

PHILOSOPHY

We Get Letters

Living Proof

Dear Editor:

In the June 4, 1993 issue of Dynamic Chiropractic, I read the letter written by Dr. John Jagusch in which he states "...chiropractic care doesn't really do anything for internal disorders..." and I had to write and dispute his claim. Where did he go to chiropractic college, and what happened to the philosophy that he was taught?

I'm going to relate a case that should help him rethink his attitude on the subject of chiropractic and internal (systemic) disorders. In this case, it was a matter of life and death.

Picture a 13-year-old male patient having extensive, expensive medical tests and hospital stays only to be diagnosed as having acute glomerulonephritis. His kidneys were shutting down. He was treated with huge doses of cortisone over the course of seven months and was showing no signs of improvement. Actually, over the course of the treatment his monthly kidney function tests were steadily declining, and he was given a terminal outlook. The doctors gave him two years to live. He was being treated by the best medical minds at Columbia Presbyterian Hospital and the best that they could offer was dialysis or a transplant in order to prolong his life. This was a time when the wait for dialysis was three years, so that wasn't even an option, and the financial requirements of a transplant put this option out of reach to this family. His parents went home and pondered the prospect of losing their son in two years, and how they could live without one of their children.

His father decided to try a chiropractor and see if it just "might" have an effect on his son's condition. He took him to a graduate of the old NYCC, when students were fully indoctrinated into the philosophy of chiropractic. This "old doc" decided to treat this patient over the course of the next month to see if he could help. He never even entertained the idea of denying this patient a chance at life. The child was treated daily over the next month and then returned to his medical specialist for another evaluation. Guess what, his kidney function tests had actually improved; he had a chance at life.

Over the course of the next nine months his kidney functions continued to improve, and he was slowly weaned off his medication. During this time he continued to see his chiropractor regularly. It is also important to let you know that, at this time in the history of chiropractic, if you told a medical doctor that you were seeing a chiropractor he could dismiss you from care and there was nothing you could do or say about it. For this reason, his parents never told the medical specialist that their son was under chiropractic care; the MDs just assumed that the treatment they had prescribed had done the trick. During the entire course of treatment there were no changes in the treatment regimen, except the addition of chiropractic care at the end of the seventh month. I think that this is rather compelling evidence that chiropractic care does have an effect on internal disorders.

I'm sure that Dr. Jagusch would say that this "evidence" is purely coincidental and probably had nothing to do with the chiropractic care. Well, there is more to the story.

When this young man graduated from college he decided to continue his education. During a full physical and radiography, it was noticed that he had a considerable amount of degenerative disc disease at the T10 level, severe monoarticular degenerative change with no apparent cause. It was at this point that he was told that this is one of the areas of the spine that helps to control kidney function and that the chiropractor had affected a change in his kidney function when he adjusted this level 10 years earlier. Still coincidence, Dr. Jagusch? I think not.

You see, that 13-year-old male with severe kidney dysfunction was me. If it hadn't been for that chiropractor's dedication to his profession and his belief in the effect of the spinal adjustment, I wouldn't be here. I would not have graduated from Logan in 1985, and I wouldn't have had the opportunity to effect the lives of so many other suffering people. I think you can see that I love what I do and what chiropractic can do for people. We most certainly do effect internal disorders with our spinal adjustments. I'm living proof.

Well, I've had my say. All I ask is that all of those Dr. Jaguschs out there rethink their attitudes about the effect of the chiropractic adjustment.

Michael D. Johnson, DC Richmond, Virginia

Editor's note: In the July 2 issue, we reported on the appearance of DCs Lowell Ward and Charles Duvall Jr., on NBC's "News Today" and CBS' "Eye on American" respectively, and printed an interview we did with both doctors. In the 7-30 issue, we printed several letters commenting on Dr. Ward's television appearance and our interview with him. Now it's Dr. Duvall's turn: The following two letters are representative of the responses to Dr. Duvall's interview. With the exception of one positive letter about Dr. Ward, all the mail we received on this subject has been critical of both doctors.

Dear Editor:

In his (Dr. Duvall) interview, he keeps referring to NMS problems of neuromusculoskeletal origin, but he fails to acknowledge the neurological component and its effects on the human body. I did not see anywhere in his interview the term subluxation, adjustment, or how the subluxation affects the nervous system and the overall hemostatic mechanisms within.

