

Lowell Ward, D.C. - Stressology Pioneer

Editorial Staff

On June 4, 1993, NBC News Today featured a segment on a chiropractic procedure known as "stressology" (please see "Under Scrutiny" beginning on the front page of this issue). Dr. Lowell Ward, the developer of stressology, was immediately contacted regarding this news segment. In an exclusive interview, Dr. Ward was asked about the television program, the criticisms of his work and how he plans to allow research to examine the validity of stressology:

"DC": Dr. Ward, did you have a chance to see NBC's news segment last Friday?

Dr. Ward: Yes, I did.

"DC": Do you feel that that segment gave a balanced portrayal of your technique in your program?

Dr. Ward: No, it did not.

"DC": Can you elaborate please?

Dr. Ward: Well, the neurologist (Dr. Leon Charash) from the MDA (Muscular Dystrophy Association) made false statements. They have never contacted us, they have never offered any help whatsoever to us. Originally, they even told people who inquired about our program that we were bilking hundreds of thousands of dollars off of innocent parents, with a fake cure. Then we immediately contacted them and our lawyer told them that we had never accepted one cent of remuneration for the services we had rendered these children. The first 17 children in the program were taken totally free; that includes x-rays, all the doctor's time, all the doctor's adjustments, everything. So, they dropped that statement pretty fast. You know the MDA is mainly interested in gathering money and conducting medical research, and paying for medical doctors. One of the things that we have found is that for this muscle tissue transplant therapy, in just a 15 minute interview with the child, the medical specialist charges \$400.

"DC": In that particular piece, Dr. Charash from the MDA suggested that they had offered to do pre- and post-examinations of your patients and that you refused to allow this. Is this true?

Dr. Ward: No, this is absolutely false.

"DC": He also requested that there be objective research carried out on your procedure. What is the status of research on stressology at this point?

Dr. Ward: We have 30,000 cases in our computer data base. This is with all the numbers and all of the evaluation procedures. That's coming along well. We don't think that he is medically trained to evaluate our research. We are looking at the disease from a structural system standpoint and what we have found, on the cases that we accept, is the sitting spinal column has a very severe, either forward or backward, curvature. In the standing position, the spine almost normalizes. So our theory is if the

spine can change that dramatically from a standing position to a sitting position, or vice versa, then the prognosis is good. We are having some difficulty with the high posterior curvatures where the spine in the cervical area is off center and excessive 10 cm backward to the sacral tip, but we have just recently made a breakthrough on this, that we feel is going to make quite a difference.

"DC": You say you have 30,000 cases; are those all relative to muscular dystrophy?

Dr. Ward: Oh, no. Those are all of our patient cases.

"DC": What process do you have to turn those cases into some kind of research that would be able to be submitted and published in one of the research journals?

Dr. Ward: We have an artificial intelligence program on our computer that has just been installed, where we can ask any question of our data base and it will search and find the answers.

"DC": Have you hired any of the researchers to go through the data base?

Dr. Ward: No, we are not at that point yet. You can't do those things overnight; it takes time, effort, and money.

"DC": So, that is still something that is in the future. What do you believe to be the benefits of your techniques for children with muscular dystrophy?

Dr. Ward: Well, several things. First of all, we feel it is a psychosomatically-induced disorder. You know they haven't found any cause for it; it is chronic, it is degenerative, it is incurable, and it is life threatening. We find that usually it is referenced to inherited abortion, inherited abandonment, and inherited adoption processes where something of this nature has occurred in parents, grandparents, or even great grandparents, and the hostility of that is passed on, and we believe that muscular dystrophy becomes a psychosomatically-induced illness wherein the child unconsciously develops a covert disease process that will lead to his death.

"DC": Now that is a pretty involved conjecture. Do you have anything besides the anecdotal evidence to support this?

Dr. Ward: Well, only the fact that the kids that we have tried to work with, without the psychosomatic point of view, have not really made any response, and those that have had that consultation and tape respond almost immediately.

