

The Country Chiropractor

ISABELLE'S POISON

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*Pardon practice by hand, for the serious we
searched not,
Instead sought we profit from the stale
shallows' skim,
And there languished meeting with a wise
ancient's thot,
And safe practice denied health's child borne
of him,
Rather we malnourished the old with laws
flagged in tears,
Those proud hearts squeezed of sorrow come
battle's end,
Poisoned by science, the art was paralyzed
within fears,
Locking life's breath, Innate, from brave
mortals mend.*

*At moors of time look not with hope for the
guardian of a king,
Instead, hidden from this world's eyes within
the dragon's lair,
Lies man's healing hands surrendered, unable
to bring.*

-- Epitaph of Chiropractic

Diabetes is sometimes called the great masquerader because of the diverse set of symptoms with which it is associated. There are retinopathies, nephropathies, and neuropathies, as well as carbohydrate pathophysiology. Safely we could say that diabetes is among the most scientific of diseases and should thereby provide us, the profession yearning for scientific justification, an appropriate model of how a scientific profession behaves. Within this well-researched, double-blind and unblinded multiple crossover group hospital and single case trial, unfolds the story of Isabelle.

As a brittle diabetic Isabelle would suffer wild fluctuations of her blood sugar levels and the consequences thereof. One of those sequellae was a loss of proprioception that led her to this chiropractor's office. She had fallen on her right hand and injured her shoulder. In the course of the examination she explained how her diabetes was quite severe and that if I didn't mind could she stop for a minute and eat some orange slice candies to prevent her from going into insulin shock.

She could not take a vigorous adjustment without considerable reaction, so we settled on a fairly light technique that would be similar to that originated by Richard Van Rumpt, D.C. She responded

favorably but required adjustments every few days. For her it was the first true relief she had experienced in her last 20 years of adult onset diabetes. But for me it was an insurance nightmare because the insurance company had no interest in the frequency of her care. In addition, she needed to be completely reeducated as to why her body seemed to be in constant rebellion. She was not cognizant of many of the most basic realities of diabetes. She strictly maintained her daily dosage of short- and long-acting insulin, and the diabetic exchange diet along with assorted candies to prevent insulin shock.

A brittle diabetic describes a person whose blood sugar can drop from over 300 mg% to 50 in a couple of hours. Because of this it is nearly impossible to establish accurately the dosage of insulin necessary. High-tech insulin pumps were not appropriate for her; she was gradually deteriorating before my very eyes.

The reason her adjustments would not hold had nothing to do with the perfection of the adjustment or the technique. Her neurons were simply damaged beyond the point of return. She had gastric neuropathy that interfered with her digestion, peripheral neuropathies that caused pain and spasm along with other sensory disturbances, her retinal vasculature was riddled with exudates and hemorrhages, her mood shifted from utter depression to her favorite spunky, mischievous self several times during the course of a day. In short, any doctor who chose to care for her would avoid her as a total person and safely limit care to his specialty.

She needed more than that. She needed a chiropractor helping her to find some innate harmony to the chaos of her bodily function. Our first objective was to get her blood sugars to average, below 200, and to get her off candy for her insulin-induced hypoglycemic attacks. Basic facts like the need to stay on a low fat, low protein diet to prevent atherosclerosis needed to be incorporated into her diabetic diet that included ice milk and American cheese. After a visit to her house I took away a whole box of what I considered dangerous foods containing white flour, dextrose, and the like. We personally began to take her for walks on a rigorous schedule and monitored her heart rhythms with a stethoscope and EKG. Why were we forced to do these diagnostic procedures? Simply put, there was no one else. It took this considerable energy to establish a basis for trust before she would accept that the feldine she was taking did her no good and was potentially devastating for her already weakened kidneys. Before she could safely shift her primary healthcare from a medical internist to a chiropractor, she needed to feel that the chiropractor would be there when needed. He would have to provide at least the same level of commitment that her medical care givers were providing.

Her health improved, yet she continued to deteriorate as the diabetic scenario played on. She was a stable, dying diabetic on insulin. There was no more to be done except maintain her dignity and care for her, I thought, but I might as well have been waiting for Santa Claus to come down my chimney.

Two years went by and Isabelle loved me as a son, I her as an aunt. One day she noticed a pain in her calf and a vein that was looking a little stormy, so she asked me about it. Phlebitis, I responded, and told her that while she could go in and have an internist look at it she would be safer staying at home with the leg elevated and use hot compresses and bioflavinoids until the vein healed of its own accord. Well, fate would have it that she needed to have her quarterly visit with the internist who dispensed the insulin prescription. He no sooner saw her than he ordered a venogram of her legs to get to the exact nature of the problem.

He knew, as I did, that her BUN was shooting well above 50 and that her kidneys were just hanging in there by luck and a prayer. In the same stereotypical thinking that led him to prescribe the feldine for her shoulder pain, he ordered a venogram of her legs that very morning. That

morning she was taken by ambulance to Boise for a kidney failure secondary to the dye study.

That was the last of Isabelle's care I ever provided. From that day on she has been left to scientific care that is so critical to her survival in a nursing home bed where she can barely remember the days when these hands provided her the primary healthcare she needed.

When the chiropractic poets and politicians set the standards for scientific chiropractic care that satisfies the government, the insurers, and the vendors of chiropractic, remember the significance of Isabelle's poison.

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