

We Get Letters & E-Mail

Mayan Healers

Dear Editor:

The article entitled "Mayan Healing" (May 20 *DC*) made a glaring omission by not mentioning that the ancient Maya practiced joint and muscle manipulation thousands of years before the European invasion. As the author stated, the Maya were famed healers and their descendants still practice a corrupted form of herbal medicine, diagnosis by crystals, and prayer. But they also had skilled practitioners of manipulation.

Many years ago, I read an article in *National Geographic* that showed a native Maya healer at work. Along with using a crystal to diagnose the emotional/spiritual cause of his patient's complaints, he was shown performing what appeared to be a joint manipulation. I made many trips to the jungles of the Yucatan seeking out these healing practices. The Maya have maintained their unique culture in the face of the European conquest by successfully keeping their secrets from outsiders. Many times, I would question villagers and be told that what I sought was in the next village, only to get there and be told I could find answers back in the village I had just left.

Eventually, I gained their trust by treating their families and themselves. I was amazed that they had a familiarity with chiropractic, even though there are extremely few chiropractors in all of Mexico, and none in these remote villages.

My search took me to the small community of Oxcutzcab. We had just returned from a visit to a local healer who used prayer and magic incantations. My hosts could detect my disappointment. As the conversation went around the kitchen table, slowly translated from Maya to Spanish to English, the farmer's wife said, "There are healers that do not pray." My attention was immediately peaked. I had always felt that the physical reality of manipulation did not require any belief on the part of the patient to work.

She said these healers were called "Utz Kinak Bak" in Maya. When I was told that "Bak" was the Maya word for "bone," I nearly fell out of my chair. In Spanish, these healers were called "Hueseros," or "those that fix bones."

We visited the village huesero and I was quite impressed. He said he had observed the way the body moved and that problems arose when normal motion was restricted, and that he had the skill and courage to restore that normal movement. Such an enlightened understanding of the modern chiropractic paradigm! His manipulations demonstrated a knowledge of human anatomy and joint functions as he expertly worked on the extremities of my interpreter. Later that night, my hosts told me of a very famous huesero in Yobain, in the northern frontier of the Yucatan. Without any advertising, this heusero is known throughout the Maya world. I visited him the following year and as I entered his office in this tiny hamlet in the middle of nowhere, I felt a deep familiarity with a chiropractic brethren. Along the way, I heard many stories of people coming from all over the world to visit this doctor.

My research has discovered that these Maya healers were renowned in the ancient world. They are

even mentioned in the *Popul Vuh*, a collection of Maya creation myths that relates stories thousands of years old.

Central America today is still grappling with the establishment of modern chiropractic. In the cities, there are practitioners calling themselves "Quiropracticos" after only attending a weekend course. Government enforcement will be necessary to clean up this practice. But, we should all acknowledge and respect that ancient civilizations from Greece, Sicily, Turkey, and Mesoamerica had highly skilled physicians who practiced manipulation for thousands of years.

Joseph Lopiparo, DC
Overland, Missouri

Stimulating a Dialog

[*Editor's note:* The following letter to the editor addresses "Why the Term 'Mechanical Low Back Pain' Must Go": www.chiroweb.com/archives/22/18/15.html.]

Dear Dr. Seaman:

Thank you for providing an article concerning mechanical lower back pain. It was an interesting read, especially with the incorporation of the basic sciences.

The purpose of this letter is to stimulate a dialog, with the ultimate intent of defining what it is we treat. As such, please note the following:

In the early part of the article, you described the factors associated with pain; the subjective nature. However, in the section commencing "Spasm?" you described objective examination findings, but still employed the term of pain. What you described in this latter section was a component of a problem; the difference between subjective and objective. Clinicians cannot determine if a patient has pain; they can only obtain findings on examination and then correlate these with the subjective complaints.

In my practice, within the assessment section, I utilize the terms "mechanical" and "myofascial" components, but not the term "pain." These components describe specific range-of-motion deficits, usually involving the side of complaint. Most frequently, these deficits are noticeable with extension, rotation, or lateral flexion. On observation, not only is the patient unable to obtain a complete range, he or she will also be unable to complete the required concave deformation of the spine to the side of injury. With extension, there is usually an associated deviation from the midline.

