Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

Sleep on It for a While

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Sometimes it takes a setback in your personal health to help clarify your thinking. This is not the column I had originally intended to write, but unfortunately, I had a bout with pneumonia that really knocked me out of commission for a month. Today is my first day back - sort of.

Watching television is not something I do very often, but when you are forced to lie in bed, television has some (albeit limited) value. There was a show on "Dateline" a few weeks ago that featured a study on "sleep deprivation." After only one week of sleep deprivation, healthy young adults were brought to a prediabetic state. Additionally, evidence is overwhelming that chronic sleep deprivation may be part of the epidemic of obesity. Lack of sleep has a huge effect on the hormone leptin, which controls appetite. Imagine the implications of this finding - obesity and diabetes are linked to sleep! Could we get people off medication for diabetes and help them regain health by simply educating ourselves about their sleep and other bad habits they may have developed along the way - all without medication and the inherent side-effects?

Go from the sleep study story to another story, appearing in *TheNew York Times*, which generated only a minor wave of concern rather than the tsunami it should have caused: "The Case for Another Drug War Against Pharmaceutical Marketers' Dirty Tactics." The focus of this story concerned a nosologist (a specialist in the classification of disease), who processed 27,000 death certificates a year. By his calculation, in 2002, there were only five deaths caused by adverse reactions to prescription drugs. The low figure caused Ms. Melody Peterson, author of the book, *How the Pharmaceutical Companies Transformed Themselves Into Slick Marketing Machines and Hooked the Nation on Prescription Drugs,* to wonder, "Could drugs be killing people but escaping all blame, leaving them to harm even more Americans until someone finally catches on?"

Most DCs will enjoy this book and not be at all shocked by the findings. The nation's dependency on prescription drugs is essentially epidemic at this point. Again, this is no shock to any practicing doctor of chiropractic or alternative nondrug practitioner.

The 2008 Bone and Joint Decade research further explains the lack of any real evidence for the use of almost any medication in the management of low back pain. Yet in 2005 alone, U.S. adult consumers spent nearly $36 billion on prescription drugs to lower blood sugar, reduce cholesterol and help with other metabolic problems. Spending on cardiovascular drugs for reducing HPB and treating heart conditions was $33 billion. Spending on central-nervous-system drugs such as painkillers, sleep aids and ADHD amounted to $26 billion. Not to be left out were gastrointestinal drugs, including laxatives and antacids, which accounted for $15 billion. That's a whopping total of $127 billion for just these five drugs, or about two-thirds of the $199 billion spent on outpatient prescriptions in 2005.

As Ms. Peterson so succinctly points out in her book, we have now created illnesses out of what used to be facts of life, labeled them as syndromes and have hooked customers into long-term use of medications that "cure." And as docile sheep, we take these medications and tolerate the side effects spoken so rapidly on the "direct-to-consumer" advertisements, intentionally designed to be impossible to understand. "Side effects may include gastric bleeds, insomnia, anxiety and anal

leakage." We tolerate these horrible by-products that, when reported to the average family physician, usually are met with the prescribing of another drug to counter the effects of the first one - and the cycle of sickness continues.

Before there is any misunderstanding, this article is not meant to disparage medicine or the manner in which allopathic care is delivered. There are times when this approach is essential and imperative to use, but the entire awareness of the "failed drug approach" and the expensive budget-busting economic impact leads me to suggest we (as nondrug practitioners) have not been as diligent as we should be in playing a greater role within the entire health care delivery system. We must begin to influence the ability of doctors of chiropractic to significantly impact the entire health picture of the patients we treat, as well as those who have not been helped by their current regime.

I remember so well back in the early '60s my suggestion to mothers. For every one of their children's sniffles, sneezes, ear infections or sore throats, perhaps antibiotics were not the best approach because these bugs would soon be immune to the antibiotics and there would have to be stronger and stronger drugs used. Some parents listened, but some went back to their medical doctor and pediatrician, who told them, "There go those crazy chiropractors again, opposed to drugs." You know the rest.

Here we are, 40 years later, and the prestigious *JAMA* has a major announcement to make. Pediatricians should use - get this term - *watchful waiting* and suggest to mothers that they let nature have some say in the restoration of their children's health. Imagine that: Watchful waiting only after drugs and bugs have become so powerful that the host is harmed more than the condition treated. This is the risk-benefit ratio we know so well.

Then there was the era of hot flashes women entering menopause endured. The "cure" was hormone replacement therapy (HRT), the only treatment of choice. When I made suggestions that HRT could possibly have "side effects" or otherwise be detrimental to the patient, women looked at me in disbelief. They saw the articles, heard the news, read the magazines and consulted their OB/GYN, who again disparagingly said, "Are you going to pay attention to that #%#%#$^%# chiropractor?" Let's move the calendar forward 30 years: We find today that HRT has fallen out of favor and there is a link between HRT and an increase in cancer.

