail in this letter but will refer you Dr. Daniel Seaman, a professor at Toledo University (Ohio), who has been overseeing the statistical analysis of the research findings, and to James F. Palmer, MSt, also a professor at Toledo University. Also, I refer you to Dr. Keith Denton, in Monroe, Michigan. Dr. Denton is vice president of research for the NUCCRA. This is not a philosophy based project and should never be viewed as such. It is an honest, dedicated effort to prove (or disprove) whether or not a misalignment factor can be related to neurological component affectation and whether or not its reduction can be measured and proven to be indefensible when in fact no conclusive proof exists at all. A lack of proof that there is such a thing as a vertebral misalignment factor merely stimulates more scientific inquiry until the matter is put to rest one way or the other. I do not presume to judge the multitude of theories and/or techniques in the chiropractic profession but I do support the concept that they should be subjected to proper scientific inquiry and have no doubt that the merit of many will be firmly established. I do not believe that all will meet the requirements.

Finally, I must respond to several other misinterpretations in your article.

1. There was no negative tone to my article as was evidenced by the title, "Turning Stumbling Blocks into Stepping Stones."
2. I never once mentioned philosophy.
3. I certainly never mentioned Dr. Palmer or the T4 vertebral segment.
4. I never attacked facilitation. In fact, all words in that paragraph such as fixation, etc., were not meant in a negative context. I merely was stating that if, in fact, the misalignment factor could be related to these that another strong case could be added to our scientific armamentarium. You may be interested to know that facilitation-inhibition imbalance with resultant motor unit overload is felt by NUCCRA to be a major result of a misalignment of C1.
5. I agree with positive responses to the recent TV shows and I never indicated otherwise.
6. In our office we use the model of subluxation complex (that you advocate coupled with

quantification of spinal distortion.

7. Scientific inquiry is never rubbish!

Dr. Innes, you have taken a great deal of journalistic license and in fact even dipped into a personal attack on me without even meeting me or talking by or letter. I stand firmly behind the statements in my article. Evidently you are satisfied that the misalignment factor cannot be accurately measured and I am not. That doesn't make either you or me wrong. I am willing to leave it to further scientific research. In the meantime we needn't make unsubstantiated claims one way or the other.

I wish you well in your efforts to further the study of the subluxation complex.

P.S. Following are the addresses and phone numbers of the earlier mentioned individuals.

*1. James F. Palmer, MSt  
4216 Little Streams Trl.  
Lambertville, MI 48144  
(313) 856-8401*

*2. Daniel Seaman, PhD  
930 River Road  
Matmee, Ohio 43537  
(419) 893-5097*

*3. Keith Denton, DC  
217 W 2nd St.  
Monroe, MI 48161  
(313) 241-6923*

*Donald Moon, DC  
Fairborn, Ohio*

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"We are in danger of becoming very good technicians. Good technicians can easily be replaced ..."

Dear Editor:

I am writing to share some of my concerns regarding the direction chiropractic is taking. I am a 1983 CMCC graduate. I graduated with all the scientific background instilled in me by this fine institution. After a few years in practice, I was very satisfied with the good results I had with neuromusculoskeletal problems. But frankly, I got really, really dissatisfied by being just a bone pusher. I needed something bigger, I needed to keep learning, to have a bigger impact. This is where my concern lies with the chiropractic profession. We are in danger of becoming very good technicians. Good technicians can easily be replaced in the medical field as this disease-based system is collapsing and practitioners are scrambling to survive. Technicians without a philosophy are easily assimilated. What has saved us so far is that we are based on a health concept rather than a disease concept: that we believe the power that made the body can heal the body. It was our vitalistic approach as opposed to a mechanistic approach, which has saved us.

I'm reading a very interesting book, *The Medical Mafia*, written Guylaine Lanctot, MD, of Quebec who is totally disillusioned by the system. She explains how the medical establishment gets rid of competition. She has quite a list but some of the most relevant point to us are: to forbid a therapy in the name of quackery and in the name of public protection; to recuperate the therapy and take it under its wing to control it totally; to slowly make the therapy fall into scientific technology by way of control of the formation and the field of practice by determining how the act will be remunerated. She continues by saying that it divides the therapists into clans: the ones who want the medical establishment, and the ones who want the philosophical part.

