Dynamic Chiropractic

PHILOSOPHY

We Get Letters

Editor's note: The Lowell Ward, DC, interview in the July 2, 1993 article "CBS & NBC Scrutinize Chiropractic" garnered considerable mail. The first three letters are representative of those reactions.

"New Approaches and Parameters for the Profession"

Dear Editor:

You have done a great service to the profession by publishing the interview with Dr. Ward. Here is a man willing to go ahead developing new approaches and new parameters for the profession. Unfortunately, not enough chiropractors are able to leave a string of bones to appreciate the great potential his work may have for the profession.

I applaud your open-mindedness and concern for chiropractic.

William A. Nelson, DC
San Francisco, California

"Utter Nonsense"

Dear Editor:

I've decided to vent my opinions via your publication which I consider to have its finger on the pulse of what's alive (dynamic) in chiropractic today, and true to form in the 7/2/93 issue, juxtaposes the polarity among colleagues in our profession. While I personally feel somewhat limited by the tenants espoused by Dr. DuVall, representing the National Council Against Health Fraud (NCAHF) and the National Association of Chiropractic Medicine (NACM), I believe he's right on target in his dismissal of Dr. Lowell Ward's delusions of reversing the progressively debilitating condition of Duchenne Muscular Distrophy as "utter nonsense."

I first read of Dr. Ward's claims in a "slick" (dare I say professional?) journal full page ad. It immediately caught my attention because I have a ten-year-old son who has Duchenne Muscular Distrophy. As I read on with the eagerness of a father searching for a "cure" for his son, my educated mind began to look for substance amid the hype. Let me admit here that those ads, the TV segment on NBC, and MPI's Dynamic Chiropractic interview with Dr. Ward, is the sum total of my familiarity with "stressology" and Dr. Ward's associating it with Muscular Distrophy (MD) treatment. However, up against muscle biopsy, John Hopkins analysis of blood samples demonstrating a mutagenic deletion in the genetic sequence responsible for dystropin production; not the mention the daily evidence of a progressively deteriorating situation as witnessed by a loving father who happens to be a chiropractor, leaves little doubt (hope, sure) -- but little doubt as to the validity of Dr. Ward's claims.

While Andrew's condition is obviously neuromusculoskeletal, I've had much better results treating

other children for otitis media, bronchial asthma, etc. Do I adjust him to relieve pain, maintain spinal mobility/function, and limit extremity contractures, scoliosis and cardiopulmonary restrictions, etc. -- of course I do. But DON'T TRY TO SELL ME, Dr. Ward, on the notion that somehow my son's condition is the manifestation of his parents, grandparents, or others who love him! Of course, what do I know, I'm only his Dad, and "I've been doing this (chiropractic) for only 10 years, not 25."

R.E. Pederson, DC
Glenwood, Minnesota

Cringing at "Inherited Death Wishes"

Dear Editor:

Like many other doctors, I cringed when NBC, during its profile about Dr. Ward and his treatment of muscular dystrophy patients, heard Dr. Ward's nonsense about "inherited death wishes" and his blame the victim mentality. His comments could do nothing but bring anger to the hearts and minds of those people with family or friends so afflicted and as his was one of representation of chiropractic health care, I felt our profession received a negative image and certainly, any medical radiologist or DACBR would be shaking his head in disbelief if he read the gobbledygook about seeing inherited death wishes on x-rays (". . . the personality analysis of the psychological co-efficients from the x-ray findings would tend to indicate he had multiple death wishes").

I feel that Dr. Ward is getting into some pseudo philosophical, religious-cult belief. His rubbish about atlas measurements standing and sitting reminds me of the old phrenology school.

In fact, the whole thing would be silly were this stuff not coming out of the mouth of a DC. With his emphasis on this "inherited death wish" foolishness, instead of "Stressology" perhaps a more appropriate name for his study should be Philothanatology!

Ward talks about schools and the profession being "closed" to him, well of course, his stuff is idiotic. It has a non-scientific basis, is purely anecdotal in approach, has some very disturbing psychological overtones (the next thing we know he will be hooking kids up to tin cans and meters to "measure" their level of "inherited death wish"). Perhaps "auditing" will be one of his new techniques.

I had several questions after reading the piece. One is: Exactly where one finds the "inherited death wishes" in the ICDM code book? The diagnostic code to submit on this one is very obscure. Also, exactly what adjustment should we use to adjust the "inherited death wishes"? Exactly where do these "inherited death wishes" reside in the x-ray? Are they in the cortical margin or hiding in the spinous processes, or do they sit like angels on the head of a pin, leering into the foramen magnum from the atlas? Heavy questions these.