The myofascial component describes the localized area of muscular hypertonicity around the injured area. This is also usually unilateral.

Your description of the biochemistry is consistent with the "chicken or the egg" hypothesis concerning back pain. Is a person pre-set to have a back problem because of an underlying, not-yet-clinical problem, or is there a problem resulting in the stimulation of the immune response?

With such a prevalence of lower back pain, the majority of which is not associated with a neural compressive event, we are still unable to even give this problem a name. In chiropractic, we have held on to the idea of subluxation. This is a term central only to our profession and not recognized with the same meaning outside of our profession. If our profession is to establish a true niche of

patients, then we first need to identify that niche and define its boundaries, vis-à-vis the expected response of spinal manipulation, which should be regaining function and decreasing pain. Again, thank you for commencing this dialog.

David B. Kartzman, DC
Corning, New York

More DC Mayors Needed

Dear Editor:

Noticed you had an article on the DC from Virginia who became mayor of his town ["David Brown, DC: Mayor of Charlottesville," Sept. 13 issue]. I too was selected mayor - of Bristol, Tennessee (population 25,000). I'm sure that there are numerous DCs who are serving, or have served, as mayors. More DCs need to get involved in their community and government.

James Messimer
Bristol, Tennessee

Missing the Point at the AARP?

Dear Editor:

I found the enclosed piece, "Aspirin May Cut Breast Cancer Risk," in the *AARP Bulletin*. I am enclosing my response also.

There seems to be a tendency in the AARP publications to promote allopathic measures and drug use, rather than investigating natural and safer means of coping with common problems. A recent piece in the AARP magazine about pain didn't even mention chiropractic in connection with low back pain! In fact, chiropractic wasn't mentioned at all.

I think we should be monitoring the AARP publications and making our voice heard. AARP is very influential in public policy, and we need to counteract their strong allopathic bias.

August 17, 2004
Bulletin Editor
AARP Bulletin
Dept. RF
601 E. St. NW
Washington, DC 20049

Dear Editor:

In your "Discoveries" section (July-August 2004), I saw an excerpt from a JAMA article advocating the use of aspirin for breast cancer prevention without enumerating the risks. This is irresponsible reporting, as a chief risk of aspirin use is gastrointestinal bleeding. Instead of printing this piece, why are you not discussing the benefits of iodine (preferably in natural form, as in seaweeds), or the risks of underarm deodorant containing aluminum being absorbed through the skin into the lymphatics, or the use of vitamin E or omega-3 fatty acids, which will improve circulation without

the risk?

I have noticed this trend to minimize risk of allopathic treatment in other pieces and think it is a dangerous one. Your publication is influential. Please don't use this influence to increase the already considerable drug dependence of the aging population.

*Nancy Offenhauser, DC
Amenia, New York*

"We Truly Are a Close-Knit Family"

Dear Editor:

I write this letter in response to Dr. Christopher Williams' note [www.chiroweb.com/archives/22/16/27.html] that appeared on the front page of *Dynamic Chiropractic* on July 29, 2004, in which he adamantly expressed his concern and frustration about the profession's lack of unity, and tied this to our responsibility to our professional associations.

I would like to share a personal experience involving my fellow chiropractors here in central California. On June 18 of this year, a very good friend and associate of mine, Derrick L. Bell, DC, passed away after battling cancer of the colon, which he treated holistically with chiropractic and herbology for eight years. He tragically left behind a wife and six small children. The outpouring of emotional and financial support to his family from all of the local chiropractors was extremely faith-building and strengthening. The type of love that was expressed truly was a reflection of the deep-down brotherhood we all have as chiropractors.

More than \$13,000 in donations came in from local chiropractors to help his widow and orphaned children. This giving from the heart was not based on any technique used in the adjustment room; any professional association that was paid dues to; or any affiliated alumni association. This was an example of the true brotherhood of all chiropractors throughout the world. When we suffer the loss of one of our fellow members, we all feel pain and suffering, because we all fight the fight of keeping chiropractic alive, no matter which corner of the globe we practice in and no matter what flavor of chiropractic we choose to utilize to assist in the healing of our patients.

