

Help Wanted

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"Sorry, Mr. Sharrott, you do not pass this industrial physical because you have an increased risk of disabling injury," I told the young father of four.

"Why?" he asked.

"Because you have a spinal subluxation in your neck that will get worse on the job," I said. "Your condition will respond to chiropractic care, but the company requires that you pass this physical today. I am sure that you are able to do the work, but your risk of disabling injury is higher than average. You may feel OK today, but after a few weeks on the cut line you are more likely to develop nerve problems."

This scenario has replayed itself many times in the last 100 industrial physicals performed for major employers in eastern Oregon. The reason is simple: When workers are screened for subluxations, abnormal joint play, as well as other health problems, they are less likely to file a workers' compensation claim. In fact, one employer recently wrote a letter stating that their cost of compensation dropped from \$16.91 per \$100 of payroll (with medical pre-employment physicals) to only \$0.91 per \$100 (with chiropractic pre-employment physicals). For that one company, the switch to chiropractic saved almost a quarter of a million dollars in workers' compensation claims in one year! But this, as you shall see my friends is only the tip of the iceberg.

As it turns out, chiropractors are uniquely trained to prevent morbid disease and death, yes death, in a way that medicine will not. Of course, being a modern scientific chiropractor you need some scientific evidence. That is not a problem.

Dollery, in an article from the American Journal of Medicine (V82; P2-8; D1987 Jan 5) made the observation that clinical trials of hypertensive medication have failed to demonstrate significant reduction in coronary heart disease mortality in the following studies: Veterans' Administration Cooperative Study on Antihypertensive Agents; the United States Public Health Service Hospital Cooperative Study; the Australian Therapeutic Trial in Mild Hypertension; and the European Working Party Trial on High Blood Pressure in the Elderly.

Take a note of the observations of Miall and Greenberg (Nephron; V47 Suppl 1; N; P111-4; D1987): 17,354 mildly hypertensive adults with diastolic (v) pressures of 90-109 mm Hg took part in a 5 1/2 year trial in which each was randomized to treatment with either bendrofluazide, propranolol, or a placebo. The main results of the trail showed a stroke benefit but no overall reduction in the incidence of conorary disease and no effect on all-cause mortality.

Are they chipping away at medicine's professional credibility to treat high blood pressure, heart disease, and stroke? Perhaps you need more recent information. Check the 1991 report by Reaven in the American Journal of Medicine (V90 Suppl 2A; P7-11; 1991 Feb 21) in which the medical author states, "It is still not clear why morbidity and mortality from CAD (Coronary Artery Disease) have not been improved with antihypertensive treatment..."

And there is more to the story, a sort of happy ending if you please. Look at the statistics from

Stamler and Shekelle (Arch Pathol Lab Med; V112; N10; P1032-40; D1988) where a 200-mg/1000 kcal habitual lower cholesterol intake was associated with a 37 percent lower risk of death from any cause, equivalent to a life expectancy longer by 3.4 years.

Of course one study is never enough for the true scientist. How about a study of over 300,000 people, the Mr. Fit study that confirms the independent effect of serum cholesterol concentration, diastolic blood pressure, and cigarette smoking as risk factors for CHD and all-cause mortality rates. The combination of these risk factors escalates the risk. It is estimated that elimination of these risk factors has the potential for reducing the CHD mortality rate by two-thirds in 35- to 45-year old men, and by one-half in 46- to 57-year-old men.

Now it is time to break for a quiz. What is the number one cause of death in the United States? If you answered heart disease then you are correct, for a medical doctor. If you answered spinal subluxation you are probably unable to read all the words in this article; if you answered lifestyle you get the gold star of achievement.

Cigarettes account for about 360,000 of the 2.5 million annual deaths in the United States. Side effects from prescription drugs account for another 120,000 deaths. (Accutane alone caused 1300 birth defects since its introduction to combat acne.) Simply increasing fiber (remember Burkitt?) is estimated to reduce the risk of heart related mortality by 25 percent (N Engl J Med; V316; N5; P235-40; D1987 Jan 29). Potassium, found in the dark leafy vegetable you eat to get more fiber, can cause a 40 percent decrease in the incidence of death from stroke (Am J Epidemiol; V126; N6; P1093-102; D1987 Dec).

