

## We Get Letters & E-Mail

A "Drug-Impeded Approach"

Dear Editor:

I read with concern "The Power of Words: DCs Share Drug-Free Approach" in the [March 15, 2014](#) issue. It appears the author / The Chiropractic Summit have overlooked numerous facts:

1. Today, it is rare to have patients who are not on multiple drugs. If we do not know the adverse actions and interactions these drugs produce, we chase symptoms instead of dealing with causes. Poincaré established that it is impossible to consistently predict outcomes when three or more factors interact based upon mathematics.
2. In chronic conditions, a drug's influence is long term, forcing the body to adjust its homeostatic mechanism to a higher setting called "drug resistance" that reverses the drug's effect! The scientific reality is that pharmaceuticals sustain pathology in chronic conditions.
3. In such complex situations, we cannot accurately track progress and consistently reproduce quality care. This is why overdosed, chronically ill nursing-home patients, etc., rarely get well - and when they have an adverse reaction, another drug is routinely prescribed to mask the iatrogenic symptom(s). With numerous variables, each visit can facilitate the neuro-patho-holographic engram, resulting in an expansion of its aberrant influence.
4. [Prigogine](#), a Nobel Prize-winning chemist, states, "The deterministic (classic) view of chemistry fails when far-from-equilibrium processes are involved." Being in a constant state of dynamic homeostasis, we are far-from-equilibrium beings; therefore, drugs are a failure formula in chronic conditions.
5. Thus, it is vital that DCs, in order to clearly understand such cases, have the necessary knowledge to de-prescribe drugs; but in order to do so, we must first have the legal right and to prescribe that substance. Ignore these realities and chiropractic is not a "drug-free approach"; it is a "drug-impeded approach"!

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Third-Party Theft Running Wild

Dear Editor:

When you ask the neighbor kid to mow your lawn (and he does), whom does he come to for payment? The insurance company? Of course not; he comes to you. If he leaves a huge skip in the lawn, whom do you complain to? Your daughter? Do I have your attention yet?

Let me be clear: When a patient's insurance card shows up 15 minutes before they do, you have a problem. When a patient calls and says they thought their insurance would cover it, you have a problem. Doctors, we all have a problem - a huge problem. Dare you name it? I will - it's the disastrous *third party*.

A third-party relationship always ruins the doctor-patient relationship. The doctor says, "You need

an adjustment for your back and neck." The patient says, "I agree." The doctor says, "This will cost X." The patient says, "I have good insurance." Siren / alert / warning!

What just happened to your doctor-patient relationship? Someone let a nefarious third party into the relationship, didn't they? If you are accept their insurance, you are just as complicit in the outcome of this "new" relationship as they are. Get ready to suffer, doctor, and suffer you shall.

Good insurance? Really? What is "good insurance," anyway? Good health insurance is an oxymoron in my book. Unless it is property or catastrophe insurance, I haven't seen "good" health insurance for DCs.

Do you know what happens to a frog when it's put into a pot of water and heated? You bet you do, and today, doctor, you are that frog.

How did it happen? We let it happen. Letting any entity come between you and your patient will eventually end in disaster. Take all the coaching and consulting you like; the facts do not change.

**Third-party** theft is taking place all over this country, and it is likely getting ready to strike (again) in your office. Remember, you are only as good as the percentage of your bill you are paid on.

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