

We Get Letters & E-Mail

"Shame on You"

Dear Editor:

Shame on you. The headline you put on Jake Ladenheim's article ("MD/DC Practices: Not to Worry, Just Hide Your Assets," *DC*, June 15, 1998) scared about 4,000 integrated practices. My phone hasn't stopped ringing since you published it.

Most of the article was extremely informative, and Jake Ladenheim certainly provided an insight on how the doctor can protect himself against past misdoings. Integration is legal. Only the consultants and the doctors can make it illegal.

Based upon what some of the consultants are teaching, maybe it was a good thing that you published Mr. Ladenheim's article in Dynamic Chiropractic. There are several nationally recognized consultants that have set up their clients for disaster while the consultants sit in their accounting house lavishing over the money that was charged for misinformation. I feel sorry for the doctors, but I still don't like any article that even implies that it is wrong for a chiropractor who is an entrepreneur to own or manage medical integrated practices. Someone needs to think of the patient and the tremendous benefits of having the medical doctor and chiropractor working in the same clinic.

Roland Ashby Sr.
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"Validate or Abandon"

Dear Editor:

I have read with interest the exchange regarding applied kinesiology between Drs. Goldman, Yanuck, and Phillips, and the quotes from the absent Dr. Herriot (see "We Get Letters," *DC*, May 18 and June 29, 1998). Add my name to the list of those calling for an immediate display of proof from the ICAK. I completely agree that we must validate or abandon AK before this fringe technique is used against us.

The letter from Dr. Yanuck, research advisor for the ICAK, is interesting for one great reason. With all of the research that must be available to the person holding the title of research advisor, he chose to highlight four studies which do not validate AK, and one which is yet unpublished and therefore cannot be evaluated. A careful reading of his letter and the studies shows the following:

1. Human muscles show varying patterns of weakness and strength which are unrelated to fatigue;

2. Trained researchers can reliably and repeatedly detect these variations.

Dr. Yanuck states, "As scientists, the facts should be our only basis for judgment." Based on the facts he presents, our judgment can only be that there is insufficient evidence to recommend AK.

Dr. Yanuck further states, "One cannot make a diagnosis solely on the basis of manual muscle testing outcomes, though these outcomes can contribute to an overall clinical impression." It is true that a diagnosis is made from several pieces of the puzzle. It is also true that each test used must provide a reliable piece of information.

For AK to be accepted, it must be shown that manual muscle testing can reliably and repeatedly discover or confirm clinical conditions. Contrary to Dr. Phillips' opinion, this type of research is actually quite simple and inexpensive. Take 50-100 people who are either normal or have varying degrees of a known condition, e.g., anemia or hypothyroidism. Compare a gold standard test with the results of AK testing for this same condition, i.e., red blood cells or TSH. Do a statistical analysis of the result. AK must be closely similar to other simple screening tests, or it must be moderately reliable, but much easier and safer than currently used tests to be acceptable. It is simply not acceptable to say, "Hey, this is too time consuming and costly, so forget it."

The status statement of the ICAK states: "Applied kinesiology examination should enhance standard diagnosis, not replace it," and: "When properly performed, applied kinesiology can provide valuable insights into physiologic dysfunctions ...". Here is the challenge, Dr. Yanuck. Provide for the readers of DC research which actually shows validity for AK's claims of diagnostic utility for manual muscle testing, not simply verification that muscles are sometimes strong and sometimes weak in random but measurable ways. We await your response.

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"MDs are not the enemy: ignorance, arrogance, greed, laziness, and lack of knowledge and responsibility are."

Dear Editor:

How ridiculous it is that Dr. Braille actually believes that the word "medicine" as used in connection with the word chiropractic is going to destroy our profession. Let's get real here, folks. It's time for the chiropractic religious fanatics and soothsayers to bow out or be removed from the picture so that those who are interested in the truth based upon scientific principles, who embrace the development of efficacious treatment pathways, salvage this profession from self-destruction.

This is a great profession. We have much to offer. I am a second-generation chiropractor. My dad was put in jail for practicing chiropractic back in the early 1950s. His greatest concern for chiropractic wasn't the medical doctors, it was for his chiropractic brethren. Specifically, Dad understood that the lack of and outright rejection of the basic and clinical sciences set the stage for chiropractors to embrace and promote unscientific cure-all remedies. Not only were these remedies sold to the public

and represented to be fact, chiropractors sold them to each other for profit. Many treatment systems were based more upon chiropractors' need for money than patients' need for help. Unfortunately, this continues today.

