

## We Get Letters

Dr. Semlow, Thumbs Up!

Dear Editor:

Your recent column addition of Liability and Malpractice by Dr. Dennis Semlow (this last April) is a definite plus. Please keep up this good work. We too, are not perfect god-like practitioners.

*Sunny L. Kellogg, D.C.*  
*Hollywood, California*

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Who Decides?

Dear Editor:

Why Do We Do Such Ridiculous Things to Ourselves?

Out of all of the health care professions, we (chiropractors) are the only ones who constantly do ridiculous things to ourselves to undermine the credibility of our profession.

Case in point:

I have been treating a patient for quite some time on an as-necessary basis. She went the medical route for a work-related injury for a few years. She was unable to get any relief from all the orthopedists or medics of any type. I was helping her through chiropractic to maintain a pain level which would make daily life tolerable.

Her insurance company requested she see another doctor of chiropractic (which in itself reflects a very large political step for our profession). I called this doctor and explained the patient's situation. He thanked me for calling and examined the patient.

He felt she had reached maximal medical improvement and stated that before she could come back for future treatment, she should first consult with an orthopedic surgeon. ...

Now, I understand his opinion regarding her improvement. I could also understand if he wanted her to consult another DC prior to treatment. But, to send her to an orthopedic surgeon to determine if she needs further chiropractic care is ridiculous.

Only our profession does this sort of ridiculous act to the rest of the profession! What can we expect of our credibility with insurance companies and other health care providers if we tell them that we are mere therapists and the all-knowing orthopedic surgeon will make the decision if chiropractic is necessary? Where would we be if B.J. said, "Go to the orthopedic surgeon to get his permission for chiropractic treatment?"

You would never see an orthopedic surgeon (independent evaluator) suggesting the patient in question see a chiropractor before another orthopedic surgeon for care!

*Mitchell S. Anderson, D.C., C.C.S.P.*  
*Los Alamitos, California*

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## Spinal Problems Chiropractic's Specialization

Dear Editor:

As a practicing DC for 41 years, I have had ample opportunity to observe chiropractic over the years and come to some conclusions concerning its ins and outs.

It is my sincere belief the chiropractic profession should stick to that in which it excels -- the corrections of spinal subluxations.

The other week I had the occasion to visit an ophthalmologist. He was a MD, basically, with special study in diagnosing and treating the eyes only. I am sure this does not demean this specialist because he doesn't treat diabetes, heart trouble, joint syndromes, etc. The same could be said about the specialists who treat the hands only, the feet only, the cardiovascular system, etc. These are the times of specialization, but what do DCs want to practice? Answer: The treatment of everything from pneumonia to heart trouble, and I hasten to add, they can do so with good success in many cases. It is not the intent of this letter to belittle the practice of chiropractic, but rather to suggest its enhancement of practice by accentuating the positive. We are the best doctors in the world for back problems, and it is my suggestion we specialize in this area. But some are prone to say, "That makes a DC a technician only." Not so, he is still his own man and not in any way subjugated to the medical profession.

I would like to see a movement within the chiropractic profession toward specialization in spinal problems. If a DC wants to limit his practice to the spine only let him do so; if he wants to be a family doctor (treating every disease) let him do so. But let there be no conflict between those who do and those who do not.

A natural consequence of such specialty could be that chiropractic colleges offer a postgraduate course in this specialty.

*J.P. Waddell, D.C.*  
*Bainbridge, Georgia*

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## Homeopathy Combined With Chiropractic Clears Channels

Dear Editor:

I am writing in response to numerous rather derogatory letters written and published in regards to Homeopathy. Most likely, the authors of these letters are very inexperienced and uninformed on the subject.

To just sit back and speculate as to the workability and efficacy of something, without learning about it and using it, is both mindless and unscientific. It smacks of the same ridiculous rhetoric used by the AMA in its criticism of chiropractic.

Homeopathy requires much study of hundreds (if not thousands) of remedies for which much research ("provings") have been dedicated. Nobody ever said it was easy to use. Classical homeopathy is not very remunerative for a chiropractor as it takes 1/2 to 1-1/2 hours to just do a case history, and much longer to select the correct remedy -- the one that most closely matches the totality of the patient's symptoms. The use of computers has cut much of this time down. However,

they do not replace knowledge, experience, and dedication (something which the above critics apparently lack). Entero-machines (Voll Meters) and combination remedies are used by some, but their effectiveness has yet to be proven and their use is generally not accepted by the more conservative classical homeopaths. This is not to say they don't work, just that they're not generally accepted.

I have been using classical homeopathy in this office for three years. When used along with chiropractic, the results have been nothing less than spectacular. The remedies are so inexpensive that very little if any profit is made. Often their cost is absorbed by this office as part of the price of an office visit. As to the issue of being a placebo, if homeopathy were placebo as my ignorant colleagues would suggest, do you honestly think Texas chiropractic would offer a 200-hour course on the subject?

Look at it this way: if you study homeopathy you will find chiropractic clears the channels and homeopathy puts something on them.

If you are interested in learning more on the subject there are scores of books and tapes available though homeopathic pharmacies and naturopathic schools.

*E. J. Cohen, D.C.*  
*Lantana, Florida*

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Investigate a Management Group

Dear Editor:

Barbara J. Kowlowitz, DC, has courteously sent me a copy of her August 7, 1990 letter to you. If you decide to print this letter, would you add the following postscripts? I would appreciate it very much.

