

Who Are Your Heroes?

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At a recent educational symposium that I conducted, a doctor came up to me at the break and expounded on how I had been a significant part of his life and practice. Even though we had never met, he was an avid reader of my articles in Dynamic Chiropractic. He had clipped every one of the 120 articles I had written over the last 12 years! Here was a man who held me in high esteem and credited me with helping several of his patients and his practice growth through my articles. To say I was humbled would be an understatement.

As he walked away, he said, "Dr. Amaro you're my hero."

Wow! I know who my heroes are in the profession, but I guess I never considered that I could be someone's hero.

In the days of my early chiropractic development (early 1970s), the profession possessed many charismatic, knowledgeable and dynamic leaders. I was personally awestruck by the college presidents, and had a close relationship with them. They were the epitome of professionalism, dedication and dignity. They were people that I wanted to emulate in actions and deeds: Coggins of Logan; Harper of Texas; Cleveland of Cleveland College, my alma mater; and of course my two greatest heroes - Dr. Ernest Napolitano of New York Chiropractic College, and the incomparable Dr. Joseph Janse of National. These individuals were "10 feet tall" to me. I still feel several feet below any of their levels of academic achievement.

It was Dr. Napolitano who launched in 1972 the first acupuncture certification program in the nation (the former Columbia Institute of Chiropractic). This was the same year President Richard Nixon developed diplomatic relations with the People's Republic of China. While New York Chiropractic College was teaching acupuncture certification through its postgraduate program, National College was conducting serious research into its clinical, practical and academic applications. Literally thousands of doctors - both medical and chiropractic - learned the fine art of "meridian five-element acupuncture," which was the first style introduced to the United States. Acupuncture as a recognized profession in the West was still a full decade away.

Chiropractic, acupuncture and alternative medicine are all seeking to define themselves.

Acupuncturists claim that acupuncture is theirs alone, and no other profession should utilize it; that they alone are qualified to perform its application.

Allow me to share with you the words of the president of National College of Chiropractic, Dr. Joseph Janse, regarding the role of acupuncture and chiropractic in 1974. Note: It is so unfortunate that thousands of doctors of chiropractic never had the chance to hear Dr. Janse speak. He had an eloquent and mesmerizing style.

The Rationale of a Premise and a Position Declared

*By Dr. Joseph Janse
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The Western world of medicine (the word "medicine" being used in the generic sense as relating to all forms of disciplined and organized methods of healing) is agog with interest, curiosity and concern about acupuncture in all its variations of interpretation and application. This ancient and commandingly challenging concept and clinical thrust has brought the Western clinical world into confrontation. Certainly it has exploded the sophistication of exclusiveness in concept, hypothesis and so-called clinical "know how." It has challenged the knowledge and the self-styled infallibility of Western clinical methodology and research. In so many ways, it has been a humbling experience for Western medicine, because the "ivory towers" of self-declared scientific and clinical acumen, have encountered an inexplicable phenomenon. It is for certain, therefore, that every segment of the clinical world has been compelled to reflect upon its own incompleteness, and that probably there is still a great deal to research, to study, to deliberate and to conjugate.

Characteristic of the self-protectiveness of intellectual egocentricity - are those who belittle and denounce; those who declare it as purely psychosomatic or somatopsychic phenomenon, as if the psychological process in the human organism were not a significant physiological process. There are those who belittle and declare the process as only being palliative to the neurotic and the hypochondriac, but certainly the question might be asked, "Aren't these patient types elements of the human clinical problem, and has Western medicine competently solved this concern?"

Without any attempt at being conclusive, instructive or clinically paragonical, let us seek to present and evaluate some of the facts of the issue:

1. The chiropractic profession has, in many respects, stood in the vanguard of the "holistic" concept in therapeutics, especially as it relates to the neurological element. Ever since its inception, segments of the chiropractic profession have asserted the fact that the somatic tissues (skin, fasciae, tendons, muscles and articular ligaments) and their possessed receptors comprise the great sensorium of the body, and that in many instances mirror the status of visceral function. By virtue of synaptic inter-relationship we now know that somatic (body outer tissue) applications by means of contacts; percussions; tapotements; and electrotherapeutic pulsations or needlings may so stimulate the large "A" fibers of the somatic sensorium that a diluting, a shunting or an inhibiting of the pain sensation flow is accomplished.

- a. The exact relating neurological mechanism as yet has not been explained by anyone. The Melzack-Wall gate control theory is a favorite attempt at explanation. The hypothalamic-limbic inhibitory effect of the physiological stimulation of spinothalamic-cortical pathways, as explained by Rodahl, is another attempt at explanation. The original concepts of Dogiel and Sherrington, as well as Head in relation to synaptic overlap and sensorial "overwhelm" are very much still valid.

