

## What If ...

Chiropractic care is a way of life. It is not just an adjustment here and another somewhere else followed by "I'll see you in another month." Chiropractic care is about the entire person, the eight components of the subluxation complex, and their interactions with the outside world.

Chiropractors throughout the world have seen a significant number of patients; see Dynamic Chiropractic issues April 22, 1994 and September 12, 1994 for more information. Both of these articles state that chiropractors have seen between 33 and 40 percent of the populations surveyed, however, as the April issue states, "Of those who have seen a chiropractor before, only 15 percent are currently patients." The other 85 percent apparently failed to understand the importance of seeing their chiropractor on an ongoing basis. What has happened to the message about the benefits of regular chiropractic care?"

Let's look at some very interesting points. In the above mentioned articles somewhere between 33 and 40 percent or approximately that, directly impact on chiropractic of the 1990s.

1. Dr. H. Hooshmand in his text Chronic Pain states the following: "Iatrogenic medicine is responsible for perpetuation of chronic pain in over 12 million people in the United States. This figure was extrapolated by applying the percentage of detoxification patients to the general population." I really wonder how many of these 12 million patients even know about chiropractic care.
2. In the above mentioned two articles from Dynamic Chiropractic it was stated that between 33 and 40 percent of the population has been treated by chiropractic. If we take the figure from the April issue that states only 15 percent are currently under the care of a chiropractor and divide this number into the estimated population of the United States we find that somewhere between 13 and 16 million patients are still being educated about chiropractic. Looking at the remainder of the equation, there are approximately 88 to 108 million that are NOT being treated or experiencing the benefits and education of a chiropractic lifestyle, not to mention the other 60 percent that chiropractic has not reached out to.

Let's add up these numbers:

1. Forty percent of the population is approximately 108 million patients
2. Fifteen percent retention rate is approximately 16 million.
3. In the US, there are approximately 49,000 DCs and 16 million divided by 49,000 is approximately 331 patients per doctor of chiropractic currently being treated. Obviously some of

these are acute patients, some chronic and some on maintenance care.

The unbelievably small number of patients being treated by chiropractors must be a reflection of a number of things that are peculiar to the profession, let's examine a few of these.

1. Bone out of place theory. The public of the 1990s is far better educated than the public of years gone by and the lunacy of this concept is driving patients out of chiropractic offices only to seek alternative types of rational care.
2. Pinched nerve theory. Although this does exist, how often does it really happen and do the patients seek chiropractic care. The big black shoe on the green garden hose is a part of history and not chiropractic.
3. Practice management companies with questionable ethics have done chiropractic more harm than good. Have a look around some of the other health care disciplines and see if they have as many; they do not and in fact are, for the most part, rare. Obviously the practice management firms are failing as we, the chiropractic profession, are seeing more new patients than ever before but are retaining less. There is something wrong with this picture (see the April issue of "DC")!
4. Patient education, not scare tactics or outdated untruths, are necessary to retain our patients. The patient education program must contain truths, of which there is no shortage, and the concepts of a chiropractic way of life.

#### The Chiropractic Way of Life -- What Is It?

In order to address this we first need to consider the contents of Dr. John Hofmann's article in the September 23, 1994 "DC", page 40, titled "Chirocide." Dr. Hofmann in this article brings to the forefront on one of the most dis-ease ridden, self-centered, ego driven aspects of our profession, and that is the insatiable need to drive by some of our officials to (a) limit the number of new graduates and (b) to make it extremely difficult for them to practice in the locale they wish. I wonder what ever happened to free enterprise and the concept of a freedom of choice? Dr. Hofmann puts it rather succinctly when he states, "Chirocide: Professional birth control by fearful, self-important people who never have had the big picture of service, and never will."