I have met numerous chiropractors from all over the country, and to this date, if my memory serves me correctly, I have never heard a chiropractor state or verbalize that he could cure cancer, MS or asthma. I have heard chiropractors state that reduction/correction of the subluxation in a patient has led to the patient's body functioning at an optimum level which has, in turn, allowed the body to resolve the cancer, MS, and asthma.

The way this issue is explained is not merely a matter of semantics; it's being truly honest with your patient. I feel if you don't explain to your patient the subluxation complex and all of the potential problems that can arise from it, neuromusculoskeletal, as well as viscerosomatic, the doctor should be held liable for withholding potentially beneficial care.

Dr. DuVall's organization, The National Association for Chiropractic Medicine, seems to be quite an elite group. All the information they have shared with or in the media has been anti-chiropractic in nature. I know every profession needs watchdogs, but before any self-appointed dog decides to become the authority, I think the profession should first check if the dog is rabid and secondly the

dog should go by national standards of accepted chiropractic care, not only empirical research data that he feels is pertinent.

The need for research in our profession is unquestioned, but until such funding is secured, and such data is compiled and interpreted, should the chiropractor just ignore the results that occur?

A recent article in a referenced medical journal stated that of all medical procedures performed today, only about 15 percent have been researched and proven to work. According to Dr. Duvall, chiropractic should become more mainstream, like medicine. Does that mean we should set our sites for 15 percent of procedures researched and stop? That's ludicrous.

The bottom line is that patients, doctors, and third-party payers put more stock in results than in research. Why wasn't Breig's research discussed by Dr. DuVall in his television appearance? I would have to say that it's not on the NACM's agenda to promote the positive benefits or research information about chiropractic that affects anything more than muscle aches and pains.

Some have alluded that NACM's elite crowd (not very many) are very closely related to the AMA and the pharmaceutical industry. Both of these industries don't benefit if the truth about chiropractic results become accepted.

In the future, I hope you keep the Wanna-bes out of your publication. That is:

Wanna-be mainstream no matter what. Wanna-be accepted no matter what.

Wanna-be like a medic and treat symptoms. Let the medipractors in our profession sit in their little rooms discussing all the medical procedures they want to incorporate into chiropractic (while medicine throws them out) and how much better doctors they can be if they can act like an RD instead of a DC.

Salvatore Gennero Jr., DC Highland, Michigan

To Serve from the Heart

Dear Editor:

I just finished reading the articles on Charles Duvall's opinions on chiropractic, and I'm so angry that I can hardly write this letter. Where is he trying to take this profession?

This man has no business in this wonderful profession; he obviously does not have a clue as to what chiropractic is and has always stood for.

I wonder if he has ever experienced the profound response of a chiropractic adjustment to a child suffering from asthma for years and has been bombarded with harmful, noneffective drugs, or parents in tears because their child has a health problem that the medical profession has not been able to do anything for.

I doubt this man has ever experienced any response to any kind of adjustment or "manipulation" he has ever given.

The only reason I have any sympathy for this poor soul is that he did not follow his dream, which is,

obviously, to be part of the medical profession. There are plenty of chiropractic critics there; he could have felt right at home.

Charles Duvall needs to serve from his heart for the sake of serving; he might get a different taste in his mouth.

By the way, what is chiropractic medicine?

Michael A. Coppola, DC Spring House, Pennsylvania

Don't Shoot the Messenger

Dear Editor:

I'm sure Dr. Andersen, who wrote the "Pyramid Nutrition" article in the June 18, 1993 issue of Dynamic Chiropractic, has had quite a time with multilevel marketeers just as I have. It seems that chiropractors, because of their interest in nutrition as part of their holistic approach to health, are targets for every "me too" nutrition company that comes along.

In spite of all these frustrating and time-wasting encounters, I believe we should not close our minds to the possibility of new-found nutritional product formulations that can create measurable documentable results. I have found such results are happening across the country.

I have found Dr. Andersen's article amusing but also offensive. Just as health food store employees don't generally have nutrition degrees, neither do consultants. You don't have to know everything about a product to sell it. All you need to know is that the credentials of the company and its administrators are impeccable, and that the products are pharmaceutically correct and safe and can create measurable results.

Let's not indulge in condemnation without investigation.

Rick M. Smith, DC Winter Haven, Florida

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