2. As early as 1914, the curriculum of the National College of Chiropractic included a course, with clinical application, in physiological therapeutics, i.e., the clinical application of light; heat; water; traction; exercises; manipulation and pressure point therapy, as well

as diet nutrition, fasting and psychotherapy. Later, the term "physiological therapeutics" was abbreviated to the word "physiotherapy." Certainly, it cannot be denied that within the chiropractic profession "physiotherapy" found its primary initial emphasis and clinical phylogenesis.

3. Beginning at the 1974 summer trimester (May 7) and under the auspices of the clinical sciences division and as a component in the courses on physiological therapeutics, a three-clock-hours-a-week course in "triggerpoint and acupressure and acutpotement therapy" will be taught both at an undergraduate and postgraduate level.

a. It is the considered opinion of the college administration that it is the responsibility of the college to introduce developments in the clinical sciences that are relevant to the basic tenets of the profession, and that have evidenced clinical merit.

b. It is also the considered opinion of the college staff that "trigger-point" therapy, acupressure, acutapotement and even acupuncture therapy, within containment, are intimately related to the basic premise of chiropractic, namely, that "in man, the biped, the musculoskeletal system maintains an intimate conditioning, controlling and regulating relationship with both the somatic and visceral neurological elements."

c. It is further the considered opinion of the college administration that these measures could well be, and should be, included under the generic designation "physiological therapeutics: and should be included in the relating clinical profile of application.

4. So characteristic of the totalitarian posture of organized medicine, the "voice of the AMA" has declared that acupuncture should not be practiced by doctors of chiropractic, and that "needling" is a form of surgery, and hence should only be performed by an allopathic physician and surgeon. In counter-argument to this assertion, the following deliberations are presented:

a. Western medicine (allopathy) can in no way lay claim to having sponsored the genesis, development and dissemination of any form of acupuncture. Hence clinically, professionally and "control-wise," they do not possess any copyright, or legal authority over its practice.

b. "Needling" as one form of acupuncture, is not a surgical procedure. The insertion of the fine caliber needle does not induce noticeable traumatic dissolution of the histological continuity of tissue. "Needling" does not cause hemorrhage or inflammatory reaction, nor does it necessitate tissue repair.

c. Incisive or operative surgery is that process that disrupts the integrity of the continuity of tissue, necessitating procedures and processes of repair both by the surgeon and the restorative processes inherent within the tissue. Incisive or operative surgery may also be attended by the extirpation of gross amounts of offending tissue and may also involve the repair of gross faults in tissue continuity subsequent to traumatic mishap. "Needling acupuncture in no instance falls in any such category of clinical procedure.

5. It is certainly the considered opinion that the agencies and organizations of the profession, both state and national, address themselves to this imperative and concern.

Because the legal, legislative, scope-of-practice and professional ideological affectivity, as well as the political influences, vary noticeably in the states throughout the country, a solution is not going to be accomplished in one fell swoop. Every situation will have to be individually evaluated and conclusions designed. Simply on a basis of suggestion, the following possibilities and progressive steps could well be deliberated:

- a. decision by the state association to sponsor the inclusion of acupuncture (used in broad generic sense) in the practice of chiropractic in a limited or complete manner;
- b. decision by state boards of chiropractic examiners or composite boards to sponsor board ruling to this effect;
- c. decision to present the rationale to the state attorney general for purpose of obtaining a favorable ruling;
- d. decision to open the "chiropractic act or law" by sponsoring legislation that would stipulate its inclusion within the defined scope of practice;
- e. decision by the Council on Chiropractic Education to recommend that acupuncture (generally used) in the prescribed contained manner be taught at both undergraduate and postgraduate levels as a branch of physiological therapeutics;
- f. decision to encourage the NCMIC to include the practice of acupuncture (generic interpretation) in the malpractice insurance policy as soon as proper legal privilege has been affected.

6. The foregoing posture and position commands a deliberate organized approach to a clinical sensationalism that will explode if not properly contained. Every clinical science must remain "open-ended" to repudiate when necessary and to include when imperative to the benefit of rendering a more effective service.

7. The charter of the National College of Chiropractic, as an educational institution for clinical and research purposes, did permit the college to conduct, for over a year, a careful controlled clinical study of all aspects of acupuncture, involving a reputable number of documented cases; and the foregoing deliberations and conclusions are based upon this investigation. Staff members of the college, but primarily Dr. Andries M. Kleynhans, chairman of the division of clinical sciences, have conducted extensive studies in the Orient and in the U.S., to include seminars conducted by medical centers.

In case you were ever wondering, acupuncture has been a part of the chiropractic profession for over a quarter of a century.

Here's to the best in 2001. May it be a phenomenal year.

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