Postscript: It sometimes happens that Sterling's clients do come up with successful marketing ideas. Of course, our consultants encourage such activities. About the \$500 given by Dr. Kowlowitz's partner to the Church of Scientology, that's a personal matter between him and the church. Although Sterling may have recommended personal counseling, it would not have been involved in the actual transaction.

*Lawrence Wiley*  
*Sterling Management Systems*  
*Glendale, California*

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Further Findings

Dear Editor:

After reading the letter from the Sterling management representative, I felt the need to tell my tale.

My ex-partner and I were involved with Sterling to the tune of \$12,000 plus. This fee paid in advance allowed only one doctor to attend their California one-week seminar, and then we were assigned a telephone consultant for "X" amount of hours. They call you, tell you what you are doing right or wrong, and offer ideas and tell you what page in L. Ron Hubbard's book to read. Needless to say, I tried to tell them their formulas were not working for us. I would have to change their concepts, and I wound up giving them successful marketing tools.

The representative writes about surveys for marketing. They require you to go out to the public and canvas. Does this sound like any other group you know? My main problem with Sterling is that they convinced my ex-partner that our lack of growth was due to his personal problems and that he needed counseling. They were able to convince him to give them a \$500 credit card deposit to lock in on a "super good" counseling fee. Guess whose name was on the credit card bill? None other than the Church of Scientology. Without knowing this, we donated \$500 to the Church of Scientology. I'd love to hear about how a management group can get away with this. Bottom line is they did. I've called, I've written letters, and I am totally ignored.

This was done in October 1988. Maybe when I enclose a copy of this letter to Mr. Wiley at Sterling I will get my "donation" back. Please, everyone out there, smart chiropractors beware! The weakest prey is sometimes the most ambitious.

*Barbara Kowlowitz, D.C.*  
*Durham, North Carolina*

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### Not All Doctors Are Equal

Dear Doctors:

Like you, when I graduated I got my state license. I faced those same grim faces that seemed to say, "Who do you think you are kid? This is my turf so you had better toe the line." I failed seven boards in the same year, but at the same time I passed six of them. So I turned to you and asked you to help me along by using my service of office coverage. You paid me \$2.50 for each adjustment. You paid me \$7.00 per hour when I worked as your associate. You also told me that you were overpaying me and I believed you. When your car had problems you asked me to diagnose it and I did. When I discovered how to get rid of headaches with my hands, you asked me to show you how I did it. After I showed you, you told me that I couldn't do it that way. When I found something in your office I repaired it. When your table needed an adjustment I fixed it. When you returned from your angioplasty it was time for me to move on. I went back to office coverage. I didn't find many doctors who wanted to pay a fair wage for this service. You wanted me to accept what the "consultants" thought was fair. One of you told me that you found someone cheaper. One of you called and left an insulting message on my answer machine. One of you wanted me to pay for going on vacation. I want to thank all of you doctors for lowering your own self-esteem. When you don't treat another doctor as an equal, you lower your worth. Maybe I'll go back to being a Handyman again, there I was appreciated.

*Timothy J. McQuillan, D.C.*  
*Williston Park, New York*

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### The Diagnosis Was Correct...

Dear Editor,

In the article "The Diagnosis Was Correct But the Patient Died" of the July 18, 1990 "DC" written by Dr. Robert Dishman M.A., D.C., the following discrepancies were noted:

1. Dr. Dishman stated that a shift to the right (High Polys) suggested to be acute bacterial rather than viral type infection. I am disagreeing with him. A shift to the right is an increase in polys as stated, but the poly must have more than seven nuclei.

This condition is found in P.A.

2. The hemophilus bacilli is not gram positive rod, but a gram negative one.

The question comes to my mind: are these articles reviewed by someone who is knowledgeable in the field of hematology and microbiology? If not, I think that it would be wise if someone would read this article before it is printed. I have read several other articles which have had discrepancies in their contents.

*Eugene J. Kraemer, M.T., D.C.*  
*Glendale, California*

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In answer to Dr. Kraemer's comments concerning my article "The Diagnosis Was Correct But the Patient Died," he states the following:

1. Dr. Dishman stated that a shift to the right (High Polys) suggested to be acute bacterial rather than viral type infection. I am disagreeing with him. A shift to the right is an increase in polys as stated, but the poly must have more than seven nuclei. This condition is found in P.A.
2. The hemophilus bacilli is not gram positive rod, but a gram negative one.

My responses are:

1. I do not pretend to practice medical case management. The details of the medical diagnosis were anecdotal and I reported what I was told.
2. The article was written more as a metaphor to illustrate and emphasize one central idea which was stated by Maimanoides (or was it Osler, but who cares), "Let the patient be the doctors' books." If physicians will really listen to the patients with all their senses, the patient will usually give them the diagnosis.
3. The article was not an exercise in the criteria for differential diagnosis. I am not sure whether Dr. Kraemer is correct that a shift to the right restricted to P.A., although I am told that Hemophilus bacilli is indeed gram negative. Also, the antibiotic mentioned in the article, I am told, is only orally administered, not intravenous (Ceftin). It is gratifying to know that some DCs and MDs read my articles and care enough to want top quality reporting. I apologize for the errors.

*Robert W. Dishman, M.A., D.C.*

OCTOBER 1990