

We Get Letters

The Pressure of PMA

Dear Editor:

I had gone to a meeting in Detroit to hear Dr. Fernandez for the first time. His one-day talk was 1,001 ways to get new patients. During his talk he said people were invited to a four-day seminar in Atlanta for no charge if they did not feel they could use his methods. He said there would be no pressure then to sign up.

So I went and took my CA with me. After the second day, I was pressured so much by his right-hand man that I ended up trying to avoid him, even walking around through another hall so that I would not meet him. At the point before he started asking me if I had decided, I was seriously thinking of signing up, but when he started, I said no. At this point in time I am glad I did not.

I thought of maybe going to one of their seminars again, but I guess the good Lord just kept me from doing so and I never got involved.

Elmer Denlinger, D.C.

Elkhart, Indiana

Do Your Homework, and You'll Be Successful

Dear Editor:

Regarding your article on practice consultants, I appreciate your reporting and exposing this to the profession.

I have been with Bill Harris (Practice Consultants) and Practice Management Associates (PMA), as well as Parker Seminars. In all cases, my overhead increased greatly and profits went to the consultants with contracts, (not Parker).

The consultants have been needed in the past due to poor business training and no or minimal externship training in real office situations.

However, the profession as a whole has structured its practices, routines, and protocols off of practice builder ideas and gimmicks. Some ideas and procedures are 20-30 years old. Most promotions are the type of advertising seen on Hardee's or detergent ads. The profession is not taking the steps to be primary care providers due to these routine practice procedures. They are not examining properly, nor providing physical therapy, etc. All consultants that I am familiar with want you to use the same procedure and therapy on all patients because it is faster -- regardless of therapeutic benefit. Worse yet is training of CAs to do exams! They do not have the physiology (pathology) and diagnostic training to know when to continue examining or where to look next (flow chart) if there is something suspicious. CAs are just not qualified for that!

If what I have said previously is not enough---

Now the reason for my letter: PMA is so big that it has lost some of its personal touch of the old days; but it is not near as much of a rip-off nor threat as these "Scientology" front groups: Irons, Marcus and Valco (IMV), Stellar, Sterling and Singer.

These people are all high in the Scientology "religion." I'm not judging good or bad. These organizations seem to have two major goals: First is to get the most money out of the client at each meeting (you will end up taking every Scientology/wise course that they have) and goal number two is to route you into Scientology methodology, indirectly through "in-house" consulting/dianetic counseling or directly via Scientology mission/organization, at hundreds of dollars per hour -- more than three times what a qualified psychologist with years of training and experience would charge. In fact, more than what a medical psychiatrist would charge by multiples of three.

Their goal may be indicated by what a Christian chiropractor said he saw on Singer's wall, a plaque that is said to say, "Scientology for a better world tomorrow, through Chiropractic today" or something to that effect.

Their practice building consists of great "new" ideas as family health history, mall shows, patient con (I mean) appreciation days, false hiring of personnel -- so you have an opportunity to lay lecture an unsuspecting captured audience, never hiring anyone. The latest is cheap airline tickets to induce referrals. The same carnival crap we've put up with in the profession for years. You can get this or better from Parker for a seminar fee.

These carnival activities are killing the professional image of chiropractic and these consultants are financially ruining our doctors.

Lesson learned: If you want marketing advice, go to someone specializing in marketing that will work with you and your specific market and specialty. Then gauge whether the short-term good, will in the long run, hurt the image of chiropractic.

Lesson learned: If you want personal development, read self-development books, take courses, etc., from Success Unlimited, SMI, etc. If you still have personal problems, consult a reputable licensed psychologist/psychiatrist or contact the Church of Scientology directly -- learn for yourself, ask questions, and make a logical decision. Leave out the middle man (consultant).

Lesson learned: If you feel you need practice management, read books on the subject, subscribe to Medical Economics, go to fee pay seminars, or even purchase Hubbard's Management Series for \$1,200 (it's cheaper than consultants).

Lesson learned: If anyone ever asks for your credit card, please do yourself a favor and run. IMV got me for tens of thousands of dollars by loading up my credit cards over a one-week period of time.