I want to reassure Dr. Williams that after all the superficial bickering and "arm wrestling" is set aside, we truly are a close-knit family. I am extremely proud of being a chiropractor, and I have faith that my chiropractic brothers would be supportive of my family and me if I were in the same situation as Dr. Bell.

With this, I leave you in great health,

*Brent A. Hill, DC
Modesto, California*

Why Appoint the Quackwatch Conspirator?

[*Editor's note:* Aaron Root, DC, DACNB, Dipl. Ac. (IAMA), of San Antonio, Texas, sent the following letter to the American Academy of Disability Evaluating Physicians. Infamous anti-chiropractic propagandist Dr. Stephen Barrett is apparently an AADEP faculty member.]

August 6, 2004

AADEP
150 N. Wacker Drive
Suite 1420
Chicago, Illinois 60606

Dear AADEP Representatives:

I opened one of your promotional brochures announcing AADEP's "Third Annual Evidence Conference," and was quite shocked when Stephen Barrett's name appeared on your faculty list. Why don't you just take it a step further and change AADEP's name to "American Academy of Deceptive Egocentric Psychiatrists"? I am sure that you are aware of his controversial actions with regard to Quackwatch, and his apparently unscientifically biased approach to asserting scientific healthcare delivery based on his personal opinions.

I suppose that Barrett's appointment to the faculty shouldn't be surprising, as it seems consistent with AADEP's already discriminating policies. It is my understanding that AADEP still actively excludes D.C.'s for faculty appointments and AADEP membership. However, D.C.'s are expected to pay the same seminar registration fees as M.D.'s and D.O.'s as professional equals. These actions seem very conspicuous, but I have yet to see a clear written disclosure of the policies in question. Is it just my perception that AADEP only tolerates chiropractors when they are paying for tuition and publications? What is AADEP's stand regarding chiropractors, and why? Mr. Barrett's appointment certainly implies an anti-chiropractic agenda.

Thank you for any clarifications you may offer, and please take me off of your mailing list.

Sincerely,

Aaron Root, DC, DACNB, Dipl. Ac. (IAMA)
Diplomate, American Chiropractic Neurology Board
Diplomate, International Academy of Medical Acupuncture

In Defense of the NBCE Grants

Dear Editor:

The letter by Dr. Bruce Born in the August 16, 2004 issue of Dynamic Chiropractic ["Where's the Money Coming From?"] caught my attention. I want to share the Board's position on this matter.

First, \$150,000 is a lot of money, and the grants were made during a six-month period; however, the grants did not come from current operating revenues. These grants were paid from income from our restricted reserve fund. Just as the chiropractic colleges must have reserves to cover the cost of providing a full DC program for all enrolled students, the NBCE is committed to test all eligible candidates to meet the needs of state boards. The NBCE must also be prepared to continue testing services in case of any disaster that may occur.

Second, the NBCE's Foundation Committee receives many requests for grants and very few requests are approved. The board has an extensive review process that requires the grant must be for the protection and growth of the chiropractic profession. Each request is reviewed by the Foundation Committee, the Executive Committee, and finally, by the entire Board of Directors.

Grant requests for narrow or highly specialized interests are not approved.

Concerning the grants cited in Dr. Born's letter, benefits will accrue to current and future practitioners if the National Chiropractic Legal Action Fund of the ACA can prevail in the lawsuit against "big insurance." Obviously, this is a costly process, and one that the National Board is committed to support. The grant to the Foundation for Chiropractic Education and Research is a first, but a well-justified grant for the FCER's important work in support of projects, such as chiropractic in the military and in veterans hospitals. We have just been made aware that there are approximately 60-65 doctors of chiropractic providing chiropractic care in the military and that the VA has identified 26 sites for chiropractic services within its network. These represent job opportunities for those individuals currently in or graduating from our chiropractic colleges. In summary, the Board believes there is a direct link between the grants made and the benefits to students of chiropractic.

*James J. Badge, DC President and District IV Director,
National Board of Chiropractic Examiners
Greeley, Colorado*

OCTOBER 2004