

## We Get Letters & E-Mail

Dr. John Pammer, ACA President

Dr. R. James Gregg, ICA President

I refer to your combined letter of appeal to the profession regarding the Centennial of our great profession. Yes, it is indeed a Grand Celebration. Imagine the euphoria if we could have done it as a UNIFIED profession.

There was a time when the freedom of slaves was considered impossible, but it took the right man at the right time and it was achieved. And the sun rose and set as it had done for millions of years before. It was all in the mind. Today the USA is the leader of the free world.

In South Africa, we had an extension of the ICA and ACA until our livelihood was threatened by our internal politics. We united as a profession. And the sun rose and set as it had done for millions of years before. It was all in the mind. We have since grown from strength to strength.

Our country, South Africa, has gone through a major transition that five years ago was deemed impossible. And the sun rose and set as before and life carried on as usual. South Africa is now on the brink of great economic and social development. Again, all the fears were in the mind.

As president of the ICA and ACA, you represent the greater majority of chiropractors in the world. Don't you think it is time you discarded the mixer/straight vendetta and formed a united chiropractic front? Your sun will also rise and set as before, and everything will be the same EXCEPT you will be a UNITED profession and really have something to celebrate. It is all in the mind.

*Willem Boshoff, DC  
Johannesburg, South Africa*

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"Portal of entry gives us all we need..."

As usual "DC" has published "both sides of the fence" with the articles by Dr. Nelson and Dr. Cianciulli on primary care vs. portal of entry designation in national health (reform). Thank you.

My response favors Dr. Nelson, although Dr. Cianciulli certainly makes many valid points. No one man ever has all the answers. Certainly no sane, practicing chiropractor wants a legal limitation of services to low back problems and some might assume just that from Dr. Nelson's article. I don't. I see neuromusculoskeletal conditions. That is what I have been treating for 31 years in New York. Our law specifically prohibits us from treating infectious diseases and cardio-renal-vascular conditions. It is true that we are "limited" in New York. We cannot put in a diagnosis of asthma, or hypertension, or otitis media. However I do treat patients with those conditions. I treat the neuromusculoskeletal faults found in those patients. I have even treated kids with tympanostomy tubes in their ears. The history and results are recorded. Only the diagnosis may be considered by

some is limited. But patients have the right of free choice without any gatekeeper. We are portal of entry and we treat all kinds of conditions.

There are many problems with either designation but three seem to stick out:

1. Portal of entry is limiting. As an example, Dr. D. Heil in his letter in the April 8, 1994 "DC" regarding visceral conditions: "Chiropractic should be the first treatment applied in such cases." Do Drs Heil and Cianciulli remotely think that the public will be "forced" to see a chiropractor if we get primary care? Of course not. Nothing will change. Chiropractic will remain a referral based profession.
2. Primary care will allow us to treat all conditions. Not true. Drs Heil and Cianciulli put this to rest. We simply do not have the published research to substantiate this. We are making great strides but it will take an enormous amount of time. Portal of entry, by providing free choice access without gatekeepers, will allow us the time to amass the clinical statistics to prove the neuromusculoskeletal component in visceral conditions. This is being done now by FCER.
3. Finally, my own personal problem with primary care: I truly fear this as a back door method of eroding the no drugs, no surgery status of chiropractic.

There are more than just a "few" who want to see this happen. I fear that primary care is being pushed for just this reason. Paranoid? Guilty as charged. But guilty with good cause. For instance:

"But if we truly want to be primary care providers, or include complete diagnosis, including patient history, some knowledge of drugs may be practical part of the clinical experience."

This is a direct quote from the Feb. 1994 issue of New York Chiropractic College's publication, *Impulse*, by NYCC President Kenneth Padgett, DC. Purportedly this is to stimulate "campus discussion" on the topic of the inclusion of pharmacology in the college curriculum. Is surgery next on the curricula list? After all, shouldn't a primary care provider have "knowledge" of surgery?

I can just see newly graduated doctors of chiropractic crying, "Why can't I, I was taught it in school?" It has happened before.

Portal of entry gives us all we need; all we have fought for: freedom of choice. Primary care has too many connotations.