Lessons learned: If you need better diagnostics, take the orthopedic course or Dr. Cessna's course, read and study, be the real doctor you claim you want to be -- not doing the same procedures, same test, and arriving at the same diagnosis on all patients (diagnosis by laundry list) because a "consultant" taught you to do it that way.

Lesson learned: If you need equipment, shop for the best deal.

Don't get stuck into a contract doing procedures which are hokey, and possibly illegal, or shady, just because of the emotional rush of a cheap or free "rah-rah" seminar.

Study, learn, practice, and do what you feel comfortable with, within your state's laws, that uphold a good image, as you would want done to you or your family, for the patient's benefit.

In the past, the only thing we had going for us was -- and still is -- patient satisfaction due to results. These managers get you by promising the world, not doing good exams, and picking a diagnosis from a list, not arriving at an accurate one through examination. Then giving sloppy inadequate long-term care. According to latest surveys, our costs are up and results down, with patient dissatisfaction growing. Cost should be up if we are good and helping people. But costs should not be up and dissatisfaction up also. Let's grow up and do a good job.

Name withheld by request.

Cryotherapy

Dear Editor:

This is a response to a Letter to the Editor appearing in the May 9, 1990 issue of *Dynamic Chiropractic*, authored by Phillip S. Ebrall, D.C., in which he disputed 1) the lower limit of the stated temperature range, 2) the capacity of cryotherapy to reduce edema formation, and 3) the clinically favorable time limit of cryotherapeutic application. Let's take these one at a time realizing, and accepting, that the available material is inconclusive and more clinical studies, with good controls, are needed to accumulate sufficient data on which to formulate sound principles of treatment. With that in mind, let us proceed:

1. The lower limit of the temperature range for cryotherapy, with a safe margin of error, would be about 10 degrees C. since damage will occur if the temperature of the skin approaches 13 degrees.^{1,2}
2. Although it is common knowledge in physical medicine, and cryotherapy has been used to reduce and control edema (traumatic edema) for many years, with great success, it continues to be recommended for physiological/pathophysiological reasons today. Although there are many references, I am using those most familiar to me from my own training.^{3,4}
3. Time limit for therapeutic exposure. You may very well be correct in pointing out that the time limit for "reducing the skin temperature" may be ten minutes (the study by Ebrall and Poole, addressed skin temperature). However, Griffin in *Physical Agents for Physical Therapists* recommends 10 to 15 minutes, and Zislis in *Physical Medicine & Rehabilitation* recommends 10 to 20 minutes for the purpose of reduction and control of traumatic edema.

Elevation of the traumatized extremity, following contrast temperature treatment, is an excellent procedure constituting a part of the total therapeutic regimen, but elevation alone is not an adequate program of treatment where traumatic edema is involved. Personally, I prefer contrast therapy. It decreases edema by constricting blood vessels, and also intermittently supplies the damaged cells with nutrients for repair during the heat application phase. This is also a product of my physical therapy training.

Also, the "hunting reaction" as described by Sir Thomas Lewis in 1930 has reference to the mechanism involving the thermoregulatory center in the midbrain by which the autonomic nervous system alters the blood flow in the area where cold temperature is applied and thereby reduces the probability of cold temperature damage to cells by increasing the flow of warm arterial blood to the cooled part. This reaction takes place at any anatomical location in the body under the influence of the autonomic nervous system.

I would go into more physiological detail to explain the mechanisms of "physiological therapeutics,"

as this specialty was once known, but space does not permit.

1. Wolf, S.L. & Basmajian, J.V. "Intramuscular Temperature Deep to Localized Cold Stimulation." *Phys. Ther.* Dec 1973; 53:1284-8.
2. Beirman, W. "Therapeutic Use of Cold." *JAMA* 1955; 157:189-92.
3. Zislis, Jack M. "Handbook of Phys.Med.& Rehab." Second ed. 356-61. Saunders.
4. Griffin, James E. "Physical Agents for PT." 1982; 240-43. Second ed. Thomas Publ.

R. Vincent Davis, D.C., R.P.T.
Independence, Missouri

Florida State Board: Help or Hindrance?

