

We Get Letters & E-Mail

Sensible Words from Dr. Sid

Dear Editor:

My hat's off to Dr. Sid Williams for his dispassionate comment on a national news broadcast (CNN, I believe). Amidst all of the spin-doctoring and distortions by political medicine and political chiropractic following the October 8th release of several controlled trials of manipulation published in the *New England Journal of Medicine*, Dr. Williams offered one of the few sensible comments: further research is needed.

*Joseph Keating Jr., PhD
Los Angeles College of Chiropractic
Whittier, California*

Outrage at Advice from MD Columnist

Dear Editor:

I wanted to make you aware of a syndicated article that was printed in the *Newark Star-Ledger* (New Jersey) on October 23, 1998. It was a medical advice column by a Dr. Paul Donohue. I have read his column before and it typically gives helpful and reasonable advice. However, the advice given in this edition was so totally slanted and outrageous that I could barely contain my outrage.

Dear Dr. Donohue:

I am a young woman suffering from torticollis. For the past two years, all I've heard is: "You have torticollis and nothing can be done for it." I am ashamed to appear in public. I would appreciate any information you can offer and any sources I can turn to.

Dr. Donohue's response:

With torticollis (TORE-tee-CALL-is), neck muscles on one side are in a state of constant contraction, twisting the head down toward the shoulder.

A nagging pain at the base of the neck might be the only warning of things to come. As time passes, the head bends down to the shoulder and stays there most of the time. It's not hard to imagine the difficulties a torticollis patient must endure.

Doctors or friends have misinformed you. There are treatments for torticollis. Drugs such as Artane, Cogentin, Klonopin and Tegretol can sometimes stop the bombardment of nerve signals to contracting neck muscles. Botulinum toxin, the very stuff that causes serious food poisoning, is watered down and injected into the muscles, unlocking their grip on the head. Surgically severing selected nerves can permit the head's return to its normal position.

I've only touched on treatments. For a full explanation, contact the Dystonia Medical Research Foundation at (800) 377-3978. "Dystonia" applies to any involuntary sustained muscle contraction. Torticollis is one example of a dystonic illness.

It greatly upsets me that a doctor who is held out, by the nature of his position as a columnist to be an expert in the field, can give advice that is so totally contrary to common sense, while being equally ignorant to alternative forms of therapy.

I have been a chiropractor for over 11 years and in that time have successfully treated numerous cases of torticollis. Some have been mild while others have been quite severe, but in either case, the recovery rate has been quite high. My expertise in this field, however, is no greater than that of the thousands of other chiropractors who also successfully treat this condition on a daily basis. That is why I was so offended by this doctor's advice.

There are many unsuspecting readers who probably seek advice from these columns and who listen intently to their recommendations. How sad it is for those who suffer from this condition to think that their treatment options range from drugs, to botulism injections, to neurosurgery!

How can any discussion of torticollis not begin with conservative treatment such as chiropractic manipulation, physical therapy and home care, including stretching, exercise, and ergonomic instruction? By far, the vast majority of these cases will respond well with these forms of treatment well before any of the more drastic and radical treatments described would be necessary.

Dr. Donohue does a great disservice to his readership by disseminating such dangerous advice. He is either ignorant to the benefits of chiropractic care or refuses to make a referral to an allied profession other than his own. Either way, I feel it is our duty as chiropractors to make Dr. Donohue aware of the benefits of chiropractic care in this case. I hope you can reprint this article in your paper so that as many chiropractors as possible can rebut Dr. Donohue's advice and force him to amend his recommendation. Only by calling his attention to this situation can we hope to correct it and set the record straight.

Michael Cocilovo, DC
New City, New York

Editor's note: Correspondence can be sent to Dr. Donahue at P.O. Box 5539, Riverton, NJ 08077-5539. *The Star-Ledger* reader representative, Charles Harrison, can be reached at 973-877-4022, or via e-mail at readerrep-starledger.com. To communicate with other editorial members go to the *Star-Ledger* website: www.nj.com/starledger/contacts/editors/html.

That's Scientific?

Dear Editor:

The medical profession is always accusing the chiropractic profession of not being scientific. Here are some of the most common statements in the *Physician's Desk Reference*:

- The precise mechanism of *** is not known or is unclear ...
- Some evidence to suggest that this product might help ...

- A variety of adverse reactions may develop ...
- The mode of action is not known ...
- Treatment with *** should be discontinued immediately when toxic reactions occur ...
- may interact with ...
- The following is a list of adverse reactions ...
- Should be used with caution ...
- Animal studies indicate ...
- Addiction is very possible ...
- There is no evidence that *** is metabolized ...
- Can cause possible liver failure ...
- And on and on. This is scientific?

Let's quit being defensive and go on the offensive against the unscientific cult.

Carl Reed, DC
Altus, Oklahoma

DECEMBER 1998