Dynamic Chiropractic

CHRONIC / ACUTE CONDITIONS

Chiropractors: Watchdogs for Melanoma

Warren Hammer, MS, DC, DABCO

Chiropractors are in a unique position to evaluate the skin of a patient's face, neck, back and extremities. Melanoma and squamous cell skin cancer has increased in epidemic proportion between the 1960s to the 1980s. The incidence of melanoma rose 3.5 fold and 4.6 fold in men and women respectively. It is estimated by the year 2000 that one in 90 Americans will develop this disease during their lifetime. The public appears more concerned, based on the increased sales of sunscreen and the concern over stratospheric ozone and its potential effects of greater ambient surface ultraviolet radiation. But in spite of increased interest there has been an increase in cases. Part of the reason may be that it takes at least 10-20 years from the time that ultraviolet damage to the skin occurs until the clinical appearance of a melanoma.

Upon examining our patients, especially the ones we see on a maintenance basis, we have the opportunity to observe changes in the appearance of moles. While normal moles are usually flat with some color, we should be aware of moles that reach the size of a pencil eraser; moles that are dark brown or black with a patchy appearance and moles that appear with an irregular outline, i.e., jagged, bumpy or rough. Is the patient complaining of recent itching, burning, or bleeding. Does one mole stand out from the rest? Does it look angry? Any ordinary mole that changes in appearance should arouse suspicion and be referred to a dermatologist.⁴

According to the American Cancer Society, people who have had three or more blistering sunburns before the ago of 20 have five times the risk of getting melanoma, compared to those who have never been sunburned. But a gradual or mild tanning is also considered dangerous. Other risk factors include a family history of the disease, a fair complexion and blond or red hair. Blacks and Asians also develop melanoma but at a lower rate than fair-skinned whites. When the vertical thickness of the tumor is less than 0.75 mm or 1/32 of an inch, the removal of the tumor marks the end of the disease virtually 100 percent of the time. But if the tumor is thicker than an eighth of an inch, the width of a dime, it very likely already has metastasized or spread.⁵

During early growth of an embryo, melanocytes move freely up and down the developing fetus, eventually covering the body as part of the skin. This normal cell has the ability to invade and travel so melanoma cells may be using this trait that the cells had during early embryogenesis. This could explain why melanoma can spread to the lungs, brain, liver, bone, and even the heart.

References

1. Glass AG, Hoover RN: The emerging epidemic of melanoma and squamous cell skin cancer. JAMA 262:2097-2100, 1989.

- 2. Editorial: The rate of malignant melanoma in the United States: Are we making an impact? J Amer Acad of Dermatology. 17:1050-1052, 1987.
- 3. Kopf AW, Rigel DS, Friedman RJ: The rising incidence and mortality rate of malignant melanoma. J Dermatol Surg Oncol. 8:760-1, 1982.
- 4. Lutzker S: Personal Communication, 1993.
- 5. Angier N: Scientists struggle to undo tanning's deadly damage. NY Times. C 10:6-19-90.

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Editor's note: Dr. Hammer's next Subluxation Myopathology seminars are scheduled for February 5-6 in New York, NY, and February 12-13 in Houston, Texas. You may register by calling the Chiropractic Order Desk at 1-800-359-2289.

Dr. Hammer's book, Functional Soft Tissue Examination and Treatment by Manual Methods: The Extremities can be ordered at the same 1-800 number. For more information, see the Preferred Reading and Viewing list on pages XX (Part #T-126).

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