The future of chiropractic is currently in our college and to put restraints on the new graduates due to personal fears of inadequacies and an inability to attract new patients is tantamount to self destruction from within. Take a look around the world of the 1990s and see for yourself just how many shoe stores are in large shopping centers. Where does Burger King and Wendy's open their new stores -- next to McDonald's, yes! Why are there gasoline stations on opposite corners of the same intersection and why do MDs, dentists, etc., open up in the same building -- because they are insecure or afraid? No, not at all! There is an old phrase that I heard from Earl Nightingale, "People go where people go." Interesting concept isn't it, more chiropractors, treating more people, telling more people, increasing the demand for more chiropractors, treating more people, etc. Stop! Are you getting the point yet! In order for chiropractic to treat and educate more people we first need more doctors of chiropractic who

are educated and skilled in the ways of the future, and who are willing to commit to the desire and need to constantly upgrade and get sick people better faster. Do you want new patients? Then get your present ones well quickly! It is a well known fact that most referrals come from patients in the first couple of weeks who have experienced the wonders of chiropractic care and become well.

Chiropractic is a way of life that includes all of the components of the subluxation complex. Let's look at the subluxation complex and see if this is the chiropractic way of life?

Borrowing from Dr. Seaman's work, he states that the "subluxation complex is a disease, it is therefore inaccurate to state that the subluxation is the cause of disease (or dis-ease) ..." It is more accurate to describe the subluxation complex as a disease that can lead to a variety of symptomatic presentations including pain, a variety of autonomic symptoms and perhaps even organ pathology."

1. Kinesiopathology. This is the component of the subluxation complex that is initially affected by the adjustment. This fits the chiropractic way of life.
2. Neuropathophysiology. This component without question is how the chiropractic adjustment works and by whose connections to higher center we see the results and wonder of the chiropractic adjustment manifested in our patients. This fits with the concept of a chiropractic way of life.
3. Myopathology and (4) Connective Tissue Pathology. Each and every one of our patients has some dysfunction with the muscle/connective tissue component of the subluxation complex, whether it be weak and short muscles, or muscle spasms from increased nociceptor activity, or asymmetrical mass, increased receptor activities, or other muscular related dysfunctions all of which can be the result of, or the cause of, the subluxation complex. The number of very successful soft tissue techniques give testimony to this component of the chiropractic way of life.
- (5) Vascular Abnormalities. These are for the most part related to a dysfunctional and nonharmonious relationship between mechanoreceptor and nociceptor activity within the dorsal horn. This lead to increased or unopposed sympathetic vasoconstriction which can lead to ischemic reactions in the vessels that supply muscles and nerves. The ephaptic transmission is but one example of this aspect in the chiropractic way of life.
- (6) Inflammatory response. This is a huge contributor to the subluxation complex. Chemical mediators that are a part of the inflammatory response, PGE-2, potassium ions, glycosaminoglycans, histamines, etc., etc., all are nociceptive irritants that can cause or perpetuate the dysrelationship between mechanoreceptors and nociceptors and be the initiators of the subluxation complex. The inflammatory response can also be the result of the pro-inflammatory state of the patient's nutritional status and therefore this is a significant aspect of the chiropractic way of life.
- (7) Histopathology. This component of the subluxation complex is really the result of the above three and therefore requires no further explanation other than to reiterate the importance of the nutritional status of the patient.
- (8) Biochemical Abnormalities is a new and integrated part of the subluxation complex and is comprised of the following: the dorsal horn, interneuronal connections, the ascending spinothalamic

tract and spinoreticular tract connections with the various nuclei and their interaction with the hypothalamus, nucleus raphe magnus, periaqueductal gray matter, the limbic system, the basal ganglia, and other interconnected regions of the nervous system that impact on the descending tracts that effect the functions of most of the body's hormones and neurotransmitters. Obviously this is the result of many things, including all other aspects of the subluxation complex and perhaps even to be the final expression of the subluxation complex that we as primary health care practitioners see each and every day in our patients.

The chiropractic way of life is for real and so is the subluxation complex, and we must not let either disappear for reasons of personal gain and desire to be complacent in the world of mediocrity.

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Editor's Note: Dr. Innes will be conducting his next Spine 1 (S1) seminars January 14-15, 1995 in Chicago, Illinois and February 4-5, 1995 in Newark, New Jersey. You may register by calling 1-800-359-2289.

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