Now if this had been written by a chiropractor it would probably be said that she was suffering from paranoia, but it is written by an MD with more than 20 years experience. She uses this model to explain how acupuncture went from being a holistic approach to health, to being a technique like a "pain killer." In Quebec they are no more than an aspirin or an anti-inflammatory for the relief of pain. There remain only a few acupuncturists who practice with the holistic philosophy. She explains how MDs became recognized as the experts and remunerated by the insurance companies even though they have only a few hours of training as opposed to the "real acupuncturists." Sound familiar?

I also clipped an article from a paper in Quebec, "We Recommend a Better Formation for Chiro." Quite an eye-catcher, sounding discriminatory against the profession, but then the article goes on to be very friendly. It says that chiropractors should be educated in universities, have access to radiology departments in hospitals, and have a bigger role in the health care system. It also recommends that chiropractors be paid by these institutions.

I have no problems regarding these changes as long as they are not a way to better control our profession, that we do not lose our philosophy. As long as we do not just become another adjunct into the system, like a physiotherapist at the service of an omnipotent MD. What has made us good and successful is the approach that we have had about health, to look at the whole individual instead of only a specific part: the wellness type of philosophy as opposed to the pain killer type of approach. The fact that we did not look at disease as a lack of medicine and an excess of organs, but that we strive to find the cause instead of numbing the symptoms.

It is tempting, now that the "scientific literature" is "backing" us up with lower back therapy, to join the big leagues. We could finally be recognized as "real doctors" instead of quacks if we could only let go of this stupid, cult-like idea of "innate intelligence." We finally could have our place in the sun. Could we? Funny enough, I just finished reading a book on the immune system written with the cooperation of many researchers and I saw these words: "the body's innate immune system." What is the innate ability of the body to fight off disease every second of our day? Is it scientific? Is it because science cannot explain life that it does not exist? We have swung from an era where all diseases were due to demons and punishment of God to another era where diseases are due to mechanistic reproducible theories without a look at the whole individual. Are we about to give in to the medical, "scientific" establishment for acceptance in the big league? Are we going to keep doing what we know works without the pharmaceutical blessing? What would happen if we had more data backing us up that we have a big, positive impact on otitis media and asthma, especially if we add to the adjustment some basic diet changes? There are published MDs in Germany (Gutmann, Biedermann) who specialize in manipulating babies with all kinds of afflictions, ranging from fever, infections, poor eating and drinking to torticollis, etc. These men do not seem to think that they are quacks. They keep publishing. I think that we should learn from them. If by manipulations we can have an impact on the proprioceptive system of the spine which affects the nervous system and the muscles, how can we decide that it cannot have an impact on the rest of the body? Is there a mechanism at the spinal level which says OK there is an

adjustment, lets block all impulses to organs?

Are we just hung up on the term "innate intelligence"? How about homeostasis? Is that better? We know that the body is constantly working at keeping us healthy. We just need to remove the blockages to its healing energy, would it be structural, biochemical, or emotional. I don't know about you, but I don't believe that we get sick out of the blue. I believe that there is a cause to illnesses. If we could combine the knowledge gained in chiropractic, anatomy, nutrition, neuroendocrinology, and neurophysiology, I believe that we could re-empower people and make a real difference in this world. This, I believe, is the medicine of the future. We know that about one third of all Americans used alternative therapies in 1990. Isn't it a sign of the times to come? Are we just blind to the success which lies at our finger tips? Are we going to let go when we are on the verge of being able to explain why we get such great results? I hope not!

Since 1995 is the centennial for chiropractic, it would be the perfect time to commit to our philosophy and our strength.

*Lise Janelle, DC  
Toronto, Ontario  
Canada*

MARCH 1995