

Learning Together

AN OPEN LETTER TO CHIROPRACTORS

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I was taught in medical school that chiropractic practice was a fraud, a delusion, and an unscientific cult, or all three. In the last two decades I have learned that the allopathic doctor, albeit well trained, is more likely to be practicing a form of medicine based on fraud. MDs have been deluded by medical school and the pharmaceutical industry to believe that their practice is based on state-of-the-art science. We were trained to be good diagnosticians, and then in practice when we had established the diagnosis, we would be able to write the prescription or perform the surgery: A leads to B. If we forgot what the proper drug was, the "drug rep" would be handy to supply the missing Rx.

However, there is hope ahead. It is a natural partner to the science of chiropractic practice and is based on the immutable laws of chemistry. We are all bags of chemicals and if the metabolism is balanced, one will be able to attain health with a minimum of effort. There is evidence that indicates that many people are chemically tilted.¹ Most of the patients you treat are somewhat alkaline. Alkalinity prevents the minerals, so important for muscle function, from being soluble. When the minerals are soluble at the proper pH, then the enzymes that do the work of the body can perform optimally. It is as simple, and as complicated, as that.

If you as a chiropractor continue to see the same person week after week, and you know you are doing all the appropriate adjustments, it is quite possible that you have neglected this patient's chemistry. You are careful about getting a pretreatment x-ray, but have you thought about getting a pretreatment or even a posttreatment, 24 chemical enzyme blood test including the CBC? It will tell you about nutrient deficiencies, alkalinity, or acidity, or chemical imbalances that are keeping your patient from radiant health.

Naturopathic doctors know that if the chemistry is off, homeopathy does not do its wonders. Medical doctors are supposed to be knowledgeable about chemistry, but have never been able to associate the blood tests with the clinical symptoms. They know about hemoglobin and fatigue. They realize that an elevated BUN can indicate a kidney problem, and that the liver enzymes are elevated with alcoholism. But doctors are not being accountable if they don't look for the chemical clues in the blood test that indicate that patients are having aches and pains or convulsions, or migraines, or asthma because they are alkaline and need appropriate supplements, along with whatever talk or manipulation therapy is indicated. Anxiety will show itself in the blood test, if the doctor knows how to "read" the tests. If your patient has a backache because she insists on carrying a bowling ball in her purse, at least you know the reason for the symptom. But what if you have done all the right things and there she is in your office again. You have asked her about stress, and you have helped her resolve that, but if the symptoms continue, what have you missed?

We all need supplementation. We all need counseling. We all need an empathetic therapist to watch over us. It is amazing what you can do for a patient with fatigue and cold hands and feet: Extra fluids

and an electrolyte drink will often restore sanity and energy to the faint of heart. People with food sensitivities are usually nutrient deficient and cannot get well because they are eating so little that they cannot get their immune system up to a functioning level. It is often a Catch-22; they cannot get well because they are sick. Those with elevated blood pressure may not need the latest toxic drug to reduce the pressure; they may do very well with a vinegar-laced drink two or three times a day. The lovely lady who becomes irritable when premenstrual tension sets in and sends her husband out for chocolate at three in the morning, may be low in magnesium. Do you know how to adjust for that? What you do for her will work wonders if you also know how to interpret the blood test and find that her GGT is below the mean.

All these chemical truisms are yours if you want to learn. I have been impressed with the number of times that I have been able to say "Aha!" when a patient tells me that he is no longer a hypochondriac because we were able to correct his nutrient deficiencies. Elementary.

The senses of smell and taste are there for our use. The nose is not in the groin or the armpit. It is in front of the mouth to monitor whatever gets close to being swallowed. If something is raunchy, you will not swallow it. Clients are able to decide what is best for them by their senses. The blood test gives credibility to the program and shows that we can trust our senses to carry on. If I have had some milk or ice cream on Monday, the calcium bottle will smell like used kitty litter on Tuesday; I don't need calcium on Tuesday.

Yours in health.

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Reference

1. John Kitkoski, Life Balances Program.

Editor's note: Dr. Smith offers a fascinating and often hilarious information-packed monthly newsletter available via subscription for \$12 US, \$14 (Canada), \$16 (foreign). Send to: The Facts, P.O. Box 427, Portland, Oregon 97207. Tele: (503) 222-2365.

JANUARY 1994