Dear Editor:

This letter is in regard to your editorial "What Is a State Board for Anyway? Part II" in the April 25, 1990 issue of *Dynamic Chiropractic*. Near the end of your comments you appear to commend the Florida State Board for enacting legislation that requires each new Florida candidate for licensure to complete "a three-month training program in (the) state of no less than 300 hours with a chiropractic physician licensed in this state."

The current facts do not support such accolades for the Florida State Board. The Florida State Chiropractic Association (mixers) mailed a solicitation asking for DCs to volunteer to participate in the program. The qualifications are not what one could call stringent. To qualify, you must have been licensed in Florida for five years and had no malpractice complaints; that is all. A telephone call to the Florida Department of Professional Regulation (DPR) yields the following information:

The hopeful candidate for licensure must find his "training" DC, then contact DPR and determine if that DC is acceptable. There is no formalized training program in place, "you just spend 300 hours in the office with the doctor." DPR has no control over any financial requirements the "training" DC may propose. There is no grading system and no evaluation; one simply puts in his time in the "training" DC's office.

To put this program in a different perspective, think of just one nationally prominent doctor of chiropractic. Picture him serving an internship in the office of a far less experienced "licensed Florida chiropractor" for 300 hours. Let me suggest that this Florida requirement is simply one part of a multifaceted program to limit the number of DCs in Florida.

The AMA was convicted for actions that included attempting to contain the chiropractic profession. Can someone explain why it is legal for state chiropractic boards to limit the number of "qualified" DCs entering their state?

Name withheld by request.

SAIF's Overpayments: Whose Fault Is It?

Dear Editor:

I hope that the SAIF Corporation started its cost containment process by taking a look at the way it mails out payments. About four years ago I treated a patient who moved to Utah from Oregon. She was being treated for a work injury when she left Oregon and I completed her care. Over the next two years I received at least four checks from SAIF for patients and doctors who were in Oregon.

Each time I sent the payments back and asked them to take my name off their computer as I would not likely be treating another work injury from their state.

I wasn't surprised to read that SAIF has overpaid chiropractors all over Oregon, also. From my experience you don't even have to bill SAIF to receive multiple payments.

Stephen Westhoff, D.C.
Farmington, Utah

"I Just Want to Heal."

This letter was sent to Dr. Gelardi who is the president of Sherman College of Straight Chiropractic. A copy was sent to "DC" for publication.

Dear Dr. Gelardi:

I've begun several letters to you but each time I figure -- oh, what's the use?

In tonight's mail was another Newsletter from SCSC -- so again I have motivation to write to you expressing my feelings about the promotion of SCSC.

As you can observe from my letterhead, I'm not a straight DC. I don't have a DD mission. Not even a B.J. mission. Maybe that's because I'm an LACC graduate. What I acquired from my respected teachers at LACC was a mission to heal. Somewhere I've read a quote from B.J. which stated---"I'd do anything to get a patient well."

I've just recently opened a new clinic in our small town of Motueka. I have a partner who is a naturopathic physician. Our clinic mission is to meet the health needs of our community. Within that paradigm, we include adequate and precise spinal corrections. But, our patients have a myriad of health needs. Some have diabetes, some low blood sugar, some pre-menstrual syndrome, many exhibit fatigue, some have prostate problems, or ovarian cysts. As a doctor you are well aware of the presenting symptoms and sequelae of most patients. All of these patients have varying health needs. Our clinic mission is to fulfill these health needs -- naturally!

Now what health professional is best educated to serve these needs? Is it the medical practitioner who is well versed in the dispensation of essentially harmful, frequently lethal drugs, and overwhelmingly unnecessary surgery? Is it the physiotherapist who is trained to take instructions and use stretching exercises, various modalities, and a crude form of manipulation? Is it the herbalist who has taken a few weekend courses from Nature's Sunshine and dispenses many plastic herbal capsules? Is it a dietician who has been trained from texts written by General Mills? Is it a naturopath -- hopefully trained at NCNM or Bastyr -- who is well versed in natural healing, but has licensure in only eight states? Or perhaps could this doctor be a chiropractor who is trained in biochemistry, spinal corrections, physiotherapy, and natural healing?

