

We Get Letters

Reflex Muscle Testing -- a "Potential Devastating Exposure"

Dear Editor:

I agree with all of Dr. Andersen's wish list for the profession for this year (see "Food for Thought, 1993," Jan. 1, 1993). I would like to expand on his concerns regarding muscle testing for nutritional deficiencies. I agree that various reflex muscle testing procedures used today in chiropractic for both nutritional deficiencies and visceral dysfunction require an immediate, profession-wide, position statement. It is not an overreaction to be concerned that these procedures may someday be showcased on a "20-20" or "Prime Time Live" type format. In their current state of professional limbo, chiropractic would be vulnerable to potentially devastating exposure.

A controlled study of the reliability of clinical muscle testing as an index of nutritional assessment, headed by Dr. John Triano, published in the JMPT in 1982, was funded by the International Council of Applied Kinesiology. Patient evaluators in this study were practicing clinicians and all were diplomates in applied kinesiology testing procedures. Both topical and sublingual testings were conducted. In conclusion it was stated, "Evidence from this study appears to reject the hypothesis that there is any consistent relationship between specific nutrient supplements and improved muscle performance to manual testing." The author went so far as to make the statement that further investigation was unwarranted. There have been no subsequent published studies in peer reviewed journals to discount the findings of this study. In fact, there have been three university studies since 1982, all of which confirmed the Triano study.

Never-the-less, in the 10 years since publication of this study, these types of techniques have seen increased chiropractic acceptance, if only evidenced by Dr. Versendaal's well-attended national seminar circuit. It is apparent that, at least from within a sociopolitical context, these procedures warrant renewed attention.

From a neutral perspective, for purposes of discussion, this issue involves some important ramifications. If these procedures were viable, they would obviously deserve the highest priority promotion. They represent either an unparalleled potential health benefit, world-wide, or they represent a total hoax on the public. We aren't just talking about obscure adjunctive procedures that constitute a fringe benefit for chiropractic patients. We are talking about a nondependent, primary methodology, that involves a relatively brief, nontech., noninvasive, inexpensive, total body evaluation that can detect preclinical deficiencies of vitamin and mineral levels, in addition to a comprehensive variety of preclinical and clinical visceral and metabolic dysfunction. This clinical capability would represent the most important innovation in the health care field, of this or any other century.

For those who think that I am overstating a minor issue, think again. At least several thousand doctors of chiropractic, and in some cases their staff personnel, are rendering these diagnoses every day. The profession is either sitting on a level of diagnostic capability that the World Health Organization would be interested in, or tens of thousands of chiropractic patients are making long-term assumptions and decisions about their health based on totally fallacious diagnostic protocols.

The profession needs to go on record, unequivocally, concerning the state of this art and either expurgate it from the practice of chiropractic, or regulate it within the most stringent of experimental parameters. I would hate to see Barbara Walters, Hugh Downs, and Timothy Johnson, MD, deal with this subject before we do.

*James R. Herriott, D.C.
Eugene, Oregon*

"Ivory Tower," or "Black Hole"?

Dear Editor:

Instead of "The Ivory Tower" review, a preferable title to "Dr." Joe Keating's column should be "The Black Hole in Chiropractic." This would more aptly describe the content of his incessant drivel about that which he knows nothing.

It amazes me how someone with such questionable intent, makes a living trying to destroy what thousands of sincere, caring practitioners have offered to the public for almost one hundred years. To think of the millions who have been spared needless suffering at the hands of these "unscientific" medical heretics is what drives most well-intentioned practitioners of this fine profession to serve the public's needs.

Is the purpose of Keating's column to elevate the chiropractic profession to loftier heights or to get himself on national talk shows with such obnoxious notables as "health care" advocates William Jarvis, a fellow PhD, and Steve Barrett, MD (psychiatrist and self-appointed leader of the antiquackery delegation)? The fact that Joe Keating has a faculty chair at a "chiropractic" institution is an example of the lowest level of self-esteem that perpetuates its myths on the future of our profession.

The successful future of our profession begins when the students are taught by those who "talk the talk and walk the walk" of chiropractic. Only then will chiropractic be elevated to its deserved and sought-after prominence. The public's desire to reap the reward of chiropractic's true benefits will come not with acceptance by medicine and science, but in spite of it.

*Ken Hillman, D.C.
Easton, Pennsylvania*

Seizing the Opportunity

Dear Editor:

If we don't seize the opportunity that this new federal administration presents to us in this era of change, then we who consider ourselves true physician's had better matriculate into postgraduate medical schools pronto. Of course those who do not diagnose and do not want to should enter a physiotherapy institute.

Friends, there will be a major change in the health care system in this country; there must be, our country needs it. And what will be the role of DCs in this change?

If we play our cards right, if we do what's right, and if we stand together and fight for our rights (and those of our patients), we the DCs in this country could in all probability be the caretakers of cost-conscious health care delivery in this nation.

And after all, who would be a better gatekeeper of high-tech, high- cost pharmaceutical medicine than a low-tech, high-touch, low-cost, and drugless family physician who refers whenever necessary to the appropriate medical specialist. Why not? When we can prove that we can and do treat many common ailments and injuries for less cost, less down time, with lower mortality rates than "orthodox" medicine. Is it not time we took our rightful place on this American health care team? I think it is.

