Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

# We Get Letters & E-Mail

In Response to "Don't Presume, 'One Cause, One Cure'"

Dear Editor:

I am responding to the letter, "Don't Presume, 'One Cause, One Cure,'" by Dr. Arn Strasser, [July 14] criticizing my paper, "Parkinson's Disease, Meniere's Syndrome, Trigeminal Neuralgia and Bell's Palsy: One Cause, One Correction" [www.chiroweb.com/archives/21/11/05.html]. Neither did I use the words "presume" or "cure" in my paper, nor do I use them in my practice. I am attempting to pick up upper-cervical chiropractic research where B.J. Palmer left off.

I conduct a neurological exam after a new patient complete case history; and X-ray the areas with positive tests for nerve interference, to check for contraindications to adjustments, and to analyze the misalignments to come up with listings of subluxations. When a pattern of subluxation is established, I adjust that segment until that pattern is broken. I recheck before every adjustment; I rest the patient; and do a post-check after every adjustment.

When the patient returns with balanced legs and a dramatic improvement in symptoms, I hope that I made the best correction possible to that misalignment, and that nerve interference has been reduced, therefore allowing the power that made the body to begin healing the body. The process can easily take one-and-a-half years. During that time, I check the average patient monthly, adjusting about every other visit. Some patients never get adjusted again; some get adjusted more than six times per year.

I also conduct statistical analysis on my cases. When I discover a 100-percent correlation between one-sided brain stem problems and atlas listings that are all posterior and inferior with laterality on the contralateral side, I feel it is worth mentioning. I do not wish fellow chiropractors to presume that these listings are accurate for all of their patients.

I do believe that if you were stuck on a difficult case, it would be worthwhile to recheck the atlas listing. I also believe that my leg-check protocol for when and where to perform a cervical adjustment is accurate, repeatable and result-oriented. I'm sorry that Dr. Strasser considered all of the information useless.

For those of you who have never attempted to publish a peer-reviewed paper, such as my five-year project, "Upper Cervical Protocol for Ten Meniere's Patients," allow me to share what you could be looking at. I have spent hundreds of hours studying thousands of pages of textbooks and downloaded reports, writing and rewriting the paper (and I still have typos). I have invested tens of thousands of dollars, advertising and delivering free care to the patients. In return, I get the satisfaction of helping sick people get well.

Dr. Strasser picked my newest patient as his example. I did not mean to imply that a couple of specific adjustments would return a Parkinson's patient to a normal life, as it has with most of my Meniere's patients; too much damage has been done. This 74-year-old patient has had the disease for several years. After seven months of care, his Unified Parkinson's Disease Data Form demonstrates an improvement of 20 percent. He is particularly pleased that he has begun to

perspire under his arms again for the first time in two years (one of those things we don't appreciate until the ability is gone).

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"...he or she has to perform illegal procedures in order to be paid..."

Dear Editor:

I read Kurt Hegetschweiler's letter about an independent NCQA-certified company that performed a national patient satisfaction survey regarding managed care [July 14 issue; reprinted August 16 with an accompanying graph]. Dr. Hegetschweiler (a former leader in both the ACA and California Chiropractic Association, and current VP of professional and governmental affairs for American Specialty Health Plans of California) writes to complain that the *Dynamic Chiropractic* poll is "unscientific." I would question any poll or survey on the subject, as I have not met a provider yet that did not complain to me that he or she has had to perform illegal procedures in order to be paid for services by ASHP.

A past state chiropractic association president said in a public forum that he had to use certain diagnoses to get the number of treatments he needed to treat the patient. Imagine how unhappy all those managed-care patients are going to be in 20 years when they discover that their health history is a fictitious report to satisfy a doctor's needs and their own pocketbooks.

Mr. Hegetschweiler might want to have a sense of humor about your poll and listen to what lies beneath; chiropractors are hearing their patients are unhappy because they are unhappy with managed care!

*Margaret Heller*
*Kentfield, California*

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"...the treating doctor is now undercompensated or noncompensated for much of the treatment he or she renders..."

Dear Editor:

Regarding Dr. Hegetschweiler's letter of July 14: He fails to consider that the individual best suited to determine that patient's needs is the examining or treating doctor, the same individual subject to the opinion of the nonexamining managed care case manager. Who can better express an opinion about managed care patient abuse than the individual who knows what the patient needs and sees what managed care authorizes?

Dr. Hegetschweiler's inference that the HEDIS survey he refers to is proof of patient satisfaction is incorrect in that many (perhaps most of) ASH-paneled chiropractors were in practice, achieving good results and patient satisfaction, long before ASH entered the chiropractic health care arena. And those chiropractors continue to treat their patients as they did, despite the limited authorization of exams, treatments and modalities authorized by ASH. Therefore, the patients do

not really know if they are better off under managed care, since their treatment has not changed - except for the fact that the treating doctor is now undercompensated or noncompensated for much of the treatment he or she administers.

