

## We Get Letters & E-Mail

*Editor's note:* We received numerous letters to the editor following the publication of Dr. Christopher Kent's article, "[Drugs, Chiropractic and Boiled Frogs](#)" (Feb. 12, 2010 issue). A sampling of those letters appears as follows. [Dr. Judy Campanale's article](#) also addresses this issue.

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### A Broad-Based Approach to Health Care

Dear Editor:

I find it quite interesting that on the page following the beginning of Chris Kent, DC's "Chiropractic Insight," titled "Drugs, Chiropractic and Boiled Frogs," is a letter to the editor from Robert Merrihew, DC, decrying the sordid state of our profession. Robert, you are identifying the real problem. Chris, it's time we step back and take a different look.

I am one of the architects of the New Mexico law that created the Advanced Practice Chiropractic Registry, a group of chiropractors in this state who are now performing injectable procedures for pain management. As of the date of this letter, we are able to utilize procaine, sarapin, sterile saline, sterile water, vapocoolants, and epinephrine. At first glance, I would be the first to admit that this new set of skills flies in the face of standard chiropractic protocol. Throughout most of the almost 30 years of my chiropractic career, I have held that chiropractic is separate and distinct and that such a designation is vitally important to our successful survival into the 21st century and beyond.

I am no longer sure of that. I see that the 10 percent or so of the population chiropractors treat has not changed, even with all of the political advances this profession has made. We appear to have reached a tipping point; something has to give for us to advance further. Why advance? Because at a time when all health care providers are furiously searching for a niche in which to garner the shrinking health care dollar, we sit still, beset by philosophical infighting and multiple political voices, bolstered by a false sense that what has gotten us to this point will get us farther down the road.

What may be the truth is that the thinking that has gotten us to this point is inadequate to get us further. Our way of thinking just may be stagnating this profession to the point that we will lose market share as other professions begin to duplicate our services. Oh, I agree that a chiropractic adjustment is second to none, but the public doesn't know that now and won't necessarily know that in the future. The answer is obvious, yet our insistence on remaining true to our roots, rather than simply using those roots as a jumping-off point, is hurting this profession.

In my view, what the public wants and needs is a natural physician. They want a cross between an MD and a DC. We have been led to believe by our own profession that you can't mix traditional medicine with chiropractic. This just may not be true. Providing injectable procedures is not in and of itself strictly an allopathic process. There is no reason why a vitalistic approach to health care cannot include what is commonly understood to be traditional medical procedures.

Vitalism presupposes that a living organism functions due to a vital principle distinct from biochemical reactions. Operating from that principle while also including drug therapy when appropriate does not detract from nor negate that principle, given that a human organism does have both a vitality and a biochemistry. This also means the right to be able to replace traditional medicine with natural medicine where appropriate. Today's chiropractors can't do that legally, yet the *ability* to do so is critical to medicine in the 21st century.

Our approach to health care is vitally important for all people, but our message is just not getting across because we have our hands tied behind our backs. Our voices resonating louder and/or more persistently will not make up for the fact that we cannot compete effectively.

We here in New Mexico are *not* engaged in becoming medical doctors. We ultimately want to provide our patients with a broad-based approach to health care. We wish to be a portal of entry that includes a patient-centered approach, not the episodic approach that is the way of traditional medicine. The only way we will be able to truly serve our patients with a natural approach to medicine is to have the authority to practice medicine in a vitalistic way and bring that to the marketplace. To remain tethered to our separate and distinct way of thought will keep some happy, but the market share limited.

Will this way of practice, ultimately with full prescriptive authority from additional extensive training, change the very nature of this profession? Yes, it will. Understand that there are chiropractors now for whom the chiropractic adjustment is secondary to other techniques and modalities, and our state laws cannot force any DC to think or act differently. We do not wish for the chiropractic adjustment to be secondary to anything. We do feel it is critical at this juncture to advance beyond the adjustment, yet take the adjustment along with us.