Doctors, there is an ACA Legislative Conference taking place in Washington, D.C., on March 31 and April 1 this year, which everyone of us should attend. Each of us should descend upon the District of Columbia as a "gathering of eagles" and speak with an organized voice. Let's leave our intraprofessional philosophical agendas on the library shelf for this one, folks.

By the way, if you have not personally picked up the phone, written a letter or faxed a message to at least one senator and congressman, as well as the president's Council on Health Care Reform, then do it now. It wouldn't hurt if a few hundred thousand patients sent similar messages to D.C. Ironic, isn't it? It is not Washington, M.D., but Washington, D.C. Our time has come -- let's prove we are worthy.

*Robert Lon Johnson, D.C.
Ottawa, Kansas*

State of Immunization in Arkansas

Dear Editor:

I read today about the uncertain changes in beliefs to immunize or not immunize, and the relationship to a national preventive care.

In 1983, my family was put to the test by our state of Arkansas challenging our rights to attend school without immunization. We went through a year of fighting the Arkansas Supreme Court, starting with child neglect in municipal court (they wanted to take our children for one day and immunize them, then return them the same day). Our family was a good family (like our friend said -- a kind of Brady Bunch), and we were a very active family in the community, school, and athletic events. Our five children were well liked and all were honor roll students.

One day the school changed their minds about the exemption, because the state MD had not signed their papers. For years it had not been required. Immediately the school sent the children home from school who were not immunized. Our 1st grader was not sent home because he was recognized for his asthma problems. Our three were sent home -- one was not of school age yet. The school wanted to give the kids a shot then return them to school the same day. The courts said, no way! For months we had interviews with a crazy health department (state of Arkansas) and several meetings with our now President Bill Clinton who helped put an end to this long ordeal.

The ending to this was a draw and the kids were back in school. Three months after the children were given a green light back, after the school approved all the tutors that kept them up for school, our 4th child (Pasley Jo) had her first epileptic seizure. She was in kindergarten when she was taken out of school. The state never bothered us since. Should we, as parents, had not questioned

immunization (we always felt because of histories of high fevers and lung disorders in another) we would have crippled or even killed our own child.

In our heart and numerous studys, we have saved our child's life by means of preventive health care.

DPT (a group in Washington D.C. -- Dissatisfied Parents Together) has thousands of files of deaths and crippling of children because of the side effects of vaccines; they have the only recorded effort to stop the abuse of vaccine. We are spoken of in their book that was published in 1985. As a country of individual rights, we should be allowed to say no, as President Clinton understands.

We do, as a record, have a statement or letter from every chiropractor in the state of Arkansas in 1983; only three wanted the use of vaccines.

I would be happy to help any committee making decisions on this; we have been through this. I also understand that most doctors are afraid to fight their state and worried about their reputations. Surprisingly, we were highly respected by people throughout the state for our beliefs.

Thank you for your time, and I hope this will help someone in question. And, yes, President Bill Clinton's family comes to our clinic.

Penney Heard

Wife of Stanley B. Heard, D.C.

Hot Springs, Arkansas

Results -- the "Old Standby"

Dear Editor:

I remember those first heady months following chiropractic graduation when I took on and took care of some problems that I wonder if I would tackle today. The "heck" of it is, I got the results. It makes me look back enviously at our chiropractic pioneers who may have had less precise techniques but who almost certainly had more enthusiasm, zeal, and probably fun.

Nowadays, I am more conservative regarding what chiropractic ought to be used for, and every year it seems that the new graduates coming from our colleges are becoming progressively more so. At the same time, there has been an increasing clamor for "Research Validating Chiropractic Methods," and the first steps are even now being made in that direction.

These two trends are not unrelated.

If you have been interested enough to follow how these research studies are usually designed, you may share the impression that after "downsizing," the definition of the clinical entity to be investigated, restricting the test population to the certifiably safe, limiting the method of manipulation, and finally, invalidating the results due to inter- and intratester unreliability, something vital has been gutted.

I attended a two-day relicensure seminar on Headaches at a prominent chiropractic college. The head of the research department gave an update on a well-designed headache study being conducted at the school. For valid scientific and medical reasons, a large number of volunteers had been excluded from candidacy. For equally proper reasons, the list of "acceptable" headaches had

been whittled down to muscle tension headaches. The manipulation was limited to a nonspecific rotary move. The early results comparing chiropractic to medical outcomes were reassuring but not riveting.

During one of the breaks, though, I learned something that did make me sit up and take notice. I was talking to an older DC regarding the treatment of Meniere's disease (one of the varieties of "headache" that had been deleted from the study). This personable gentleman shared with me that in the 40 plus years in practice, he had successfully treated over 24 patients who had Meniere's disease. Each of these patients had presented with the identical vertebral malposition.

After that, I sought out several other veteran practitioners during the breaks. There was a high degree of concurrence among these doctors as to the chiropractic lesion responsible for Meniere's disease. This, to me, was exciting news. If it could be possible to identify a single causative subluxation for such a dramatic condition, from the combined clinical experience of enough experienced field doctors to elevate the finding beyond the realm of the "merely anecdotal," that finding could be tested scientifically and, if upheld, would "validate chiropractic methods" and educate the public in a rather dramatic way.

Plus, it could help return the profession to its proper magnitude.

It would be very interesting to hear from veteran DCs about their listing for Meniere's disease and any other "old standbys" that have stood the test of time. I will send Dynamic Chiropractic a synopsis of any correspondence I receive, as well as forwarding the results on to the chiropractic colleges for possible research studies.

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MARCH 1993