

## Treatment in the Absence of Symptoms

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It has become the sport for some chiropractors, especially the paper review consultants, to argue the virtues for treating only when symptoms are present.

It is difficult to believe that in this enlightened age anyone could agree with that stance except with ironic humor.

Perhaps the quickest, most direct rebuttal has been made by Dr. Christopher Kent of Palmer West Chiropractic College. Responding to that remark he exclaimed in mock horror, "Oh, I'm so glad that you aren't my child's dentist or my wife's obstetrician."

"Why would you say that?" the wind without water asked.

"I'm visualizing my child in the dentist's chair," Dr. Kent recounted, "and the dentist was doing his thing."

"Your child has a cavity," the dentist announces.

"What are you going to do about it, fill it?"

"Oh, no. Your kid said it doesn't hurt."

"But, it probably won't hurt until it gets infected, most likely."

"Well, that would be the time to bring him in and if I can avoid generalized infection of the jaw I'll fill it then."

"But then," Dr. Kent continues, "I escort my wife to her obstetrician for her regular check-up. He soon calls me into the conference room to tell us that he has found a cancerous lump in her breast."

"What are you going to do?"

"Nothing," the obstetrician says, "it doesn't hurt. We'll wait until metastasis goes to bone where it will be painful, and then we'll treat her."

Where did those doctors get these ridiculous ideas? Why, from consulting chiropractors, of course, who teach prevention of disease and maintenance of health as mainstays of their profession---and then refuse to prevent or maintain.

Then Dr. Kent brings out the slides of patients and cadavers, videofluoroscope movies, x-rays, MRI studies, CT scans, histology studies, paraspinal EMG findings and, in an undeniable wealth of material, all showing how the very things the chiropractor treats better than any other practitioner in the world

contribute to degeneration, disease, ill-health, homeostatic alterations, patient discomfort, disability and early death----and most of the processes occurs without symptoms, at least without specific symptoms.

And, like the cavity or the lump in the breast, most of the conditions can be discovered, can be visualized, can be verified by both objective and subjective means if one has the will and the intellect to discover such lesions----and to relate their consequences to the aftermath of disease.

Ignorance of such matters constitutes negligence, and recommendations based on such ignorance are advising doctors to practice as though they were in the dark ages. In the light of so much scientific material, in the light of the teachings of the mainstay of the chiropractic institutions, and in the light of sheer force of logic, no really knowledgeable, sane man could raise his head above knee level to say that chiropractors should treat only symptomatic patients.

If there is knowledge in the presence of sanity and a chiropractor still maintains such an absurdity as limiting treatment to symptomatic patients, then his motive is heavily suspect. If his adverse testimony, which he knows is not true, has not been bought and paid for, then pride will be his downfall; that's about all that's left to maintain such unbendable, unbreakable untruths in a man's head. He is the same man who would sit on a mountain top and deny the reality of sunrise.

What conditions can proceed without (or with few) symptoms which meet two criteria: (1) chiropractors treat regularly and effectively, and (2) if not treated they can be expected to progress to more severe states with usage and the passage of time?

The list below is meant only as a guide to thinking and provision of a few examples; it is certainly never meant to be a complete listing.

1. The prevention of the spread of degenerative joint disease.
2. The reduction and neutralization of disc protrusion; end-plate fractures may also be benefited.
3. Prevention of fibrosis of fixated articulations.
4. Restoration of hydraulic action to insure disc nutrition.
5. Elimination of spasticity in muscles (which in soft tissue injuries is credited with doing as much or more damage than the original trauma in injury cases).
6. Restoring correct axes of motion by ending fixations.
7. Correction of hypoxia to cord, extremities and other areas which may become chronically affected.
8. Stabilization of lax ligaments.
9. Ensure remodeling of torn ligaments according to Wolff's Law.
10. Remodeling of bone, fat deposits, and soft tissues to decompress areas of nerve pressure.
11. Counter the effects of neurological repetition in disease formation, facilitation, and union of two or more functions which should not function together.
12. ----and on and on.

The point should be made and drilled home again and again that those who speak from limited knowledge will speak limited things. Their greatest need is education about chiropractic. It is an unfortunate thing that a man can become a chiropractor and not know the scientific basis behind his own profession----but it is ten times more unfortunate that he will be heard and respected.

This would be a disastrous thing to say if it could not also be truly said of medicine, psychiatry, law, hairdressers, electricians, plumbers and truckdrivers. Licensing procedures ensure a minimum

knowledge; from then on, it is left to the consumer to separate wheat from chaff. Professional persons in all categories are then subject to a wide range regarding their skills, knowledge, and ability to communicate.

With every passing day the gulf between the man with minimum knowledge and the one who increases his knowledge with postgraduate and other studies widens. It is a scientific fact that one forgets at a fairly standard rate. Then years without refresher courses or advanced studies will produce a person who can no longer meet even minimum requirements in skills and knowledge----however, they may be supercommunicators. Which, translated, means they paint with whitewash.

Lovely is the argument that "I have ten years' experience." As a practical matter, to the contrary, if studies have not been a continuing part of their life, what they have actually had is one year's experience ten times. That usually translates into a hardheaded old doctor who hasn't learned anything in the 10 years just past and probably won't learn anything new in the next 20.

In the meantime if anyone asks if chiropractors should treat asymptomatic patients----the answer is, "If justified, yes."

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