

We Get Letters & E-Mail

Moving Beyond Limited Scope and Reimbursement

Dear Editor:

In reference to

Given the uncertain future of health care, who would choose to invest their \$100,000 in a profession with limited scope and reimbursement? I think the best way to increase student numbers would be to increase the value of our profession by expanding our scope of practice, which has remained essentially unchanged for over a century. This seems like a better strategy than banking on Dr. Riekeman's figure of 74 percent of patients staying for maintenance care, which seems optimistic to me.

Tim Levin, DC
Shreveport, La.

A Ray of Sunshine

Dear Editor:

I have been reading *Dynamic Chiropractic* since I graduated from Palmer in 1997. I especially enjoy the "We Get Letters & E-Mail" section. I have noticed in recent weeks a decidedly negative tone to these letters in regards to the state of the profession, the CCE, the debate over prescribing privileges, subluxation, etc. Frankly, it was becoming somewhat depressing reading the letters.

When I opened the latest edition, issue 667 [[Jan. 1, 2011](#)], I immediately went to the [letters section](#) to see how bad things were this week. What a delight it was to read Dr. Stuart Pardee's letter, "Eventually There Will Be No More Adjusters Left." This letter is by far the best letter I have ever seen in this publication since I began reading it. Dr. Pardee simply and humbly states what is the experience of so many of us; namely, the types of "miracles" we see in our office rather regularly that may not have anything to do with back or neck pain, but rather with restoring function and therefore health.

I wholeheartedly agree with him that more research needs to be done focusing on subluxation. We need to better quantify it and study how its correction affects health and well-being. Some of this has been published in the *JVSR* and other places. The affect of subluxation on serum thiol levels and DNA repair, which have appeared courtesy of review (and possibly even authored) by Chris Kent, are exciting. What other chemistries are affected and how? What about the afferent input from an adjustment and the affect that has on the brain in terms of improving its function? How does adjustment affect neurochemistry and plasticity?

Perhaps there is not money available for that type of research in terms of government grants, etc. If that is the case, we should all donate dollars back to institutional research departments to begin or sustain this type of research, as the correction of subluxation by adjustment will keep us

separate and distinct. (Not popular these days, apparently).

Thank you, Dr. Pardee, for your wonderful letter. I intend to cut it out and read it often!

Terry L. Daniels, DC
Warsaw, N.Y.

A Lesson in Symptoms

Dear Editor:

When we are young, we learn that when we have symptoms, e.g., headache, fever, pain, nausea, backache, etc., we are sick and cannot go out and play, and we must stay in until we don't have those symptoms anymore. When the symptoms are gone, we are told we are well and can now go out and play. This teaches us that symptoms are "bad" and need to be suppressed. As we grow up, those ideas are reinforced by our teachers and everyone else. Our children's textbooks reiterate that idea. Television, radio, newspapers and magazines also reinforce these teachings.

We are taught that certain symptoms are "risk factors" for terrible diseases, and we see people trying to reduce risk factors and symptoms by diets, exercises, drugs, etc. When we get symptoms, if we consider them bad enough, we go to the doctor and tell them the symptoms we have, and they treat us to try to get the symptoms to go away. Ads in the newspaper, magazines, television and radio tout the wonderful power of chemicals: "Relief is just a swallow away."

So, we know that symptoms are important and bad. And the doctor's job is to make them go away. People who don't seem to believe these ideas are considered strange and weird. But in truth, symptoms are only signs that we are alive. They are there for one of two reasons only: either they are supposed to be, and are part of life and healing; or they are not supposed to be, and are caused by interference to our brain and nerve system, often by "subluxation."

If they are not supposed to be there and are caused by subluxations (for example, a fever), a chiropractic adjustment will, by correcting the causative nerve interference, result in the fever going away in short order. If they are supposed to be there (for example a fever needed to destroy viruses or bacteria) the symptom is necessary. In that case, if we give a proper chiropractic adjustment, one of three things will occur: 1) If the amount of fever is correct, there will be no change. 2) If the fever is too high, it will reduce, but not go away completely. 3) If the fever is too low, the fever will go higher.

