

Next to Innate, Part V: The Vision Thing

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"Vision is the art of seeing things invisible." -- Jonathan Swift

Florence could not remember feeling more dizzy or nauseated in her previous 73 years. She could not get out of bed and the melons she'd brought to sell from Hermiston in her '62 Ford flatbed truck were sure to spoil.

She decided to see the local doctor. Stroke was the first consideration, the local MD said, and they whisked her away to the hospital emergency room 20 miles away in La Grande. After a day's observation she improved spontaneously and they released her to her daughter without saying exactly what had been wrong.

A few days later she returned to her daughter's chiropractor for another adjustment to her neck and you can imagine what I felt when she told me of her earlier ordeal -- especially when I had adjusted her the day before she went to the hospital. At this point I was not about to adjust her again and I explained the relationship between spinal adjustments and strokes. She said that she thought there might have been some connection between her sudden dizziness and the treatment, but the doctors never asked her about that and she didn't really think they needed to know anyway since they couldn't find anything wrong, even with a Computerized Axial Tomography (CAT) scan. Then she chuckled a bit like old Arthur Godfrey and said, "Doc, whatever you did must have been right because I can see clearly out of my left eye for the first time in years and I don't have a headache anymore."

The old woman was blinded in her left eye 15 years ago by a benign brain tumor. A neurosurgeon removed it, however, her vision in that eye did not fully return until last week, two days following a chiropractic adjustment to her neck.

"You just go ahead and do what you have to, so that my neck don't go back to the way it was before I saw you," she said.

I vainly searched the literature to find a relationship between sight and chiropractic, and reviewing numerous references to stroke or Transient Ischemic Attack (TIA) following a chiropractic adjustment. Although there were adequate theories as to why the adjustment affected her sight, there were no studies supporting a relationship between chiropractic and sight. I was left with but one conclusion: The adjustment had something to do with her vision returning, but I could not rationally contribute the result to the adjustment; maybe the adjustment permitted "innate intelligence" to complete its work on Florence's eye.

That is the crux of the matter. As a chiropractor, you are fully aware of the innate ability the human body has to heal itself, but at the same instant, you do not know how to hang your hat on it, so to speak. Should you believe in the power of innate intelligence you surely must be a chiropractor, but there is the problem of an incongruence between the scientific explanation of reality and the philosophical explanation of innate intelligence.

Every chiropractor will at some point experience a crisis of vision: a recognition that the

chiropractic philosophy explaining the nature of innate intelligence has some serious flaws. This is a crisis usually brought on after an adjustment fails to deliver the desired result. Suppose your wife had a heart attack and there was nothing you could do; or you were forced to have surgery by the relentless disability of a herniated disc; or it could have been the time your little girl was convulsing and had to take medication to save her life. How many times have you felt disappointment after three weeks of futile adjusting for a family member or friend? There are times when innate intelligence is less than the wonderful benevolent force chiropractic philosophers of old would have us believe.

B.J. Palmer might have contended that it was an error in the adjustive technique (the "tor" not the "tic"); this certainly could be fallacious thinking because there are times when the adjustment is not enough -- the severe accident victim, the insulin-dependent diabetics, the convulsing pregnant mother in labor, or the metastatic brain tumor, to name a few. This group of conditions are beyond our scope of influence which means they have very little chance of spontaneous recovery. So, you might reason that much of chiropractic's innate philosophy is also a fallacy and should be banned in favor of the application of scientific knowledge. This leads to a narrowing of the applications of chiropractic science to musculoskeletal conditions, which are the only areas where chiropractic has been scientifically demonstrated to be useful. In deference to this opinion, I must point out that this type of thinking, governed exclusively by science, is myopic.

The problem with chiropractic philosophy of innate intelligence is that the chiropractor who applies it universally does so incorrectly. Would you use an apple as a baseball? No chiropractor should expect chiropractic philosophy to provide some sort of all-powerful shield against the realities of living and dying. For that matter, science, even medical science, has starkly delineated limitations.

Innate with all of its limitations, is at the center of chiropractic health care. Most patients need only chiropractic adjustment and diet or lifestyle changes to effect recovery from ill health. One corollary to the chiropractic concept of innate: Symptoms of disease are caused by innate mechanisms ideally adapting to substandard conditions. By the time the average patient realizes their body needs attention, these symptoms are usually quite unpleasant. Once the patient returns to reasonable health habits, the symptoms discontinue and health is "restored." This is obviously the antithesis to the allopathic premise which often values treating the symptoms of disease with medicine or surgeries.