*John T. Brennan, DC*
*Oakdale, California*

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Patient-Education-Oriented

Dear Editor:

I am speaking to the reader, Dr. Berry, who responded [August 16] to my recent article, "Shrinking Blind Spot" [June 2]:

Congratulations on your board certification in chiropractic neurology. Your observations that I did not discuss the detailed methodology of blind spot mapping; I failed to note the importance of "thalamic integration"; and that I made no mention of "functional neocortical hemisphericity" are correct - but irrelevant.

The "Evidence-Based Educator" column is not intended to train clinicians in the art of diagnosis, and is not intended to be scholarly presentations to "hold up in the scientific community." It is intended to give clinicians ideas for patient education. You are invited to use or adapt these columns for your newsletter, bulletin board, lay lectures, table-side talks, etc.

Explaining scientific concepts and the results of clinical research to the average patient is an art. Like most arts, it is rewarding, but not easy. If you don't believe me, try educating your own patients using terms such as "thalamic integration" and "functional neocortical hemisphericity." Let me know how it goes!

In the last paragraph of your letter, you seem to be advocating the withholding of upper-cervical chiropractic care pending evaluation of the patient by a board-certified chiropractic neurologist. If that is what you are advocating, I hope you plan to share the evidence basis of such a recommendation. Otherwise, your suggestion is in danger of being dismissed as arrogant and self-serving.

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Skirting the Issue

Dear Editor:

I was visiting my parents in Detroit, and we were listening to Dr. Laura Schlessinger's radio talk show on station WJR-760-AM on June 10. A woman called in asking "Dr. Laura" for advice regarding her relationship with her best friend.

The story: Two couples were very good friends. The caller explained that her best friend's husband was a doctor (whom she has been seeing three times a week for treatment). The caller was in love

with the doctor, yet did not want to sever her relationship with him.

Dr. Laura: "What kind of doctor is he?"

Caller: "A chiropractor."

Dr. Laura: "You need to go see a physical therapist and get some exercises so your body will align on its own, and you will not have to run and see a chiropractor three times a week."

I know this must seem like a "small thing," compared to all the suffering going on in the world, but I resent this physiologist giving untrained, uninformed and unprofessional advice that millions of people listen to.

If you, like myself, would like to write a letter to Dr. Laura, I have enclosed her address for your convenience:

> *Dr. Laura Schlessinger*
> *15260 Ventura Boulevard,*
> *Fifth Floor*
> *Sherman Oaks, CA 91403*

*Richard Lohr, DC*
*Crowne Point, Indiana*

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"Sadly, a super-majority of the profession does not identify..."

Dear Editor:

I am uncertain whether you are for unity or disunity in chiropractic. A few short years ago you did a tremendous amount of homework when you wrote about the spending habits of the National Board of Chiropractic Examiners (NBCE). You even commented on the election procedures and brouhaha that was taking place at the annual meeting of the NBCE. Most of your readers may not be aware that you neglected to comment on the controversy over the most recent NBCE elections. This is understandable if your intention is to help quell any storm that might brew in the interest of fostering unity.

However, in the June 16, 2003 issue ("A Profession Divided," page 3), you reported that the largest contingent of chiropractors sees themselves as "middle-scope." You reported that 20 percent see themselves as "narrow-scope" and about 33 percent see themselves as "broad-scope." This leaves 47 percent or more in the middle.

Sadly, a super-majority of the profession does not identify with any of the national associations that represent these scopes.

I also do not think your repeated use of the word "fringe" is helpful in fostering unity; it promotes disunity. Do we promote unity in the United States by calling people of Asian, Native American, African or Latin descent "fringe" because there are aspects of their culture that are different from those of the rest? If the bulk of us are middle-of-the-road, noncommitted chiropractors, then what makes the ACA any less "fringe" than your unnamed "extreme organizations sporting only a few hundred members?"

You obviously think the ICA needs to leave its affiliation with "extreme organizations" and even

commend the newly elected ICA president on his clear understanding of the need to do so. This would appear to support unity. The ACA has always represented "broad-scope" chiropractors, but still fails to garner their support. Why don't you consider a group as small as the ACA "fringe?" Is it because it represents the "norm?" The statistics you cite clearly tell otherwise.

If the ICA is to become more centrist, it will involve distancing itself from the ACA as much as it will the smaller groups that you fear. If this were to happen, wouldn't it amplify the division and promote disunity?

Clearly, the ICA, having held a middle ground in the recent past, stands to gain the most if 47 percent or more truly adhere to a middle-of-the-road approach. The ICA has the potential to exact the greatest influence on this tremendous profession. Solely new leadership will not determine the future. Our willingness to think and act will be the key.

*Bill Decken, DC*
*Spartanburg, South Carolina*

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