

Comparing Paradigms and Defending Fundamental Principles: Part I

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It is a pleasure for me, David Prescott, to undertake writing a series of articles for *Dynamic Chiropractic* with my colleague Edwin Grauke. Both of us earned law degrees before attending Texas Chiropractic College, and have experienced significant frustration at the disparate treatment of allopaths and chiropractors, especially within the legal system.

Before embarking on this series of articles, I wish to share some of my associate's background. Dr. Grauke was a house counsel for Conoco Oil Company for several years, and then served as a chief civil trial attorney for Houston, Texas; he subsequently became a sitting trial judge for the city.

We have developed a chart (see below) to highlight some of the differences between mainstream and alternative medicine.

We hope to stimulate some strong reactions by these articles, and will enlarge on some of the points summarized in the chart in subsequent articles. We intend to demonstrate that:

1. The practices outlined in "alternative medicine" are too complex and important to be treated as a subcategory under, and usurped by, conventional medicine.
2. "Conventional" is merely one school of medicine, though it has been granted such monopolistic power that it has often been conceived as encompassing all of the potential medical arts;
3. Practitioners in the alternative paradigm deserve, and should demand, equal protection of the law as to their practice and compensation rights, with respect to the governmental research funding stream.
4. Alternative practitioners cannot expect to obtain the recognition of such rights without a clearly defined and scientifically plausible biological and medical paradigm.
5. "Clearly defined" applies not only to communication with the general public, but also to the potential legal impact of the words chosen. Words count.
6. Patients and the general community are best served when there are no monopolies in the marketplace of ideas, and when patients are granted a legally protected right to choose

treatment by qualified, licensed alternative practitioners.

We recognize the value of the evidence verifying the pharmacokinetics of botanicals, nutraceuticals and homeopathics, and the evidence for the effectiveness of behavioral modification, detoxification procedures and the biology of belief. Unfortunately, laboratory and/or clinical proof of the effectiveness of many of these interventions has only been obtained within the last five to 10 years by the biomedical establishment. Funding has not been generally available to chiropractors and others to undertake the needed laboratory and clinical evaluations of these types of therapies. We are prepared to litigate issues related to the right of chiropractors to include such therapies within their scope of practice, and for funding with respect to needed research in these areas.

Alternative and Complementary Paradigms		
Elements	Conventional Medicine	Alternative Medicine
Perspective on Alternative Medicine	Alternative therapies are to be ultimately evaluated by, absorbed into, and monopolized by mainstream (allopathic) medicine (See, Wilk v. AMA 1987, 671 F. Supp. 1465).	Biologically plausible alternative paradigm(s) that have historically been separately licensed. The practice perspective within these is too important and complex to be properly developed unless the practitioners remain autonomous and receive equal protection of the law.
Major Schools	"allopathy" paradigm, Rudolph Virchow (1858); osteopathy (modern); chiropractic (biomechanical (BM) approach); naturopathy (contemporary U.S.).	"functional medicine" paradigm, Claude Bernard, France (1861); chiropractic (Palmer, Howard, Bennett (1920s), Pischinger, Germany (1940s); naturopathy, homeopathy, acupuncture, TCM, etc.
Teaching Perspective	focus on hospital care and training in a hospital setting.	focus on ambulatory care and training in a clinic setting.
Philosophy	rationalistic, materialistic, reductionistic; life is a product of random chance; "objective" knowledge.	vitalistic and/or teleological - empirical, irreducible complexity; life is the product of an intelligent process; "participatory" knowledge.
Primary Research Methodology	primary emphasis on basic and laboratory sciences and laboratory/animal experimentation.	increased emphasis on clinical experience (empiricism, that which works, clinical case studies, outcomes research).

<p>Site of Primary Interest</p>	<p>Cells and Genes localized morphologic changes "Extracellular Fluid" (There is an increasing interest in the body as a functional unit, focused on chemistry); BM chiropractic: nerves and related tissues.</p>	<p>The "Internal Environment" energy/information phenomena "Regulatory (extracellular) Matrix" innate regulatory mechanism(s) nerves and electrodynamics: fluid; meridians; whole person.</p>
<p>Primary Scientific Focus</p>	<p>chemistry; cellular/gene receptor sites; isolated phenomena</p>	<p>bio-electrodynamics - bio-communication resonance (vibratory) phenomena "fields."</p>
<p>Diagnostic Orientation and Procedures</p>	<p>"diagnosis" controls and dictates treatment; identifying a cluster of symptoms and correlating them with a named disease or condition; BM chiropractic emphasis: physical rehabilitation.</p>	<p>clinical outcomes orient treatment; identifying interference within the "internal environment" - the body's innate regulatory system(s); relating symptoms to previously recognized patterns and processes.</p>
<p>Treatment Emphasis</p>	<p>Use "drugs" or natural medicines to oppose disease, condition or state and also to oppose disease by means of surgery or nonsurgical biomechanical procedures.</p>	<p>Use mechanical means and biological medicines to preserve and remove interference within the internal environment to detoxify to support and enhance the innate functional capacity and to heal. Motivate behavioral modification and activate the biology of belief.</p>

Drugs and/or (Natural) Medicines	Western, established medicine seeks to identify and isolate an active chemical ingredient, with the assumption that the active ingredient is a separate part, then seeks to produce or reproduce it and patent it (life itself) as a medicine. The operation of drugs is primarily directed towards chemical, cellular receptor sites (recently genes).	Alternative medicine looks at natural substances as a whole. There is a synergistic (energy/informational) aspect to natural substances that should be retained and enhanced (complex formulae) for medicinal purposes. Homeopathics, herbs and nutraceutical medicines are recognized as acting chemically and also as energy/information/resonance phenomena.
Basic Concepts	Oppose disease. War on nature.	Correct physioregulatory dysfunction. Work with nature.