Also, even at the last, I was confused about how he magically inputs x-rays into a computer since he claims they are NOT digitized. Scanners (flatbed and hand, 24 bit and 256 greyscale) digitize images in order for the computer to store, manage, and manipulate. As a desktop publisher who has been writing professionally for 12 years, I have several scanners of various makes and models and perhaps Dr. Ward needs to go back to computer school to understand how CCDs (charged coupling devices) convert images to something a computer can import and use. Perhaps though, he has come up with new scanning technology which Hewlett Packard, Microtek, UMAX, and the

others are unaware of. Analog conversion would, however, be a giant step BACKWARD, but, of course, so is the effect of his work on chiropractic!

Someone please give him a book on physiology and take the philosophy books away before the media gets hold of his interview in "DC"!

John Raymond Baker, DC
Beaumont, Texas

Dr. Croft's Response on Thermography

Dear Editor:

I would like to thank Dr. Richard J. Story for his comments regarding my article in "DC" ("Thermography in Soft Tissue Trauma: Does It Have a Place?" May 7, 1993). Clearly emotions run very high in the area of thermography. In fact, some journals will not publish articles which repudiate thermography in any way. This is not entirely surprising since the reviewers of such articles are usually thermographers themselves.

Dr. Story, in his letter ("Thoughts on Thermography", pg. 29, June 18, 1993 issue) feels that I have reviewed thermography unfairly. He suggests that comparing CT or MRI with thermography is the same as comparing apples to oranges or trying to play baseball with a hockey stick. He feels that thermography is not the right tool to use for diagnosing a disc lesion although it will show us how "the physiology" is being affected by the disc.

Dr. Story's letter points to a couple of problems in the area of thermography. For example, the reason that I compared CT and MRI with thermography is precisely because that is what most thermographers do. The majority of thermography references (both pro and con) do propose to evaluate disc lesions and related phenomena such as radiculopathies. Most, unfortunately, are nonblinded, non-randomized comparisons or case studies in which the authors have not followed careful scientific investigative guidelines. Nearly all that have, have found thermography to be far less sensitive and less specific than CT or MRI in the evaluation of disc lesions. Critics of these studies argue that the authors have an axe to grind or are unqualified to undertake such research since they themselves are not thermographers. When the reading doctors are certified thermographers, the critics argue that they are certified by the wrong thermographic society. In this instance Dr. Story takes the position that thermography should be employed in the evaluation of lesions other than disc herniations, although I don't think he speaks for the majority of thermographers.

Dr. Story should recall however, that when CT first arrived on the scene, its diagnostic abilities were matched with the current gold standard of myelography. The MRI arrived and it was subsequently compared with CT. It seems only logical then to compare a study which claims to have so many advantages in the evaluation of disc pathology to these, now accepted, gold standards or paragon tests. One could also have argued that myelography, CT and MRI are fruit of different trees but comparing new tests with accepted gold standards is part of the standard scientific method which is firmly accepted in chiropractic and in medicine.

Dr. Story feels that the real strength of thermography lies in its ability to visualize the "vertebral subluxation complex." Most chiropractors that I have spoken to seem to be quite comfortable making this diagnosis without the aid of a thermogram although I am curious as to exactly how the

results of the thermogram affect the treatment rendered. I don't think I've heard a convincing answer to my question yet. Where does thermography fit in? Not for discs. Not for RSDS. Perhaps not ever for myofascitis.1 I thank Dr. Story for his thoughtful response and particularly for his kind offer to teach me about the vertebral subluxation complex.

Some thermographers have accused me of attacking thermography suggesting that I have an ulterior motive. For the record, I have no axe to grind. I am merely interested in knowing the truth about the tests we use and the conditions we apply them to. Although I am not a thermographer, I can interpret the literature as well as the next person. There's no question that thermography is not standing up to scientific scrutiny and so it is surprising to me that chiropractic offers it its last safe harbor in its final epoch. Since thermographers have not provided us with well designed studies convincingly demonstrating the value of thermography, might they be tacitly implying that the place for thermography is in the entrepreneurial tool kit of thermographers?

Reference

1. Swerdlow B, Deiter JNI: An evaluation of the sensitivity of medical thermography for the documentation of myofascial trigger points. Pain (48)205-213, 1992.

Arthur C. Croft, DC, MS, FACO
Coronado, California

"Can We Afford Not to Change?"

Dear Editor:

I would like to thank you for publishing the article written by Dr. Gregory Baldt in "DC" in your February 26th issue. I agree 100% with Dr. Baldt, and I'm not alone. We recently mailed a survey in the state of Kentucky asking if the DCs here would like to see our practice parameters expanded to include pharmacology and minor surgery. The response was almost 60 percent favoring this move. This is remarkable when you consider Kentucky is traditionally a very conservative state.

My opinion is that those in our profession who hold positions of authority are out of touch with the thoughts and wishes of the profession as a whole. People need to realize that nothing ever stays the same ... ever. Change is part of living. We must all grow, change, and mature. It's the same with chiropractic. The time has come that change is being forced upon the entire medical field. Anything that does not change, that chooses to always remain the same, and becomes stagnant, eventually dies. Can we afford not to change?

Keith B. Martin, DC
Edmonton, Kentucky