Tiering of the profession? That's already happening. The public is already beset with an enormous variety of chiropractic practices and already seeks out those chiropractors who provide the services that they desire. With the shift in health care toward a more natural approach we are poised to take the reins, but only if we operate under a new paradigm. Talk all you want about standing even taller and speaking even louder about chiropractic; this has not changed our stature one bit. The public already accepts and appreciates what we do. Now we have the opportunity to give them more of what they would rather have under one roof, but which we have not been able to provide.

We advanced-practice DCs in New Mexico realize that our actions have pulled the rug out from under the very foundation of chiropractic. Our intention is to shift the paradigm that chiropractic has been in from its inception, simply because that current paradigm of "separate and distinct" is not working. The distinction *vitalistic natural physician* (not meant to be a new title) is more in keeping with where we think the profession needs to be in order to ensure its survival. We can continue to be separate and distinct inside of this new paradigm. Will we lose ourselves the way the osteopaths did? Not unless we embrace an allopathic model, which is neither our desire nor our goal.

Thinking outside of the box is usually both difficult and very challenging. This is one of those times. It's very clear to me what direction this profession has to take. It may be nasty medicine to some, but because of it the patient will be able to survive.

*Stephen Perlstein, DC-AP, FAADEP, DAAPM*  
*Chair, New Mexico Chiropractic Association PAC*

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## Unique and Distinct: At What Cost?

Dear Editor:

I recently read the editorial by Christopher Kent, DC, with the catchy title "Drugs, Chiropractic and Boiled Frogs." Having encountered Dr. Kent's opinions in various places over the years, I was not surprised by the content of the article, though I doubt he has any scientific evidence to support his contention about boiling frogs. For that matter, I think his assumptions about what is being taught in chiropractic degree programs about pharmacology and its application are also lacking factual support.

Just for the record, students at National University of Health Sciences have studied pharmacokinetics, pharmacodynamics and toxicology for more than 30 years. Today they receive courses in pharmacology, botanical medicine and medical therapeutics, and these forms of treatment are included in all evaluation and management courses that form the basis of their clinical education. Elective courses in homeopathic medicine are available, and yes, they receive a very extensive education in the application of the various forms of physical medicine, including the keystone of chiropractic practice - articular manipulation.

I applaud the efforts of those in the profession who appreciate their heritage and also abhor stagnation. As I look around, I see determined progression in the professions of optometry, podiatry, naturopathic medicine, dentistry, nursing, psychology and physical therapy, while the chiropractic profession insists on looking backward, secure in its belief that we are "unique and distinct," but apparently failing to recognize the potential for "extinction" if we persist in following this pathway. Oh, we will be unique for sure because we will be the only profession that went the way of the Thomsonians - to extinction.

*James Winterstein, DC*

*President, National University of Health Sciences*

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"Let's Respect the Choices Made by Our Colleagues"

Dear Editor:

There are some flaws in Dr. Kent's analysis of the movement in our profession toward a wider scope of practice. Using injectable and I.V. substances to maximize the healing potential of the body fits very well with the chiropractic philosophy of enhancing innate intelligence, just as nutrition and oral supplementation fit. The chiropractic approach to how medicines are used is inherently different than that of the conventional medicine model - using them supportively in a protocol including nutrition, exercise, and spinal manipulation rather than as an end in themselves or a "cure-all." I would encourage Dr. Kent and others who are unsure of the role of injectables, I.V.s and pharmaco-therapeutics to attend the course offered as the initial phase of training to see the chiropractic spirit of both instructors and attendees.

Here are a few other observations:

- Adding "drugs" to our scope of practice is only unacceptable if we make it so. We could replace the word *drugless* with "responsible intervention with pharmacotherapeutic agents."
- There are currently no colleges teaching these protocols because they have not been part of our scope. Surely we could include this instruction if it indeed became part of our practice parameters.
- Tiering of the profession implies that one practice might be superior to another. If all our

techniques haven't produced tiering, then I doubt that the addition of pharmaceuticals would do it. To the best of my knowledge, I have never had a patient complain that they left a PCP because that individual wouldn't write enough prescriptions!