Our focus in this series of articles will be on "self-regulation" through the maintenance of the functional capacity of and removal of interference within the "internal environment." We will show the basic chiropractic principle that the body has the inherent capacity to regulate and maintain itself in a state of health that is biologically plausible and also scientifically and philosophically sound.

We will also show some of the more recent scientific evidence supporting this position and demonstrate treatment modalities developed in Europe based upon the application of this ancient but expanding paradigm. We will also address philosophical and scientific issues related to the question of life's capacity for self-organization (morphogenesis).

Extracellular Space

You will note in the chart that the word "extracellular" appears in both paradigms. There is, however, a huge difference between the allopathic concept of the extracellular compartment serving as a transportation system for nutrients, hormones, etc., and the concept of that compartment as a regulatory matrix - the "internal environment." This will be a focus of part II of this series.

Words Count

Words used in one circumstance, perhaps appropriately or due to necessity, can come back to haunt in another setting. One must not only take care with one's use of words, but must also keep a wary eye on the use of words by one's competitor.

The allopaths, and those supporting them, always use words to enhance their image and marketing strategy and to manipulate or create cultural bias. In addition, and perhaps with the greatest potential impact, they use words with regard to their legal significance. Alternative practitioners must do likewise to combat the linguistic strategies that have assisted allopaths in obtaining undue dominance in health care.

Chiropractors and Medicine

We realize some chiropractors will strongly object to our "alternative paradigm," in part because of the use of the word "medicine." The proposition that "chiropractors don't practice medicine" was part of a strategy of professional self-preservation during the early part of the 20th century and is no longer necessary or appropriate. Simply put, the allopaths hoodwinked not only the general public, but those who continue to sound the "we don't practice medicine" refrain. Allopaths usurped the use of the terms "medicine" and "physician" in the early part of the 20th century.

One cannot understand the present use of the word "medicine" without going back to the 19th century. There were three main groups of practitioners during the second half of the 19th century: allopaths, homeopaths and eclectics; eclectics practiced primarily herbal medicine. At the time of the founding of the American Medical Association in 1847, allopaths were referred to as "regulars." By the turn of the 20th century, MDs had dropped the adjective allopathy and called their type of practice "scientific medicine." By the time of the passage of the chiropractic laws in the 50 states, MDs were simply referred to as "practicing medicine."

The changes in the MD nomenclature did not change the substance of medical practice, as defined in a 1998 "memorandum" of the Association of American Medical Colleges:

"The field of alternative and complementary medicine encompasses a vast number of approaches to health care. These practices are currently considered 'alternative' because they have not been adopted by mainstream medicine. Cultural, social, economic, and/or scientific perspectives are responsible for their relatively peripheral position in the arena of health care options. While some of these approaches are similar in concept to allopathy, the primary mechanism of conventional Western medicine, others represent entirely different approaches to health, both in theory and in practice.

"In order to appreciate the extent and nature of the field of complementary and alternative medicine, it is useful to understand the basic tenets of allopathy. The term is derived from the Greek roots 'all' meaning opposite, and 'pathos' meaning disease, suffering, or feeling. In essence, the primary method of Western medicine is to oppose disease. For example, in the case of a headache, an initial approach is to relieve pain.

Words count. The appropriate position for chiropractors to take is that "chiropractors do not practice allopathic medicine."

Chiropractors - Physicians

We will use California as an example of the issue related to the use of the term "physician." The California Medical Practice Act of 1907 provided for three categories of licensees: "medicine and surgery" (MDs), "osteopathy" and "any other system or mode of treating the sick and afflicted." From 1907 on, the AMA and CMA were in a "full-court-press" to capture the market. They instigated a change in their license title under the Medical Practice Act of 1913 and caused it to be changed to "physicians and surgeons." By the previously referenced maneuver of dropping the word "regular" or scientific from their definition, and by capturing the use of the word "physician," the allopaths moved a long way toward their objective of monopolistic control over health care.

The word physician is derived from the Greek *physis*, in Garrison's *History of Medicine* (original copyright, 1913), variously defined as "an invisible power," (p. 21) as human "nature" (id. at 99) and as "order" (id.). It is ironic that many states have granted allopaths the exclusive use of the term derived from the concept of an "invisible power," an idea which, at an institutional level, they fundamentally deny. Even more ironic is that the only chiropractors that object to their fellow chiropractors using the term physician are those who constantly tout the existence of such a force. The times are ripe for a reconsideration of the allopathic monopoly and the word games that have contributed to their position of dominance.

Words and Substance

Words without substance cannot sustain one's position in the marketplace, in the legislatures across the country, or in the courtroom. We will, in subsequent articles, enlarge on some of the substantive principles identified in the foregoing chart, We will also speak to the legal consequences of the substantive propositions. To repeat, substance and the words chosen to express that substance, must be considered together.

Future Articles

The titles for the upcoming articles will give you the idea of where we are heading:

Part 2 - The History and Concept of the "Internal Environment - Self-Regulation Paradigm"

Part 3 - Clinical Applications of the "Internal Environment - Self-Regulation Paradigm"

Part 4 - Expanding the "Internal Environment - Self-Regulation Paradigm"

Part 5 - Philosophy: a Teleological and Empirical Perspective

Part 6 - Exclusion and Prosecution of "Biological and Medical Heretics" -1634 to 2000

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