My lament is this: Has the chiropractic profession abdicated the common-sense role of the doctor? Have we become so focused on proper coding and specialization that we forgot the enormous value we can bring to our patients through common sense, a whole-patient consideration and affirmative education? Have we forgotten there is more to the patient than the spine?

Certainly we are the authorities in neuromusculoskeletal conditions, and this NMS focus is what we are known for and should take advantage of. But patients are more than a spine with attachments walking into our offices. They are patients who are overweight, malnourished, deconditioned and overmedicated. They are addicted to alcohol, tobacco and even Big Macs. They are sleep deprived, stressed, and internalize a horrible belief system that has been pounded into them by every media channel possible. If we continue to succumb to the economics of the pharmaceutical industry, soon we will have the Viagra Bowl in sports, the KFC Scholastic Bowl in schools, the Pepsi Marathon and the Prozac Parade of Stars.

One does not need to abandon any chiropractic emphasis on NMS to bring a collective focus on the patient in front of us. Today we see the patient, so well-described by Donald Berwick, CEO of the Institute for Healthcare Improvement, as one "who has fallen through the uncontrolled chaos of multiple caretakers in an environment where there is little coordination of care." The bottom line in

today's hectic world of "disease care": There is no individual who is in charge of coordinating, understanding, orchestrating or educating the patient about undertreatment, overtreatment, harmful treatment and most importantly, alternative options including no treatment.

Why shouldn't doctors of chiropractic begin to exert progressively greater influence on the huge void in the delivery of "whole-person healing" and less influence on disease management? Why shouldn't doctors of chiropractic provide that safe haven of reasonable, rational, relevant and expert advice to the millions of Americans who currently are being treated but essentially abandoned by the system due to a lack of education and coordination?

Am I suggesting an expanded primary care role for DCs? Of course, but that role does not necessarily need to include everything that an allopathic physician does, but rather everything "most" of them *do not.* do! I refrain from making a brush-stroke indictment of "all" or "every" medical physician, because there are excellent ones who do, in fact, care for their patients, coordinate their efforts and provide sound advice in the model of "watchful waiting." But today's health care assembly-specialist model does not favor the kind of big picture about which I am speaking.

Just for a change of pace, try this approach for the next 10 patients who walk into your office. Focus on their chief area of complaint, but then notice if they are: (1) overweight, (2) smoke, (3) getting enough sleep, and/or (4) taking medication (over-the-counter, direct-to-consumer advertised, or prescribed). Also, have a discussion about stress and how to turn around negative hostility to an attitude of gratitude. Easy to do? Heck no, but just watch and follow these 10 patients over the next month or so and see if you find any difference not only in attitude, but also in responsiveness to care, compliance with instruction, reduction in stress, sleeping better and the big one: reduction in medication use.

I also noticed another interesting aspect to my recent illness. Many well-wishers e-mailed or called and admonished me to "listen to my doctor," "don't be your own doctor" and "remember the lawyer who defends himself has a fool for a client." I know what they meant and what they were trying to tell me. Here is something to think about as we view our own illnesses. Without question there are examples of doctors who have one pattern of care for themselves and another for their patients. Even more telling is the next perspective: that there are two "best practices," one for paying patients and one for friends, family and self. The degree of variation between these two behaviors might serve as a good measure of quality of the doctor. In my case, I went to my family physician (and friend) who treats me in his office like a patient: no shortcuts, no quick phone consultation, but "get in here and let me see what is happening." I have always liked him because that is the way I would want my patients treated. By the way, that is how I treat DCs who come to me for care - care first, camaraderie and discussions later.

How may DCs, when we are ill, follow the same pattern of care and advice we advocate for our patients? How many medical doctors consume the same level of service they provide for their patients? If this variance is high, maybe we should begin to review the "best-practice" algorithms and guidelines and apply the self rule. How much do you think will be changed? These are thoughts for another article some day on disparity in care, but for now it was worth a mention just to begin dialogue.

Finally, the issues of overmedication, the value of the medication and the side effects of medication can now enter into thinking about what can be substituted for this drug model. Future models will have to consider botanicals, herbs, vitamins, nutraceuticals and the entire science of nutrition. There will come a time in the not-too-distant future when reactions to taking drugs will have the same negative connotation as smoking. While some will still smoke despite every known warning,

and others will continue to take drugs for every sniffle and sneeze, many will want to be helped, educated and given choices (and perhaps we will soon reach that tipping point).

Those individuals will need a mentor, a doctor, or as Clem Bezold from the Institute of Alternative Futures says, "A health care coach." Gerald Celente, from the Trends Institute, suggests tomorrow's doctors should be called "whole-health physicians," who will provide advice and education. And the results of their patients' experiences will be consistent with what we have seen in chiropractic offices for decades - miraculous things will happen to the patient.

So, as I recover from my pneumonia (treated with limited antibiotics), exercise watchful waiting, undergo chiropractic adjustments, consume nutritional supplements, obtain the required bed rest, and keep working on a great attitude, I simply wonder: What is so hard about embarking on a paradigm shift from a limited disease focus to a health emphasis under the competent management of a doctor of chiropractic?

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