In our program, Dr. Gelardi, we do an extensive physical and structural examination on all new patients. They also have a precise iris/sclera analysis. We do not take x-rays for two reasons. 1) I have almost never found them to be necessary. 2) We do not wish to increase the radiation of either ourselves or our patients. Our therapy program consists of spinal corrections; nutritional advice (we adhere to biogenic principles); supplementation to insure tissue saturation of minerals, vitamins, amino acids, and enzymes. We then do a form of acupuncture which literally regenerates the neural and circulatory transmission to the entire body.

With this integrated diagnostic and therapeutic program we have seen some marvelous natural healing take place. We have seen cystic ovaries slowly melt away to a normal and healthy organ. We have seen enlarged prostates shrink away to normal. We've seen pelvic inflammatory diseases and cystitis disappear within a week's time, sometimes in just a day or two. We've seen patients slowly drop their insulin requirements. We've seen asthmatics breathe and throw away their Ventolin. We've seen ladies who were cot cases and on the verge of schizophrenia from PMS become lovable and energetic mothers, wives, and workers.

Now, can this be done simply by spinal corrections? And please consider, Dr. Gelardi, what is a spinal subluxation? Is the subluxation not simply another symptom? So, if we simply adjust the subluxation, one symptom of many in the health spectrum of the patient, what have we done but administered another sticky plaster?

In my observation over 25 years, I have noted that many patients, primarily women, exhibit continually recurring subluxations, when they are hypothyroid. What then is an intelligent doctor to do when confronted by an atlas/axis that just "comes out" continually? Just keep adjusting? Should we schedule these patients daily, then three times a week for several weeks, then two times a week for several more weeks, then, on and on indefinitely. Do we spend "not more than 3 to 5 minutes per patient" and aim for the 1,000 patient per week volume practice? As Rolla Pinnell so aptly put it, "just working on hot steaming backs all day."

Or, do we actualize that which our diploma states -- mine says doctor! It does not say adjuster. It does not say straight chiropractor, it says "Doctor of Chiropractic." To me that says a doctor committed to getting patients well with all the armamentarium provided by nature. It does not say use drugs or surgery; that's the practice of medicine. But I correct thyroid conditions with simple nutrients. I don't refer them out to someone qualified to handle endocrine problems, because there is no one in my community or any other who knows better than I do how to correct endocrine problems.

Frankly, Dr. Gelardi, I'm quite dismayed by the way our profession seems to be heading. We have fringes who want pharmaceutical rights. Some want hospital privileges. And there is a very active, vociferous minority who feel that a chiropractic doctor should simply and completely only adjust subluxations and refer all other aspects of the patient's health problems out to qualified professionals (who I have yet to identify).

I have seen many DCs accept their role as doctors who administer to the health needs of their community. They are capable of handling naturally most human complaints. They avoid the disaster of drugs and surgery for many patients or the resort of patients to unqualified masseurs or herb dealers.

Today, Dr. Gelardi, as you are well aware, we are faced with a tidal wave of cancer, AIDS, decimating cardiac problems, arthritis, and on and on. The doctor of chiropractic is well qualified and capable of helping to prevent and to treat some of these disasters.

We don't abandon our neurological/orthopedic role, we simply expand it to meet the needs of our community -- naturally. And when I say neurological/orthopedic role, I'm not belittling the chiropractic paradigm, I'm expanding the concept of a DC from a "bone cracker" to one who fully understands the full mechanical role of the human frame and physiology and psychology -- "real doctor!"

Dr. Gelardi, since I cannot support the role of SCSC, which seems to be to train young men and women to accept a minor role in spinal mechanics and to ignore the crying need in the community

for a "family doctor," please delete my name from your mailing list; that will save you some money and me further discouragement.

Earl W. Conroy, B.Sc., D.C., N.D.
Motueka, New Zealand

Equal Compensation for Superior Results

Dear Editor:

I have never seen a group of people so proud of being responsible for the lowest cost of health care as I have with chiropractic. The comment made by Dr. Harriott did not even mention the part of getting the people back on the job quicker and with chiropractic, no drugs or unnecessary surgery. A \$134 office visit is probably what the doctor feels his services are worth, not only to the workmen's compensation cases, but to all the patients he renders services. I thought the Wilk et al. case proved beyond a shadow of doubt (even to chiropractors) that we no longer have to hold our heads down or say under our breath that we are chiropractors, and we don't have to take a back seat to any profession, especially the medical field.