This will also happen with other symptoms; for example, if a patient presents with a stiff neck that is due to a nerve interference only, with no inflammation or pathology. When a proper chiropractic adjustment is given, the stiff neck will shortly go away and the patient will think the doctor is a great doctor. But if the patient's cervical spine is unstable from a new or old accident, which has resulted in injury to the check ligaments, causing an unstable spine, the muscles may well tighten to protect the cervical nerves and/or blood vessels from further damage. If you now give a proper chiropractic adjustment...

- If the cervical restriction and pain are sufficient, no change will take place and if the patient is not pre-warned what to expect, the patient and sometimes the doctor will think that the adjustment failed. The patient will want something more done, and the doctor might do something like massage, physiotherapy, etc., which will actually be foolish and possibly dangerous. (Could the neck muscles be protecting an arterial dissection, preventing a stroke?)
- If the restriction and pain are more than needed, after a proper adjustment, there will be

some diminution of symptoms, and again the uneducated patient will want the doctor to do something more; again because the doctor has not educated the patient about the purpose of chiropractic (and in this day and age, it is quite possible the chiropractor doesn't really understand, either).

- If the cervical restriction is not as strong as it should be, after a proper adjustment the neck might become even more stiff and sore (and the patient, not understanding that the body is trying to protect itself, will be sure the doctor "made it worse"). Again due to lack of education and understanding about chiropractic, they might say, "Just make the pain go away, Doc."

If the patient does not understand that the chiropractor is not in charge of their symptoms, the patient will stop care before they can get the results that chiropractic will ultimately bring them. The patient may even tell others that chiropractic didn't work, and those people may avoid chiropractic when it might be exactly what they need.

No matter what your symptoms are, properly trained chiropractors don't try to suppress them. No matter what symptoms you may have, the properly trained chiropractor is going to reduce your nerve interferences. Your body will take care of the symptoms as you heal. The idea that your body must heal itself, so that symptoms go away naturally, is pretty much opposite of your early training, but if you think about it, you will agree that is what must happen.

Properly trained chiropractors are hard to find, since the chiropractic colleges must teach what the various state licensing laws require, and the influence of political medicine lobbyists and the public's lack of knowledge of chiropractic requires the student doctor to study subjects that often sabotage their ability to think chiropractically. Plus, people want the chiropractor to bill their medical insurance. In general, insurance companies including Medicare (note they do not call it "Chirocare") do not pay for chiropractic care unless the chiropractor diagnoses and mimics medical symptom treatment.

A college president told me that since the mid-1970s, it has been impossible to properly train chiropractors in the college setting, where the college must teach and students must learn what is needed to pass the licensing boards. They do not really understand chiropractic, having to learn so many subjects that are based on symptom suppression. He felt it was up to old-time doctors in the field to teach patients, who judge chiropractic on symptom relief, as well as young chiropractic doctors, *real* chiropractic, or the profession would soon die.

Art Rehe, DC
Clearlake Oaks, Calif.

Error in Your Recent Article

Dear Editor:

Your recent article from the World Federation of Chiropractic Quarterly Country Reports [June 2010 [country report for Malaysia](#), reprinted with permission from the WFC in the Sept. 9, 2010 issue of *DC*] contained an error. As written, the report on Malaysia stated the following:

"The International Medical University in Kuala Lumpur, Malaysia, featured its new school of chiropractic as a front-page story in a recent newsletter to students, faculty and alumni. The new IMU school of chiropractic was launched in March with a first intake of 30 students. Dean of chiropractic is Dr. Michael Haneline.

"With the school now established, the Chiropractic Association of Malaysia, led by AECC graduate Dr. Vishwadeep Sandhu, anticipates that there will be a first parliamentary reading of a draft law to regulate chiropractic in the very near future."

Please note that Dr. Sandhu is a graduate of the Welsh Institute of Chiropractic at the University of Glamorgan in Wales, U.K., not AECC. I was one of his lecturers.

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FEBRUARY 2011