"DC": You are dealing with patients and ultimately children that are in pretty desperate situations, and one of the issues that was brought up in the NBC segment was the issue of promise versus reality. What are you telling these patients and their parents, what are you promising to accomplish or hoping to accomplish, and what are you communicating to them to cause them to want to utilize your services?

Dr. Ward: First of all, we sit down and tell them what we need to find on x-rays. If we find there is a difference between standing and sitting patterns, and there is a prognosis, then we will accept them. We also say if the spine is degenerative in both standing and sitting positions, that we cannot accept them, or the prognosis is, in fact, poor. Some of our kids, you know, are totally confined to a wheelchair, and it is very difficult to get standing x-rays on them. A few of them, we haven't been able to take standing x-rays on, but there are several now that can stand, that could not stand before, and

we feel that Eric, the boy featured on the NBC program, probably within a year to a year and one-half will be walking again, because he is making that much progress.

"DC": When you say accept a patient, what exactly are you telling the parents that is causing them to want to trust their child with you?

Dr. Ward: We are saying that we make no cures and can give no guarantees, and this a process that not only are we going to work at but they have to work at it as parents, and the child has to work at it as well. We also require them to listen to their psychosomatic tape every night while they are asleep. Then we have the parents doing spine meningeal system exercises along with the treatment. We are mainly doing intercranial meningeal release treatments.

"DC": So basically the parents understand that there is no guarantee?

Dr. Ward: There is absolutely no guarantee and, in fact, we've taken into our thinking the possibility that these kids may make just totally dramatic improvement and do really well and then still die; we don't know. We are only into this program about two years now, and we feel we have another three years to go before we really come up with whether we can really bring about a recovery.

"DC": In gathering information on this piece, there has been a suggestion that perhaps the real success of what you're doing is chiropractic care in and of itself and that some of the additional concepts that you have developed and the additional treatments that you have put together are really tangential, and it's really just the pure chiropractic care that is making the accomplishments.

Dr. Ward: Well, that's really anecdotal, because the most neglected area of control relative to chronic, degenerative, incurable, and life-threatening diseases is the influence of inherited personality experience. You know, I just lost a son-in-law, 35 years old, whose x-rays showed, back in 1986, that he inherited death wishes. He died and has been dead since April 1; incidentally he lived right down by you, and they still haven't found the cause of death.

"DC": When you say that his x-rays show he inherited death wishes, what did you base that on?

Dr. Ward: I should not say the x-rays showed; the personality analysis of the psychological coefficients from the x-ray findings would tend to indicate that he had multiple death wishes.

"DC": You are getting into an area that I am not familiar with; is there some research or some published studies that would give us some idea on how you come to this conclusion?

Dr. Ward: Well, it's kind of interesting that in the article on "SIDS Death," they found that the average atlas angle was at 30 degrees. Now, when we find 30 standing and 29 sitting, the 29 indicates an intent to commit suicide and the 30 indicates that the person tried to commit suicide, so we feels that even in SIDS death that there is a fetal suicide.

"DC": But, this again is based on your own idea and observations?

Dr. Ward: I've been doing this for 25 years.

"DC": How many other practitioners are practicing this method.

Dr. Ward: Well, we have probably around 150 practitioners practicing various forms of this method. In

other words, they might just stick with the structure. We have probably 50 doctors who are into the emotional to some degree. You know, we've been published, incidentally, in the International Journal of Psychosomatics, and Dr. Ted Koren in Philadelphia did the study and had the article published, and they found that our emotional analysis of structural, in other words we're accessing structures and structural measurements just like when they take a blood test and access the measurements of different properties of blood, so the idea is not too far off because it is being done with blood and with urine and other body liquids, and now we have found a way to do it with the spine. Since we have the documentation, we can pre-write the associations and then check against them with multiphasic tests and that type of thing.

"DC": Are the insurance companies reimbursing for this or do they look at it as experimental?

"DC": Most of them, if they have chiropractic coverage, reimburse; a few of them suggest that it is experimental. This is kind of interesting because it is extremely well-documented and most things that they pay for are rather undocumented.

"DC": When you say documented, you mean your case studies versus published case studies?

