

We Get Letters & E-Mail

Dodging Our Own Bullets

Dear Editor:

When the spy Mata Hari was shot during the First World War, she was required to pay for the firing squad's ammunition. There are plenty of people who want to shoot us, too, and it's hard enough trying to dodge those bullets, let alone having to provide them.

On page 53 of the July 26th issue of *Dynamic Chiropractic*, in the article "For Safety's Sake, If You Adjust C-1" (also available on line at www.ChiroWeb.com/archives/17/16/09.html), appear the words, "However, I have seen warning signs: post-adjustment dizziness, nausea and disorientation" (referring to a vertebral artery accident caused by a neck adjustment). VTAs are extremely rare (why do we continue to call attention to them?), while the symptoms described are not rare given the very high sensory input of the neck.

In other words, these symptoms can be and are quite often found in a "normal" postcervical adjustment. They are the result of the nervous system responding to the adjustment and sorting itself out. The old chiropractic pioneers knew this and provided time for the patient to lie quietly while the body resolved these symptoms, which it shortly does. Naturally, no one does this today; it would be a waste of time and money to tie up a treatment room.

The point is that this is the kind of misrepresentation legitimized by publication and ripe for plucking by a plaintiff's attorney, a "quack discoverer" or any number of people with an axe to grind against chiropractic. If I were still practicing law, I would love to learn that dizziness after an adjustment was a "warning sign" that something had gone wrong. For that matter, I would cite this entire article if I had a client who was adjusted in a manner different than that which the author advised as safe. Here, an unfounded opinion has been given the potential of being authoritative. Even if the article were to be subsequently discredited, it would cause a great deal of trouble to a defendant chiropractor.

Clifford H. Morris, JD, DC
Wilp, The Netherlands

"Why doesn't he get out of chiropractic and into something more scientific?"

Dear Editor:

The letter to the editor from Joseph C. Keating Jr., PhD, in the November 1, 1999 issue of *Dynamic Chiropractic* compels me to respond. His rhetoric is more in tune with the AMA's defunct Committee on Quackery than a "professor" at a chiropractic college. It is also confounding to see the vertebral

subluxation complex (VSC) referred to as an "inadequately operationalized phenomenon."

If his contention has any validity, his employer (LACC) has been either teaching a false premise or providing inadequate chiropractic education to its students. In both instances he is guilty of accepting his pay under false pretenses. It is my understanding that chiropractic grew and became accepted around the world because of demonstrated results in health care. In fact, it is my experience that chiropractic correction/reduction of the VSC has succeeded many times where "scientific" medicine has failed.

It is tedious to hear "trash talkers" continually crawl out into the sunlight and malign a profession that based its entire existence on the VSC and the specific vertebral adjustment. Instead of researching ways to deliver adjustments with even greater specificity, improve techniques, and improve our public image, they attack the profession like junkyard dogs.

When it comes to validating chiropractic, I applaud Dr. Koch for promoting chiropractic as he knows it, as I know it, and as many of my peers know it. If it were possible to deliver a placebo adjustment, I suppose we could have double-blind studies to satisfy the "scientific" community. However, I would suggest that the scientists also try to validate surgical procedures, long-term drug effects, and why "scientific" medical practitioners pay such high malpractice insurance rates.

Since Dr. Keating uses no chiropractic credentials after his name, it is probably safe to conclude he has no chiropractic education; has never palpated a vertebral subluxation (he said they don't exist); delivered a specific vertebral adjustment; or had a patient gratefully profess their appreciation for the result. His whimpering diatribe begs the question, "Why doesn't he get out of chiropractic and into something more scientific?"

Douglas L. Alcott, DC
Shelby Township, Michigan
dalcott@mich.com

"Glad to see there will finally be a nationally distributed acupuncture journal"

Dear Editor:

I read your article in the September 20th issue of *DC* (see "Why We Finally Said Yes," available on line at www.ChiroWeb.com/archives/17/20/16.html). I'm glad to see there will finally be a nationally distributed acupuncture journal similar in format to *DC* (hopefully), especially a chiropractic-friendly one.

As a chiropractor and soon-to-be nationally certified, licensed acupuncturist, I've encountered a lot of animosity from DCs (for being a traitor of sorts) and from LAcS because they are uninformed as to the educational and licensing background for DCs (especially recent graduates).

In some ways we are still the stepchildren in healthcare, primarily due to lack of public and professional education. Mostly, the egos of our profession are to blame for an adversarial position with MDs, DOs and others in primary care. This has ruined what was left of my relationship with my father (an MD). He's so entrenched that he can't hear the small quiet voice of truth about real healing.

I am currently rebuilding from the ground up from last year's floods here in the Kansas City area. I promote myself as a complimentary and alternative primary care DC. It's so unique that a lot of my time is spent educating about the simple fact that DCs are primary care practitioners.

Thanks for listening.

Christine Robinett,DC
Mission, Kansas
chrisdc@flash.net

Three Cheers for ChiroWeb

Dear Editor:

This has got to be the best chiropractic website I have ever seen. In comparison to other websites, it is still tops. You have done a wonderful job in your presentation, outlay and ease of moving within the website. Three cheers!

David B. Bradley,DC
Fort Worth, Texas

Chiropractic: In Conflict with Itself

If I were a medical doctor or a director of an insurance company reading this publication, I would walk away confused. Are we practice builders as suggested by the full-page ads? Do we treat the VSC, communicate with innate intelligence, or treat people with neuromusculoskeletal pain so that they can return to function?

My opinion is that the profession can't seem to unite at a time when presenting a clear message is past due. We have three options, with the first being the most likely:

1. We could recognize that our profession has reached adolescence, much like the baby boomers in the late '60s. Waiting will allow our message to mature, while making good use of our present idealism to craft policy 20 years from now. The obvious disadvantage is we risk missing the opportunity to mainstream now.
2. We could unify. This means abolishing all state and national organizations and creating single entities in their place. Through conference committees, we can develop policy and appear united, reasonable and serious. My guess is that we would have near-complete membership in such an organization.
3. We could divide into two separate professions: orthopedic and subluxation-based. Both wings would then be able to communicate with the population, legislators and insurance companies on their own merits. DCs could then choose which national and state organizations to join; which

MCOs to join; and which journals or trade publications to subscribe to.

I propose calm, honest and thoughtful discussion on the direction each of us wants for our profession, using the mailing list of this publication to vote on these or other options.

Marc D'Aquila,DC

Williamstown, Massachusetts

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