Dynamic Chiropractic

YOUR PRACTICE / BUSINESS

"I Feel Great Doctor, Why Should I Come Back?"

... A 21ST CENTURY "BODY-SCANNER"

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About the author: Dr. William Risley, the author of 10 chiropractic textbooks, is a 1961 Palmer College graduate with undergraduate work in psychology. He was granted board eligibility in chiropractic orthopedics from LACC in 1985. He is a consultant to the Arizona State Board, a Parker team teacher, and a visiting lecturer for Palmer College.

Have you ever had a patient ask the question that is the title of this article? We've all heard that, and it can create a dilemma, especially when you know that being symptom-free clearly does not necessarily translate into optimal health. Years of medical establishment and media pronouncements of crisis intervention, first aid, and symptom-relief, have educated the American public very effectively, that relief of symptoms constitutes good health. Feeling better substitutes for getting better. Good health to most people is simply excellent compensation by the body to a less than perfect situation. A wide variety of drugs are prescribed to cover symptoms and to support a multi-billion dollar drug business.

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To counter this erroneous conception of what constitutes good health, perhaps we need a more accurate gauge of the patient's physical condition. To have something we could show our patients that would demonstrate just how far they have come along the road to getting well, would be an asset to demonstrate their real level of health. If we could print it out in brilliant colors or display it in lights on a fancy diagnostic instrument, perhaps the patient would be more receptive. On Star Trek, the ship's doctor runs a scanner over the patient, and an assessment of the patient's health results in different rows of colored lights. The operator does not even touch the patient! Very impressive, albeit science fiction. What if it were not fiction, or does this scanner possibly exist?

"The Star Trek scanner assesses the patient's health without touching his body!"

It certainly is possible to measure a variety of substances in the body to arrive at a scanning assessment. The substances measured, however, often do not cover enough possibilities. Blood evaluation so often only rings a diagnostic alarm when the condition is well advanced. A normal blood chemistry scan is certainly not a guarantee of perfect health. Blood at best, is a transport mechanism. Transporting substances alone does not guarantee off-loading at the tissue cell, so supposed normal amounts of blood constituents do not assure that the tissue cell is able to tap this supply. And yet the patient commonly reports his examination and blood work from his doctor shows him to be in "perfect shape." How terribly misleading that statement is! I have had medical doctors tell my patients, "Come back when you need surgery."

An assessment of what is happening at the cellular level, the end point of the blood transport

mechanism, has to be a more accurate assessment or "scan" of our patient's health. Measuring normal amounts of thyroid hormone in the blood, for example, may not show up as normal levels of thyroid hormone in each individual tissue cell. In fact, that phenomenon explains why many of your patients have gross symptoms suggestive of poor thyroid function. And yet their medical physician keeps denying hypothyroidism as a factor, since the blood tests keep coming up normal.

"Many patients show normal blood levels of thyroid hormone, but paradoxically also show gross symptoms of poorly functioning thyroids."

Just imagine for a moment, obtaining a biopsy of a particular body part, and analyzing that tissue sample for content of all of its individual parts: thyroid hormone might be one substance looked for. Perhaps certain vitamins/minerals or enzymes could be assessed. Each cell should have a representative amount of every essential product necessary for normal health or body function.

Metabolic end-products of protein and fat would certainly fit this essential product characterization. Less than normal amounts in any given tissue cell might suggest poor functioning of that body part. These two substances are relatively easy to replace with specific dietary enhancements.

Comparing individual vitamin content of our sample might also be helpful. We know, for example, that vitamin C complex deficiency may result in bruising. A baseline normal of so many milligrams of vitamin C in every given cell could allow at least an assessment of vitamin C deficiency. Patients that demonstrated less than the baseline normal amounts of vitamin C, would be candidates for certain types of pathology or symptoms as minimal as bruising. Certainly vitamin C would be considered critical in assessing all organ/gland functions. Glandular tissue such as the adrenal glands would rank high in the baseline minimum requirement of vitamin C. The pancreas and prostate would demonstrate zinc as a major component.