My dad was a graduate of Marquette University in Milwaukee. Later, after escaping from the Germans as a prisoner of war, he returned home, attended Lincoln Chiropractic College and graduated in 1949. He distinguished himself academically. He applied that body of medical knowledge called physical diagnosis as it was taught to him at Lincoln. He helped many people through his chiropractic skills. These skills included an ability to recognize common but serious and treatable medical conditions. He understood that chiropractic care was not the treatment of choice for every condition known to afflict humans. He used medical doctors just as he used medical knowledge. He respected medical physicians. He referred his patients to appropriate medical practitioners when it was indicated. I am proud to say that my dad did not perform colonic irrigation or manipulation on patients with appendicitis, nor did he look to identify a subluxation on a patient as the patient was dying in front of him from a myocardial infarction. He was a man of science. He insisted that I attend the National College of Chiropractic if I was to pursue a career in chiropractic. He believed, as do I, that while most chiropractors are well-intentioned, most are undereducated and practice a philosophy of care that is and was not supported by scientific principles.

As my dad grew older, he distanced himself from the mainstream of the profession. One of his close professional friends was a neurosurgeon -- imagine that! Dad distanced himself from the profession after one specific episode that occurred as he was attending a weekend seminar. Reportedly the speaker, a well-known chiropractor at the time, was lecturing to a group of assembled chiropractors. He suffered a heart attack and collapsed on the stage. Dad explained that a number of well-intentioned rushed onto the stage to assist. One chiropractor grabbed the poor fellow's neck and started cranking on it. Still other chiropractors were wrestling with the man's body trying to get to him; others were trying to flip him onto his stomach. All of this in an attempt to deliver the deliver the life-saving manipulation to his thoracic region.

During all this commotion, the chiropractors were arguing and yelling at one another. The arguments were not over appropriate emergency care issues, but rather what spinal level was subluxated and what technique was needed to restart the gentleman's heart! Not one chiropractor present thought to check the man's vital signs or to begin CPR. No one checked his pockets for nitroglycerin.

My dad left this seminar depressed, embarrassed and frustrated. He was convinced that his peers were doomed to fail, that it was only a matter of time before chiropractic would be a thing of the past; manipulation would eventually be recognized for its value and taken over by medical physicians. And why didn't these chiropractors take appropriate medical action? Because to do so would have been considered sacrilegious. Because they believed that anything called medical was bad. That medical procedures don't work. Because the subluxation is the key to any and all human ailment. Because to practice emergency medical procedures would be contradictory to everything they stood for. And let's not forget that no one near the patient (of all the self-proclaimed doctors) knew CPR. After all, CPR was a medical procedure, it wasn't chiropractic. And while these idiots stood around debating technique, a fellow chiropractor died.

This chiropractor died for the cause. But don't forget that he also died of the cause. And how many other human lives have been lost because the chiropractor had on his blinders, because the chiropractor didn't think it was "chiropractic" to check the pulse, listen to the heart, the lungs or take

the patient's temperature? How unfortunate, how sad, and how illustrative of the attitude exemplified by Dr. Braille's attitude.

Ignorance continues its stranglehold on the profession today as it has in the past. Chiropractic can no longer survive as an uncontrolled, entrepreneurial machine. It must evolve into a health care profession or it will be lost. Medical physicians are not the enemy: ignorance, arrogance, greed, laziness, and lack of knowledge and responsibility are. If you want to be a doctor, if you want to be called a doctor, then use the allied health care providers. Understand what they treat, how they treat, and why. Recognize and accept your limitations. Improve upon that which you do well. How can you possibly believe that what you do as a chiropractor for a patient is in the best interests of the patient if you don't even know what is wrong with the patient, if you don't understand the physiology or the pathologic process? How can you responsibly advise a patient as to treatment options if you are ignorant of safe and effective treatments, be they medical or surgical?

Lastly, I want to ask you this. If serving in your capacity as a chiropractor, do you practice the art and science of the diagnosis and treatment of disease by nonsurgical means in an attempt to promote the maintenance of health? If so, you are practicing what Dorland's Medical Dictionary defines as "medicine." It really makes no difference whether you understand this or accept it or not, because it is still a fact. Does this mean you're not a chiropractor? I don't think so.

What do you think? If I am called a chiropractic physician, I am still a chiropractor first and a physician second. So what's the big deal? Why worry about labels and words when we have so much other more important work to be done for ourselves and our patients? Let's ride chiropractic into the next century on the back of a horse called science, and let's get off the magic carpet ride once and for all.

Edward R. Springhorn, BS, DC
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Prescription Drugs Undermine the "Importance of the Chiropractic Adjustment"

Dear Editor:

I don't feel that it is appropriate to even have a poll to find out how many doctors of chiropractic want the ability to prescribe OTC medication. It goes against everything that this profession stands for and was founded on. I feel it only puts wrong ideas into the minds of doctors of chiropractic who are unsure of the decisions that they made in life. If they wanted to become medical doctors, then they should have gone to medical school. Now that these people are chiropractors, they should concentrate their energies on chiropractic, not acupuncture, naturopathy, herbal medicine, homeopathy ... the list goes on and on.

Do these folks not value the importance of the chiropractic adjustment?

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