

## "The DOs -- a Lesson to be Learned"

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To some who read my editorials, I'm a frustrated MD -- to others, a DC cultist. Of course I'm neither, but part of the feeling about the former might come from my interest in the osteopathic medical profession.

As strange as it might seem, I've been interested in the DOs for a purely personal reason: they write the things I like to read. Without shame they, as a profession, postulate the value of the maintenance of structural integrity with its residual influence upon the organic health of the patient. We, on the other hand, are far more timid and sort of back into the hypothesis out of the apparent fear of being called "quacks."

Even so -- the osteopathic profession seems to be sinking into a quagmire of a lost identity. How do I know? For years I've read their books and magazines, collected their school catalogues, visited one of their state conventions, visited some of their schools, had three of my children delivered by them, associated in practice with one, and for several years wrote for one of their publications. So while I might not be an osteopathic physician, I have been able to observe them with interest and some objectivity.

Their search for identity brings with it many lessons that we in the chiropractic profession can learn from. Their identity search has been literally mandated by the government.

When the osteopathic profession was founded by Dr. Andrew Taylor Still in the latter part of the 19th century, it was meant to be an alternative to some of the rather barbaric forms of therapy indigenous to the practice of medicine at the time. Dr. Still felt that allopathic medicine was beginning to interfere too aggressively with the natural healing capacity inherent within the body. He had discovered through intensive investigation that virtually all of the native American Indians who had succumbed to a disease in his area had structural aberrations. He had also discovered that the severe headaches he had suffered from for so long were controlled through pressure and manipulation of the cervical vertebrae. Upon this, and his understanding of anatomy and physiology, he founded osteopathic medicine.

Unlike chiropractic, however, Dr. Still felt that the major contributing factor to the maintenance of health was the effect of structure on the flow of blood, hence he postulated his famous "rule of the artery" hypothesis.

Early osteopathic texts promulgate a philosophy almost identical to that of the chiropractic profession. The greatest difference seemed to be upon the emphasis on the contributing factors of illness and health. Another difference was that the therapeutic door was left slightly open to allow for the minor use of drugs and surgery.

As history has demonstrated, the therapeutic door swung wide open until most of today's practicing DOs, in their desire to be "real doctors," have almost abrogated any adherence to osseous manipulation and the promulgation of the somate/visceral, viscero/somatic reflex in the maintenance of health.

Yes -- there are those in osteopathic medicine who still practice manipulation, and while they make noise, they are in a decided minority.

Now comes their dilemma. For the osteopaths to remain a separate profession with whatever income it generates and political influence it has, it must maintain a measure of financial support from the government. To do this it must demonstrate a distinctive difference from the allopaths; in other words, a therapeutic need for their existence. That difference is, of course, manipulation.

The result of this need has been a plethora of dynamic research and texts on the validity of osteopathic manipulative techniques. Such doctor/researchers as Burns, Sutherland, and Chapman pioneered the research objectives that are now so effectively used and expanded on by men such as Philip Greenman and Irvin M. Kerr.

Their work is not apologetic about manipulation and its effect upon the organic health of the patient. The osteopathic profession, as a political body, recognizes this imperative to their survival. For whatever the reason -- they write some wonderful things that our resident hand wringers and pseudomedics could learn from.

On the other side of the professional coin -- most DOs care little for DCs. Despite the fact that one might believe there is some kind of therapeutic bond, many DOs like to feel professionally "superior." It's like a professional pecking order with the DOs in the middle. They are constantly panting for allopathic acceptance. This can be had by pandering to the MDs, by having them teach in their schools, write in their publications, and speak at their conventions. Is this invitation ever extended to a chiropractor? Are you kidding? And incur the ridicule of the "RDs" (real doctors) and the brainwashed public? Not on your degree.

The fact that I wrote for an osteopathic journal was only because of the guts of the editor. Even then, almost every article was preceded by some kind of excuse or apology to be followed by a flood of letters objecting to the fact that a lowly DC was given the chance to defile the pages of one of their publications.

The only time I've ever seen a DC listed as an instructor at an osteopathic technique seminar was without a degree after his name. Heaven forbid that such heresy should be in print.

The result of all these professional ego games is that the osteopaths suffer more than we do. We have medical and osteopathic texts that we study in school and have on our office bookshelves. We have DOs speak at our seminars and teach in our schools, and we have DOs on the editorial boards of some of our journals. In other words, we benefit from their knowledge.

Not so with the osteopaths. Just about every issue of one of their journals asks about more information on manipulative procedures. They professionally ignore such erudite publications as Chiropractic Technique and the Journal of Manipulative and Physiological Therapeutics -- certainly I can seldom remember ever seeing a chiropractic reference in one of their articles or texts. And one can only wonder how many DOs have any of the splendid chiropractic texts currently being produced, on their book shelves. What a loss -- for them.

If we have anything to learn from the professional insecurity of the osteopaths, it's that we should not follow their example.

The value of specific adjustive techniques and their viability to the maintenance of the health of our patients through the somatovisceral, viscerosomatic reflex is alive and well, thank you; thanks to the osteopathic as well as chiropractic researchers.

So keep up the good work, DOs -- we'll feast at your research table and you may clean up our crumbs. It's just unfortunate that common sense is so often crucified by insecurity and ego. Your loss -- our gain.

*RHT*

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