However, with vitamin C and most vitamins in general, additional supplementation would solve the problem. Since vitamins are relatively easy to replace, and can be grown or manufactured, perhaps we should scan for substances more stable. Minerals which cannot be manufactured or grown at will may be our optimum scanning substance. Without adequate minerals, hormones, enzymes and other critical physiological substances cannot be produced readily in sufficient amounts to provide optimum function.

Minerals provide a number of advantages that vitamins do not exhibit. For general purposes, they cannot be created or destroyed. Try as they might, our scientific colleagues have yet to produce gold in the laboratory. Zinc and iron also defy creation by science.

Minerals may deserve more scrutiny, since science cannot yet manufacture them. Vitamin C can be produced commercially, but zinc, copper, magnesium, etc., have defied artificial creation.

Minerals, by virtue of their stability, would appear to be more reliable than a simple assay of vitamins, protein and fat. As a matter of fact, substantial enthusiasm is being constantly generated for using minerals for overall health assessment. The results are quite remarkable. I doubt that any practicing DC has not received a tape of Dr. Wallach's "Dead Doctors Don't Lie." The value of his urging to use colloidal minerals over chelated minerals is a separate subject that will not be addressed here.

Let's consider a hypothesis. If you approach any nutritionist worth his salt, or any chiropractor minimally interested in nutrition, and ask him what mineral is most important in treating prostate

problems, his immediate answer should be zinc. Iodine, among others, is a natural response for the thyroid, and sodium and potassium are less well known as critically involved in adrenal gland function.

It is easy to presume that an adequate supply of zinc in the prostate (for use or storage) may suggest good health for this gland. A baseline of so many milligrams of zinc in the healthy prostate gland could provide a reference for future comparison. If a fresh biopsy sample of the prostate tissue of a living patient revealed less than the expected normal amount of zinc, it may suggest that the prostate in this patient is functioning at less than the optimum level, although the patient may not yet be symptom expressive. A common finding in autopsies of diabetics, for example, is very low levels of zinc in the pancreas. Unfortunately, biopsies in a living patient involve surgery, and surgeries always pose a risk.

In essence, continuing our hypothesis further, if we could assay all of the organs or glands for mineral content, from the liver, prostate or pancreas, through the thyroid and adrenals, we could offer an assumption of general system health quite as effective as our science fiction scanner. If we biopsied and assayed these organs in 200,000 patients, we would begin to develop some guidelines for estimating patient health. We could even use 5,000 patients that already have a diagnosis of prostate difficulty, and narrow our results even more accurately.

In reality, we have this scanning capability now, although it is not so widely known in the profession. It does not involve surgery, and is risk-free. It is totally noninvasive. It is extremely reliable and accurate. It is a spectroscopic analysis of a body tissue for mineral content. The tissue used can include fingernails, toenails, teeth, or body hair.

To obtain a tooth sample is difficult, along with the fact that most people are reluctant to submit to this type of sample collection on a routine basis. Most patients won't give a healthy tooth up on demand, unless it is ready to fall out by itself. Fingernails will work, but the end of the fingernail is already six months old when it is ready for cutting. The toenail sample, likewise, presents the same difficulty.

Simply stated, a sample of human head hair (or pubic hair), provides a cheap, painlessly obtained-tissue sample to analyze for mineral content. You don't think hair testing is reliable? In actual practice, it is so reliable for long-term conditions that when you begin to investigate it, you will likely find that you will be reluctant to continue patient care without it.

"Mineral analysis of hair is so reliable for long-term care you will wonder how you practiced without it!"

Have there been enough samples tested? This author is a consultant to a laboratory that has seen over 400,000 samples run through the spectroscopic process. Anecdotal results perhaps, but with test results numbering in the hundreds of thousands, the results provide a strong body of evidence.

It is this simple. If 5,000 physicians send in a hair sample of 5,000 male patients that have symptomatic prostate disease, the tested results might begin to show a pattern. Zinc levels are part of that pattern. Lower than normal zinc levels in the hair, especially in ratio to copper, clearly suggests less available zinc in the general system that can be allocated to the prostate. If 5,000 previously diagnosed hypothyroid patients have their hair sampled and submitted, other trends/patterns tend to manifest. It is known that estrogen difficulties such as PMS, menstrual difficulties, etc., universally demonstrate a disturbance of zinc and/or copper in the female.