In every other real-life arena a product or service which works faster and/or better costs more without explanation. Chiropractic has and always will be under investigation by the medical profession to accomplish their same goal as before Wilk et al. trial. Their methods have always been effective in causing the chiropractic profession to turn against itself as the enemy.

Curtis N. Cox, D.C.
Biloxi, Mississippi

L-Tryptophan

Dear Editor:

I am a chiropractic physician who practices a substantial amount of clinical nutrition. With great interest I followed the recent media coverage of the uproar surrounding the amino acid L-Tryptophan.

L-Tryptophan has been claimed to be associated with an outbreak of a rare blood disorder, eosinophilia myalgia syndrome. Since that news broke, the Food and Drug Administration has recalled nutritional supplements containing L-Tryptophan, claiming that consuming this product leads to this syndrome.

This was very puzzling to me since L-Tryptophan has been used successfully for a variety of conditions for 20 years or more, and I have used it successfully for 10 years treating sleep disorders, depression, and premenstrual syndrome.

A representative of the FDA called my office attempting to ascertain whether or not the supplement suppliers and manufacturers were complying with the recall. I asked the representative for the truth about L-Tryptophan and how it was related to eosinophilia myalgia, and was told that the condition had been traced to adulterants in the raw L-Tryptophan provided by one or more Japanese manufacturers. The problem was not with L-Tryptophan but with one or several tainted batches. It was puzzling to me that this information never made any of the news reports or summaries that I could find.

The scuttlebutt in the natural foods industry is that this is some sort of conspiracy by the FDA and the pharmaceutical industry to suppress first, L-Tryptophan, and then possibly other food supplements by implicating them in the etiology of bizarre diseases, in an attempt to control nutritional supplements as drugs. This seemed hard to believe, since it did not look as if anyone would gain anything out of prejudicing doctors against the use of the innocent and essential amino acid, L-Tryptophan.

Potential benefits and motivations became clear with Newsweek's March 26, 1990 issue, which trumpeted on its cover a story about Prozac, a breakthrough drug for depression. Prozac is touted as the hottest thing since sliced bread for depressed patients and another chemical miracle of modern medicine. Its mechanism of action is to keep a neurotransmitter called serotonin in circulation longer so it has more of an effect, that is, it potentiates serotonin's action. Interestingly enough, the precursor of serotonin in human metabolism is our old friend L-Tryptophan. This is why L-Tryptophan has been used successfully for so long in the treatment of depressives, it increases serotonin. Thus, Prozac and L-Tryptophan are competitors for the antidepressive therapy market. The probable reason drug companies won't market L-Tryptophan is that no one can patent it.

Perhaps this is the motive for the FDA's harsh crackdown on L-Tryptophan. I can think of no other reason for their response. After all, when a tainted batch of Tylenol was implicated in health problems, the adulteration problem was solved and the product was returned to the market. Statistics show that each year many more deaths are caused by non-tainted prescription and non-prescription drugs like aspirin than were attributed to a tainted batch of L-Tryptophan. But somehow these medications stay on the market.

The question we must ask is whether the purpose of the FDA is to protect the public from harm, or the drug manufacturers from natural and inexpensive competition.

*Allen Berger, D.C.
Denver, Colorado*

Commitment to Helping People Brings Self-Respect

Dear Editor:

"---I just read your article, "Becoming a Doctor of Chiropractic," in the May 9, 1990 issue of Dynamic Chiropractic and was moved. Very nice article.

I am a recent graduate, April 1988, and opened shop six months ago. I am so proud of what I know and how I can help people, and my practice is already showing it. I am already developing a referral practice! I am committed to helping people. Chiropractic is great! But, I so wish I had more respect from the general community. I work very hard to give my patients the best care and I help the vast majority. Thank you for restimulating my own respect with the wonderful feelings that go along with loving what I do and continuing to try to better my ability to help them---"

*Richard L. Hilton, D.C.
New Palestine, Indiana*

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