Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

# Chiropractic's Greatest Tactical Error

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My first patient was an epileptic boy. As I remember, he was about nine years of age; an introverted and bashful young lad ashamed of his grand mal seizures to the point of not wanting to venture from the house.

My second patient was a man in his 60s, the victim of a cerebral hemorrhage. I began taking care of him about eight months after the stroke. He walked precariously with a four-prong cane, one arm hung useless at his side, one eyelid hung down, and the irritation from his inability to blink was evident in the red exposed orbit. He could not speak; the facial paralysis was such that he could barely mumble.

Thus, young Dr. Barge began his practice, running house calls for his father, Henry, and cousin, Howard Barge, trained in Palmer HIO, Logan Basic, Gonstead, and Barge methods. I ran the house calls, making regular visits to those who had difficulty coming into the office. Many and diverse were the disease syndromes I cared for. Very few were backaches, since they usually could make it to the office.

What has happened to our profession today? How many chiropractors today see patients given up to die? How many regularly see epileptics, blue babies, babies with so-called "congenital" torticollis, pyloric spasm, childhood infectious conditions, measles, mumps, etc? Where are the cerebral palsy patients in chiropractor's practices, the MS patients, stroke victims, and cardiac problems? The list could go on and on.

This brings me to the first component of "Chiropractic's Greatest Tactical Error." We narrowed our marketplace! We opted for the area wherein we were most accepted: namely the aches, pains, cricks, and strains of the orthopedic domain. I can so clearly remember being told by the Wisconsin Chiropractic Association (in the late 1960s) to stop lecturing on the chiropractic care of infectious conditions. You see, I spoke regularly as a guest lecturer to the Health Education Class at the University of Wisconsin, in La Crosse Wisconsin. The WCA told me to be silent on controversial subjects, to stick to back pain and the musculoskeletal domain. They said we need to get a "foot in the door," so to speak; we need to be included in Medicare, Medicaid, workmens' compensation, and other third-party payment plans. Needless to say, I did not cease my lecturing and chiropractic's "get our foot in the door policy" has led to stuck foot! Today, the majority of chiropractors see very few disease problems, they have been relegated to the aches, pains, cricks, and strains of an orthopedic type practice.

In the meantime, we proceeded to develop the second part of "Chiropractic's Greatest Tactical Error." We produced more chiropractors! During the time when our existing colleges finally began flourishing, we produced even more colleges. We narrowed the marketplace and increased the product availability. Now, this would have been fine (and still would be fine) if we were still teaching the concept of "chiropractic works in all disease" and caring for most all the ills of mankind, because outside of trauma, parasitism, and needed surgery, chiropractic care is best suited for the majority of mankind's ills. But remember, we narrowed our marketplace. We produced more DCs and placed them in the same domain as the common manipulators. The

physical therapists now number 60,000, this along with over 3,000 physiatrists (MDs degreed in PT), 20,000 occupational therapists, and even the osteopaths have renewed their interest in manipulation. Add to this army of manipulatory therapists, the 40 to 50,000 chiropractors. My friends, there will not be "enuf" backaches to go around.

We have created our own dilemma. What can we do? Refocus! Yes, refocus!

By the way, the epileptic boy responded beautifully. First the pattern of his grand mal seizures changed; they occurred only at night. Within six months this realization came upon him and his heretofore reclusive nature dissolved into a relatively outgoing personality. By the age 17, he received his driver's license and was on no medication. He is a boiler maker today, a highly paid, happy and healthy tradesman, and yes he still comes in for chiropractic care.

The stroke victim owned a popular restaurant in town. It was located next to the court house and most of the city officials gathered there for lunch. In three months my patient was back at the lunch counter, meeting people, speaking normally. He had a slight limp and one semi-paralyzed arm, but his face and speech were normal. He was again the smiling, friendly restauranteur.

I could go on and on, but we can go on and on! Let us become what our heritage deserves. Be the doctor of the future that Edison predicted. Let us refocus and again look to the "healer within" -- return to the care of anyone who has a subluxation. The name of a disease is no barrier to our care; if a patient has a subluxation we can be of help. The results are determined by the innate response of the human system as truly only the body heals. Return to the concept of accepting all cases regardless of the condition or their ability to pay. If we can remove the obstruction to healing called subluxation, the the patient is bound to receive help from chiropractic care. "Limitless innate, limited matter."

We do not hold forth a cure; we offer the help that we uniquely provide, the detection, location, control, reduction, and correction of the vertebral subluxation.

We have the limitless horizons of the healer within.

As Dr. Bernie Siegel said, "There are no incurable diseases, only incurable people." And chiropractors, who are we to judge the limitless capacity of innate? Remember, never remove hope from a patient. Where there is hope, there is life. Anyone with a subluxation deserves our care. We must not be bound by the medical paradigm. To do so would be to accept something short of full freedom, which is part slavery.

"Enuf said."

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