

We Get Letters & E-Mail

Thank You to Dr. Cooperstein

Dear Editor:

Like many others in life who are neither for nor against apathy, I am not commonly stirred to write to authors or editors, however, you (Dr. Cooperstein) have moved me to do both.

It is rare to see vocabulary, grammar, and syntax used correctly, creatively, and wittily as you have done in your recent article, "Hybrid Vigor and Creative Disaccord." I was impressed and thoroughly enjoyed reading what you had written, mainly for the joy of reading the words, but also out of a sense of appreciation for the time and energy expended by you and the other members of the Panel of Advisors to the ACA Council on Technic.

Thank you for your efforts. I am glad that Don Petersen has the wisdom to include you as a regular columnist.

*Susan Vlasuk, DC, DACBR
Bellevue, Washington*

Hello from Houston

Dear Editor:

I have noticed over 176 members listed on America Online who are either chiropractors, interns, students, and/or staff.

I would like to invite everyone to meet online every Monday/Wed. at 9 p.m. CST/10 p.m. EST to discuss different issues concerning the profession. If this proves to be successful, I would like your assistance in writing to AOL requesting that a permanent room called "Chiropractic" be created. With over 2.5 million members on AOL, this makes a great opportunity to educate people on our profession, and increase our patients flow.

The room called "Chiropractic" will need to be created each time we are in there. Since the room only holds 23 members at one time, the 24th person is encouraged to create another room called "Chiropractic 1," "Chiropractic 2," and so forth. Remember, these rooms are only opened until the last person, so if you come in early or late, you are encouraged to create it again.

How do you go to the room? Once in "People Connection" and in a "Lobby," please do the following: click on icon "List Rooms," then click on "Available Room"; create "Room" and type "Chiropractic." If the room has already been created that night, then you should find yourself amongst us, otherwise you will be the first person in there, so please do wait for us.

Another method is to click "List Rooms," then "Members Rooms," and scroll down the many listed rooms until you find "Chiropractic." You can then click on "People," which tells you how many and who is there, should you wish to send an "Instant Message" (IM).

This will be our first week, so please be patient (no pun intended).

Chiropractically yours,

*Hamid Kantara, EMT paramedic
Chiropractic intern
Texas Chiropractic College Clinic*

The Tunnel is Narrowing

Dear Editor,

I would like to second the comments made by Dr. Hammer in the article "The Chiropractic Tunnel" (DC 1995;13(12):23,37). Pran Manga, PhD has said that "ideology has a fixation on the minds of the believer." Too many in this profession choose to fixate on the ideas of our leaders of the past and present that tend to limit the profession rather than expand it. I choose to honor D.D.'s pronouncement, "I have never felt it beneath my dignity to do anything to remove human suffering."

At Texas Chiropractic College I was taught that D.D. said that disease is caused by irritation to the nervous system. That irritation can come from mechanical, chemical or psychological causes. D.D. postulated that the most noxious mechanical irritation is the chiropractic subluxation (a.k.a. joint dysfunction) but he did not say it was the only one. As Dr. Hammer notes many in the profession believe that the "true cause" of a patient's problem is the subluxation. This then forces the patient to fit the doctor's ideology and not the doctor's available therapeutic measures to fit the needs of the patient.

Many feel that what makes us unique is that we adjust patients. I think what makes us unique is that D.D. left us with a different model of health (or to some neuromusculoskeletal health) care. That model, I believe is that we treat dysfunctional states of the neuromusculoskeletal system or as Dr. Hammer calls it in his article -- locomotor system dysfunction. I think we can also call it the subluxation complex.

The subluxation complex was developed by MPI's founder Leonard J. Faye, DC, as an attempt to explain the interaction between the mechanical irritations (joint and muscle dysfunction) and the pathophysiology that ensues. (I recommend Dr. Skip Lantz's chapter on the subluxation complex in Dr. Meridel Gatterman's new book Foundations of Chiropractic: Subluxation.) If the dysfunctional state, the subluxation complex, is causally related to the pathology a patient has, then correction of the dysfunction will allow the body to heal the pathology, if possible.

The medical profession by and large ignores dysfunction and does not treat a patient until they find pathology. Slowly, as more members of our profession seek to limit our profession to only treating one dysfunction -- the vertebral subluxation -- the medical profession expands to fill the void we leave and treats all the components of the subluxation complex, without calling it that.

As Dr. Hammer says, many of our peers are creating a tunnel around our profession. This tunnel is narrowing and narrowing until the entrance to that tunnel for the patient to get in is too small and they won't come in to see chiropractors at all. They will go see others who do what we used to do -- treat the dysfunction the patient has, not the dysfunction we want them to have, the subluxation. Find it (WHATEVER the IT they have is), fix it and leave it alone.

"A man who knows that he is a fool is not a great fool."

-- *Chuang Tzu*

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