- Dr. Kent implies that naturopathic physician training makes them more of a "doctor" because they receive "medical" training and are therefore qualified to prescribe. I would put my coursework in chiropractic college up against their curriculum any day!
- Adding expansion to our scope will absolutely increase our liability; but it will also increase our revenue.
- The "public opinion" of our profession is a reflection of our appearance and behavior. If we attack one another at every turn, treating one another as "third-rate providers," this is exactly how we will be perceived. If we treat each other with professional courtesy despite our different means to reach our common end - patient health - then we will be perceived as the doctors we truly are.

Dr. Kent, we are attacked from within by those of us not willing to recognize that there may be differences in approach, but not in overall goal. Let's respect the choices made by our colleagues, practicing as narrowly as we wish while legislating as broadly as we can.

*Cathlynn Groh, DC*  
*Englewood, Colo.*

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Expanding Scope of Practice: "I Find It All a Bit Disturbing"

Dear Editor:

I wanted to thank Dr. Kent for his article "Drugs, Chiropractic and Boiled Frogs." I appreciated his thoughtful presentation of the issue of "advanced" chiropractors and the expanding scope of chiropractic practice. I find it all a bit disturbing. I used to practice in New Mexico and know that those pushing for the inclusion of injection rights, etc., are on the positive side, looking for additional ways to serve their clients. But for me, there are a couple of concerns here, in addition to what Dr. Kent alluded to.

One involves respect for the practices being utilized; homeopathy, for instance. Truly understanding homeopathy and appropriately utilizing homeopathic remedies in treatment requires a proper foundation in biological medicine and a level of training commensurate with properly learning any tradition of healing. It's a bit like an acupuncturist taking a 90-hour course in chiropractic and then claiming mastery of it. It seems fairly presumptuous, and it disrespects a discipline that is a powerful healing modality in its own right.

If you want to practice acupuncture, and do it well, honoring several thousands of years of study and practice, then train with a proper school of acupuncture, and represent it with integrity. Same with homeopathy. Go to England or Germany and learn it well. Master it and then, with the requisite certification and experience, practice it. Same with prolotherapy.

Multiple modalities are wonderful in a clinic where multiple, complementary approaches are used to promote healing. But be clear about your intent, and the intent of what you are doing. Chiropractic has its own history, its own signature, its own integrity. Cutting and pasting bits of other disciplines does not make one a "better" chiropractor. I think it dilutes the focus and undermines the integrity of what chiropractic is and does.

The other thing? I don't find homeopathy all that controversial. That's a retrospective judgment, one that was started and perpetuated by the AMA in the early 1900s. The science just hadn't

caught up to it. It takes a quantum understanding of energy to realize the power and efficacy of these diluted remedies. Newtonian science supported the discrediting of many holistic modalities at the turn of the century, chiropractic included. "The power that animated the living world" couldn't be comprehended from that lens.

But now? The expansion of energy medicine, understanding the mind-body connections in disease and in healing, as so wonderfully shown to us by the likes of Bruce Lipton, developments in quantum physics - in my humble opinion, they are all nourishing and expanding the profound character of this profession.

*Michael Bohoskey, DC  
Colorado Springs, Colo.*

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We Need the Ability to Adapt and Change

Dear Editor:

In reply to Dr. Kent's article concerning adding medications to our scope of practice, I believe most of his objections could be resolved with the addition of standardized postgraduate education. What might be less easy to resolve is the "gut" reaction some feel to the idea of chiropractors prescribing medication at all. The ability of a profession to adapt and change to meet the needs of patients and regulatory agencies, especially with upcoming health care reforms and the expected shortfall in primary care physicians, seems a worthy goal. Concerning adding to iatrogenic illnesses, nothing is without risk, but risk is manageable. I think if it comes to pass, chiropractors may develop some of the most conservative prescribing habits.

*Tim Levin, DC  
Shreveport, La.*

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*Dynamic Chiropractic* encourages letters to the editor to discuss any issue relevant to the profession, including response to articles that appeared in a previous issue of the publication. All letters should be e-mailed to [editorial@mpamedia.com](mailto:editorial@mpamedia.com) with "Letter to the Editor" in the subject field. Submission represents acknowledgement that your letter may appear in a future issue of *DC*, but does not guarantee publication. We receive considerable correspondence and endeavor to publish as many perspectives as possible.

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