Wear a seatbelt and save a few more thousand. Get adjusted enough to keep you relaxed and who knows what reduction in mortality risk is possible (no studies done yet -- we're in line right after they get done with bananas and pet hamsters). And don't forget that if you get adjusted you might just avoid some of those harmful side effects of the drugs used to save us from the dreaded causes of death known as heart disease, cancer, stroke, diabetes, and alcoholism. Yes, barbituates like Valium are considered more socially acceptable than getting drunk, and since 1 of 4 prescriptions are written for a barbituate...

But the medical emperor has no clothes. Take phenacetin (a metabolite of acetaminophen), for example. Regular use of analgesics containing phenacetin result in an overall death rate 2.2 times that of average; a 16.1 fold increase in death from urinary or renal disease; a 1.9 fold increase in death from cancer; a 2.9 increase in deaths from cardiovascular disease; a 1.6 fold increase in the incidence of hypertension; and a 1.8 fold increase in cardiovascular disease. This was reported by Duback, Rosner, and Sturmer (N Engl J Med; V324; N3; P155-60; D1991 Jan 17). Acetaminophen is ranks 7th as a cause of mortality from drug overdose, and there is no antidote for America's safest drug!

Even the dullest of the dull must by now be thinking, chiropractors can do better than this. And you can, without drugs or surgery; without a blood pressure cuff or a thermometer; without a vitamin pill or a physiotherapy unit. Simply by getting your patients to 1) eat a high complex carbohydrate diet, high in fiber (more than oat bran), and very low in fat and sugar; 2) stop smoking; 3) stop taking drugs unless your chiropractor approves; 4) exercise; and 5) teach them how to be well with chiropractic care.

None of these violate your state laws. However, if you are simply adjusting patients and ignoring the facts about their true health care needs you should reconsider your direction in life. If you feel that there is a place for medicine in the prevention of heart disease, your diet plan must need major surgery. The sad truth is that medical doctors could care less about changing their patients'

lifestyle, just ask your patients if you need a reference for that.

You may or may not need to use a vitamin supplement, an ultrasound unit, a diagnostic test, an exercise machine or whatever to motivate yourself and/or your patient back to better health. I believe every chiropractor should have full diagnostic and natural therapeutic methods at their fingertips. There can be no harm in these, unless they are used to treat disease, rather than used to promote health. If you can't take blood pressure in your state, hire a nurse; if you can't perform phlebotomy, request the patient's medical records. There are no real barriers to caring for your patients. Barriers to chiropractic care are no more formidable than the diseases noted above.

Disease is a medical classification, no more no less. Health is a state of well-being. Although health is present in the absence of disease, one usually cannot achieve a state of health by combatting the body's defenses. I write usually because there are those few persons who genetically cannot survive without some form of combat. However, in any case, health is a product of things chiropractic; after all you cannot clear subluxations unless there is a healthy diet and exercise program.

Diet, exercise, and a spine free of subluxation provide an optimum environment for the control of the internal milieu by innate intelligence. We need to prove this by population studies of chiropractors and their families. I estimate there are about 200,000 chiropractors and family members out there who could immediately begin sending their vital statistics to my address. But please, don't. Even in the absence of that proof, chiropractors are uniquely positioned to harvest the deluge of research that demonstrates the value of living in harmony with innate.

It is vital for chiropractors to realize that no profession is currently aware of the natural, innate ability of the body to maintain itself in a state of optimum health. Unfortunately, our organizations often dwell on the little picture of insurance reimbursement while the bigger picture of health care slips between our fingers. The answer to the chiropractors dilemma is as old as the profession itself. This small profession will inevitably hang out the sign "Help Wanted" -- and recognize that innate intelligence has, as usual, already answered.

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