Dynamic Chiropractic

PHILOSOPHY

Clear View Sanitarium -- The Final Years

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The chiropractic profession began to realize by the 1950s that the need for research had become critical. Few of the colleges' leadership possessed the schooling and experience to understand what was realistically needed. Meanwhile, chiropractic lobbyists were encountering a stone wall in legislative halls and in government bureaus. In asking for votes and legislative changes, they were being challenged, in turn, by those who they expected to persuade. The challenge was, "show me proof of your claims. Don't bring me testimonials, bring the method and the results of research any scientist would accept. When you do this, I'll listen."

For years the profession held their heads and wailed, "We can't do research, we don't have any money!" They're getting all the money, so it's no wonder we don't have any big research projects."

Self-proclaimed research was performed mainly in the treating offices of entrepreneurs who had developed techniques and instruments but who had not the foggiest notion of how statistical methods should have been incorporated into their work. It was not so much that their efforts were bad, it was more a question of credibility, methodology, and diminishing the ever-present subjectivity of the researcher.

Clear View tried to make a research contribution. We didn't open up new vistas in mental health, but we did learn that although our colleagues insisted they wanted research, they were not very interested in contributing funds. It was clear that for many, anything less than "proving chiropractic" was a waste of time and money.

What we did undertake was some simple studies which we hoped might advance knowledge by a step or two. For years I had been advising students and chiropractic audiences that their practices were composed of a large percentage of patients who possessed a significant mental/emotional illness. In 1960, with financial aid and moral support of the ICA, we undertook to determine just what percentage of these patients did make up an average chiropractic practice.

To test for mental and/or emotional illness required a simple answer -- either yes or no. It was easy to administer and to score. There were 152 ICA doctors who agreed to participate in the project. The doctors were asked to submit the CI-N-2 to the first 25 new adult patients, 16-years and older, who came into their practices. A total of 1,115 patients were tested in 35 of the United States, 135 patients in the Canadian Provinces, 36 in Puerto Rico, and 145 Palmer students, to represent a "healthy norm."

In the United States, using the established cut-off level in the CI-N2, 48.1% had scores which indicated the presence of a significant psychiatric/psychological illness. The details of this study was published in the ICA Review in the May and June, 1960 issues.

Our most ambitious project was an effort to determine if we might confirm whether significant differences existed between normal controls and schizophrenic sera which differences could be exploited to provide diagnostic and prognostic criteria, and to determine if chiropractic adjustments had significant effect on the oxidase activity of schizophrenic patients.

In 1957, S. Akerfelt reported in science that fresh blood serum from patients with mental disease had the capacity to oxidize N,N, dimethyl-p-phenylenediamine (DPP) more rapidly than fresh serum taken from healthy control subjects. This was one of many articles which reflected a rapidly escalating race to discover the cause of schizophrenia in its victim's blood. Nevertheless, the Akerfelt method seemed a promising means of correlating behavior with oxidizing power in a longitudinal study.

Blood was drawn routinely once a week from patients classed as schizophrenic. The blood was refrigerated and transferred within two hours to the B.J. Palmer Research Clinic laboratory. Here, the tests were run, measuring the oxidizing power of schizophrenic serum compared to normal controls. Fifteen to twenty patients were under study at any one time. The tests extended from November 1958 to May 1959, a span of seven months.

The qualitative evaluation of patient behavior was determined by the systematic use of the Wittenborn Psychiatric Rating Scale, providing an objective means of determining the direction of behavior, either toward improvement or toward deterioration.

A plot of each patient's behavior was recorded, week-after-week. Against his curve, the oxidation values were plotted so that correlative studies between these parameters could be calculated. For easier visualization, the chiropractic adjustment was recorded on the date it was given.

At the end of the study, the evidence found was that schizophrenic serum on the average appeared to have greater oxidative power with DDP than normal serum; however, a significant no correlation was found between the oxidative percent factor and the patient's condition, as determined by the Wittenborn Rating Scale. Further, the oxidative value was not affected by chiropractic adjustments. It was found that oxidative values fluctuated wildly in both patients and controls. An article describing this project was published in the ICA Review in December 1959.

In early October of 1959, I sent Dr. Akerfeldt a pre-publication copy of the report. At that time he was at the Eastern Pennsylvania Psychiatric Institute. He responded quickly, saying that he agreed with most of my conclusions and offered his congratulations on an interesting piece of work.

Since that time a vast amount of research labor has been invested in an unsuccessful effort to discover a biological basis for schizophrenia. Our efforts now seem to be overly simple and naive, but we tried to show that chiropractic research was earnestly examining contemporary health problems.

A new problem which had not troubled us before was developing. Medical insurance as a fringe benefit was spreading rapidly in business and industry. Parents and guardians began inquiring whether their loved ones would be covered by their insurance, and if they were not, we frequently lost the case. It did not require much foresight to see a crisis was imminent. The problem was that Clear View was not licensed as a hospital. The statutes in Iowa made no allowance for specialized hospitals, only for the standard hospitals in which full services, such as emergency, surgical, pathological, and laboratory services were maintained 24 hours a day. This was obviously impossible for Clear View.

Next time, what we did about this problem.

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