Dr. Ward: Well, on every patient we record 40 different measurements of critical landmarks of the spine and their variations as to the systemic normals. So each measurement is classified as to whether it is a breakdown component or whether it is in defense. Then the computer makes its analysis and each measurement is then classified as to whether it is mild, moderate, severe, degenerative acute, degenerative severe, or degenerative out of control. We look at this as a way of measuring subluxations on a systemic basis.

"DC": How long before you feel like your work will be ready to be subjected to objective research?

Dr. Ward: I think it is ready now. I mean we have all the data and everything, and the profession itself has been very closed in my work, partially because I haven't been able to express my work to them in their terms. I'm kind of a revolutionary scientist, and I'm going to need help from scientists to be able to bring this up. It's kind of like my son asked me, "How many spines have the most posterior aspect at L5?" and I said, "Well, I'm sure it is less than two percent." You know, the most posterior aspects should be in the thoracic spine and L5 is at the bottom of the spine. So he asked the data base to review and tell us and it came up to .5 percent, one-half of one percent. In these spines, the entire spine above is hanging forward to the 5th lumbar. So we are getting ready to put all this into scientific format. We ran into problems with the profession mainly because they don't look at the spine as a whole unit. They aren't open to dealing with the whole unit because they had a hard time getting rid of taking full-spine x-rays for subluxations. When you put subluxations in terms of a disorganized system and the treatment of subluxations as you are trying to release that pattern of disorganization and bring it back into a reorganized format, where it can recover and create its own homeostasis; this is what we are talking about. It is kind of like at the Mercy Conference; I had five minutes to explain everything, and I have the result that I got nothing explained.

"DC": There are a number of technique people who are now subjecting their techniques to objective research, particularly at National College, one of them being Dr. James Cox. Is that something you would be interested in?

Dr. Ward: Well, I would be interested in it. What I have found is so many of the people are so totally closed chiropractically, and because of some of the things I have done and come up with, they are

closed to me. Their closure to me might set them up to be closed to objective research. For instance, I don't think that LACC (Los Angeles College of Chiropractic) is open at all, I think they are very closed. Yet, I think that if we do research someday, it will be either at the Life College or at Sherman College. I found Sherman College extremely open, and I found Life College extremely open.

"DC": What do you mean when you say closed and open?

Dr. Ward: Well, when you are introducing something new (Thomas Kuhn has a book on it, called *The Structure of Scientific Revolutions*) there is always incredible resistance because you can't take the current concepts and explain the revolutionary concepts. You have to go with the revolutionary concepts and you almost have to unlearn so many things that you have learned to understand the new concept. For instance in court, where we have been extremely successful, the chiropractic experts say that I'm unscientific, unsound, and not accepted. Yet, I have two cases that have gone, because of that, to appellate court, and we have won both cases. In one case they increased the award from \$156,000 to \$170,000.

"DC": Do you think that researchers have to believe in your work before they can be objective?

Dr. Ward: I would be disappointed if they believed. I think the requirement is that they be open, because I think we have documented more chiropractic cases than any before. Also, another big turnoff with my work is that we have to evaluate what we've done in order to substantiate what we are doing, and the chiropractic profession doesn't believe in re-evaluation and they haven't put together a subluxation system that would warrant post x-ray analysis. I think this is too bad and is really a short vision type thing.

"DC": Is there anything else you would like to add that we haven't covered?

Dr. Ward: Well, I think that more and more we are seeing chiropractic acceptance of our work. I have just submitted an article, on their request, to the ICA Review which will go in this month, and we pulled out a lot of our data because we not only have the data of these muscular dystrophic children on computer, but we also have the x-rays on computer and we can actually reproduce the x-ray image itself. This is not digitized; this is actually a scanning situation, so we can go into any kind of a meeting and show exactly what we have done with these kids. Taking the systems approach, releasing these abnormal curvatures, they always worsen even though the patient is getting better, until they reach a peaking point, where they start going into a recovery process. Three-fourths of the care is in retracing back to the point where the subluxation pattern was acquired, and at that point you release the pattern and then they start recovering; its two-thirds out and one-third back to recovery.

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