*Samuel Kerschner, DC*  
*Cortland, New York*

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## Calcium Hype

Dear Editor,

In your April 8, 1994 issue, there were two articles talking about osteoporosis. In "Osteoporosis: The Calcium Hype," Dr. Alan Cook states, and quotes studies, proving that the ingestion of calcium will have little or no effect on osteoporosis.

However in his article, "Management of Osteoporosis of the Spine -- A clinical Enigma," Dr. R.

Vincent Davis states: "This author cannot resist the need to mention the oral administration of calcium orotate... in my degree work in nutrition I was impressed with the effectiveness of this salt in treating this metabolic problem." Unfortunately, Dr. Davis doesn't give us any studies to back up his findings. The New England Journal of Medicine in 1987 published: "Does calcium supplementation prevent postmenopausal bone loss?" The article states, "...calcium supplementation... will not prevent vertebral or hip fractures..."

The British Medical Journal in 1989 published: "Calcium Supplementation of the Diet." They called the idea that calcium intake can offset bone loss "clearly misleading and not supported by experimental observation."

Perhaps Dr. Davis should read Dr. Cook's article and cut the "hype." Until he can quote even one article that demonstrates calcium supplementation having a positive effect in the reversal of osteoporosis he should definitely resist.

*Bruce Born, DC*  
*Southfield, Michigan*

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"... a case where more is less..."

I felt compelled to write you after reading Warren Hammer's column in the April 22, 1994 issue of "DC." Through the years, I have been very appreciative of Dr. Hammer's column, but on this particular occasion, I was deeply offended by what he had to say about the Activator method.

I was appalled by his blatant assertion that those of us who choose to practice low force techniques do so because of lack of competence in manual manipulation. I consider myself to be quite competent in manual manipulation and I choose to practice the Activator method because of the excellent results that it achieves and because no one ever gets hurt. It seems that some in our profession have lost touch with the dictum, "Above all, do no harm." Many of the patients in my practice are there because they have been hurt by heavy handed manual manipulators, and once they have experienced low force manipulation and its benefits, they never go back to that "old fashioned type of adjusting" as they call it.

The work of Barry Wyke, which is quoted in his column, does more to substantiate the precise application of a metered amount of force in joint manipulation than it does to substantiate the shotgun mobilization of joints. This is definitely a case where more is less.

This type of infighting is a detriment to our profession at a time when external forces would like to exploit our lack of unity and eliminate us from the health care field all together. I hope Dr. Hammer will address his criticism toward aspects in chiropractic which endanger unity, not those that represent a true advancement in chiropractic practice.

*Frank Muhr, DC*  
*Eugene, Oregon*

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Manipulation and Strokes Revived

This is in response to a recent letter by Dr. Brian Anseeuw (April 22 issue).

I must explain to Dr. Anseeuw that the letter regarding chiropractic (cervical manipulation) and strokes submitted by myself was abbreviated by at least two-thirds by "DC."

However, I will try to explain briefly to Dr. Anseeuw what was stated.

True coupled reduction manipulatory procedures which adhere to Bernoulli's principle (which states that the faster a solid moves over a liquid will cause a reduction in the friction coefficient) can actually cause a decrease in the possibility of the mechanics of a stroke. Through this type of manipulation, which causes excitation of 1B afferents which will disynaptic/postsynaptic inhibit the segmental reflexogenic myospasm, as well as disynaptic/postsynaptic inhibition of the intermedial-lateral cell column in which will cause central vasal dialation.

This will obviously reduce arterial pressure centrally which is advantageous to the patient.

Slow type manipulatory procedures will accomplish the opposite. As far as cerebral vascular maneuvers to screen patients at risk, such that are taught at chiropractic colleges, are really a test for joint mechanoreceptor integrity. When these receptors are decreased, the patient responds with ataxia and secondary autonomic concomitants which affect the medullary centers which cause nausea and vomiting. These are signs that the cerebellar centripetal neuronal propagation, as well as the dorsal columns, could be depressed which would signal to the trained chiropractor that manipulative procedures, as long as all other clinical information is ascertained, is most likely the protocol of treatment.

If Dr. Anseeuw is not pleased with this information, he should contact Dr. Frederick Carrick who teaches postdoctorate neurology through Logan College.

*Paul Stefanelli, DC*  
*Board eligible chiropractic neurologist*  
*Belleville, New Jersey*

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