"Five thousand prostate diagnoses should begin to reveal distinctive patterns when each patient's hair

is tested."

Therefore, with this analysis, we already have our scanner. Every time one of our patients show the same pattern of zinc content in his hair sample, we know to further explore the possibilities of a problem with his prostate gland. If he also shows vision difficulties. The lens of the eye needs zinc. White "zinc spots" on the fingernails, and numerous other physical signs associated with zinc deficiency well support our diagnostic opinion. The blood work, of course, may show adequate levels of zinc, but once again, the presence in the bloodstream is not a guarantee of transport into the cell. It is important to remember also that the patient may not be symptom-expressive relative to his prostate gland. Holistic care excels in prevention, and in this case prevention of significant prostate disease that may not become symptom-expressive for months or years in the future. Personally, I would not prefer to "come back when I need surgery" of the prostate.

Adjustments do so much good for most patients, that the difficulty is keeping the patient long enough to get well, rather than just until they feel great. Feeling great is not a guarantee of good health. Valium certainly can make one feel better, but who would claim that it makes the patient well?

"It is difficult to convince patients that feeling great is not a guarantee of good health!"

Let's suppose you have a female patient who fits a common symptom pattern described in the hospital as female, fat, 40, fatigued, fair, flatulent, fluid retentive, and frustrated. Males can fit this pattern as well, for sure, but too many modern American women fit this profile. This physical symptom complex can be devastating to her self-esteem. The term "fair" really means "pasty," as the skin appears sallow and generally unhealthy. If you add dry, lifeless skin, and hair, cellulite, depression and low sex drive, you can easily be describing a patient with a poorly functioning thyroid gland.

"Hypothyroid female patients can fit a category of 40, fair, fat, fatigued, fluid retentive, flatulent and frustrated."

Billions of dollars are spent to moisturize their skin, improve hair quality, get rid of cellulite, lose weight, increase sex drive and energy, and regain the youth that has somehow mysteriously disappeared. None of those attempts work on a permanent basis, however. Restoring normal function to the thyroid is, of course, the answer. Artificial thyroid hormone, as most medications, has multiple drawbacks and in the holistic sense, is certainly not the best method of treatment.

Upon entry to your office for a spinal/structural problem, let's assume that your patient had a hair analysis completed. Perhaps as a female patient, she has a ratio of calcium to potassium of 80 to 1, (normal is 4 to 1). Based upon our research associations with thousands of analyses, your patient may very well have a thyroid that is significantly under active. Symptoms as described, if present, can aid your overall assessment of the patient. After an appropriate series of adjustments, she feels like a million dollars, and decides that she is well. She has to be, since she feels so good. You and I both know that she is not well, although we are certainly pleased that she feels so good.

Now is the time for your new found scanner. You simply have to point out to the patient, that although she feels wonderful, and you are happy with that, it is clear that her thyroid function has not returned to normal, since the Ca:K ratio on her second analysis is only perhaps 30 to one. Great improvement certainly, and many of her symptoms have improved, but she clearly is not well, and she should continue care until she reaches the normal ratio. Until her thyroid function returns to normal, she will not permanently demonstrate improvement in all of her symptoms that are in excess of her back or

neck pain.

Did your patient tell you that she had a thyroid test and it was normal? Remember, that normal blood level of thyroid hormone is not a guarantee that the hormone is getting to the tissue cell level. Our sample is measured at the tissue cell level. That is why she still has those classic symptoms of poor thyroid function, even though her blood work looks great. Many incorrect treatment regimens are rendered under that situation, since so many medical physicians consider blood work as infallible.

Since you have clear documentation of physiological change, you have a much greater opportunity of retaining that patient long enough to really get well, not losing her from your patient rolls. The benefits for all parties are obvious.

Not only is our scanner an accurate assessment of the health of these body systems, it is black and white evidence -- not just your opinion -- that the patient is, or is not, back to normal health.

If you would like a copy of a document explaining more ratios, please write to RATIOS, P. O. Box 26146, Phoenix Az. 85068. There is no charge.

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