The first criterion noted above is the one that applies to almost every "ill" person in the civilized world. Most illnesses have a natural course of symptoms and recovery (innate response) that are classified into diagnostic categories. The physician must determine the likelihood of a patient's spontaneous recovery; but every condition has the potential to exhaust innate's ability to generate spontaneous recovery. For example, if a man swims too far out into the ocean he will eventually weaken and drown. There is nothing innate can do about this misuse of the body's resources. By the same logic, innate cannot be expected to overcome wounds, poisons, or self-abusive behaviors when they exceed the resources of the body to adapt. A patient with bronchitis who refuses to rest, drink water, and stop smoking can hardly expect innate to effect recovery.

Chiropractic is the only drugless healing art totally dependent upon harnessing the innate intelligence. If the body cannot repair itself, the chiropractor obviously has nothing else to offer. This forces chiropractors to become very skilled at the natural management of their patients. Since the majority of patients will recover spontaneously, the chiropractor offers the safest support to the body while it heals itself. Lead the patient to a reasonable recovery; teach them to stay well; then for the profession's sake, let them go.

The second criterion applies to the large minority of persons with neuromuscular disease, viral infections, and chronic degenerative diseases. Neuromuscular diseases like multiple sclerosis or muscular dystrophy are poorly cared for in the medical community (in my experience) and the persons with these conditions do well within the chiropractic paradigm of care. Finally, the chronic degenerative diseases like osteoarthritis are often untreatable with reasonable safety by medicines. None of the patients in this group would be harmed by an absence of medical care and a good number will live a better life with chiropractic care. As is the case with illnesses that can recover spontaneously, illnesses that are not materially improved by medications or surgeries, no matter how disabling they may be, can be cared for safely by chiropractors. In these conditions there is no single profession that can give adequate care, and so a team approach is ideal.

The third criterion applies to those patients who, for religious or philosophical reasons, refuse to have medical care, even though it may extend their life. This includes patients with cancer, heart disease, or any illness in which innate cannot be reasonably expected to induce recovery. There are two issues that are readily apparent as a result of this criterion:

The first issue is the question of a chiropractor assisting at a patient's death. Is this, in effect, euthanasia? Since the patient might be able to sustain life within the hospital environment, is it acceptable for a patient to reject medical care and opt instead for natural care that may lead to a natural death? These questions should be covered in every chiropractic school's ethics coursework, but cannot be satisfied in the course of this discussion. It is a common opinion that a person's choice of health care is protected by their constitutional right to privacy; however, this has not been tested in the courts.

The second issue raised by the third criterion pertains to the actual value of chiropractic care during terminal illness. Terminal illnesses are, by definition, hopeless and the most that can be done is to comfort the patient until death. Some people may not feel death comes easier at the end of a morphine needle and would prefer to keep their wits with chiropractic care -- if they knew such care was available. The chiropractic concept, that innate intelligence enables the body to sufficiently adapt to its needs, applies to terminal conditions just as it does to other conditions. Death is a natural process that can be managed within the chiropractor's scope of care. By helping the patient to accommodate the body's increasingly limited function, the chiropractor provides the patient with comforting insight and natural solutions without the use of morphine sulfate and other drugs that may interfere with the patient's perception of life's end.

Within these criteria, the chiropractor's crisis of vision mentioned above need never happen because these criteria address the limitations of the body's ability to recover (innate intelligence). These criteria enable the profession to clearly identify our philosophy without reference to technique: They serve as a reasonable guide to the application of the technical definition of chiropractic; they require the chiropractor to diagnose disease (analyze), but they do not imply that the chiropractor treats disease; they define a chiropractic philosophy that permits any reasonable combination of adjustment(s), physiotherapies, vitamins, herbs, exercise, diet, psychology, or other treatment that can be legally practiced by chiropractors. These chiropractic criteria are the invisible guidelines our profession has followed since its inception.

Most importantly, these guidelines are in harmony with both the early chiropractic philosophy and the modern chiropractic applications of science.

Science is a tool like philosophy. You need both science and philosophy to practice the art of chiropractic.

Take the case of Florence's vision as one example representing thousands. There is more to

chiropractic than what is proven by science, but less than expected by oldtime philosophy -- and that is the vision thing.

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