

We Get Letters

How Will the Public Know the Difference?

Dear Editor:

"After reading the article in the October 1, 1989 issue of *Dynamic Chiropractic*, "How Will the Public Know the Difference," it became clear to me that perhaps in the purest sense, the separation between straight and mixed chiropractic has little to do with diagnose vs analyze, etc. On a more rudimentary and sociological level, it may have more to do with who is trying to achieve a level of public acceptance by "parroting" something society already recognizes and accepts (irrespective of its actual value), and who is trying to achieve recognition for something different from what the public already accepts (based on its distinct value).

One of the things I enjoyed about a Renaissance seminar I took a few years ago was Dr. Flesia's discussion on creating a new scale of public perception for chiropractic, rather than attempting to climb the medical one. I see his meaning, in terms of the public's perception, as the following:

Doctor of Diagnosis and Symptom Treatment/Medical Ladder

1. Public's first choice -- the medical doctor (1st class medical physician).
2. Public's second choice -- the osteopathic doctor (2nd class medical physician).
3. Public's potential third choice -- doctor of chiropractic medicine (3rd class or 2+00 class medical physician).

Doctor of Cause/Subluxation Adjustor/Alternative Health Care Ladder

Public's potential 1st choice -- doctor of chiropractic (1st class doctor of cause).

In regard to confusing the public, I think there is nothing more confusing than "Doctor of Chiropractic Medicine." Whether the word medicine be a "generic descriptor" or not, it is not a generic term in the public's perception. It will only serve to divert the public's attention away from chiropractic's actual purpose, and give a fake prestige boost to our profession's "band-wagoners."

If the purpose of our profession's pro-"chiropractic medicine" faction is to make chiropractic more acceptable by looking, sounding, and being more like medicine, then I think for the public's sake, there should be a split in terminology. Subluxation-oriented chiropractors may wish to maintain D.C., but for Doctor of Cause. "Chiromedics" should use D.C.M., but it should stand for Doctor of Confused Methodology.

Some noteworthy individual once said that the opposite of courage in our society is not cowardice, it is conformity. I think all our profession needs is a strong dose of courage, conviction and philosophy. A lack of this is creating the symptom we call chiropractic medicine."

Eric L. Seiler, D.C.
Palm Harbor, Florida

Student/Mentor Program for Sound Business Practices

Dear Editor:

"Several years back, I sold my practice to a young man who, though technically proficient, had little business knowledge. I made sure that before I left him, I imparted at least a rudimentary awareness of sound business procedures. Fortunately I did and he is a successful doctor today.

I mention that story because at the time, I was so appalled that a bright young doctor could graduate from school, get a license, and go out and set up a practice without even cursory exposure to some basic principles on which to operate. I felt then and now that schools that permit such things are like generals who draft twelve-year-olds to fight war. All they are is cannon-fodder, waiting to be mowed down.

I contacted my alma mater and proposed the establishment of a student/mentor program in which senior students are paired with practicing doctors for several weeks. The purpose of such a program would be for the student to learn, in depth, just how a successful practice operates. This would involve a relationship that would require a special kind of candor, for the mentor would have to be the kind of person who could be frank and open about some sensitive subjects such as finances. The student would also have to feel comfortable enough to ask the questions that he needs answered.

The schools must make sure that students are prepared to go out and make their way into successful practice. Since in many cases they are ill prepared to teach practice management, this is the way the students can obtain the knowledge, the mentor can share his accumulated wisdom, and the schools don't have to compromise themselves. This makes us all winners and helps insure our chiropractic future."

Barry S. Herman, D.C.
Gloucester City, New Jersey

Dear Dr. Knight:

Thank goodness for the likes of you! I have just read your remarkable and excellent constructed letter in the Dynamic Chiropractic of the 15th October.

During my now 43 years of successful practice, (three years in Indiana and the rest here) I have found it very difficult and often embarrassing putting up with the activities and methods of these unprincipled one-eyed members of our profession. So, your courageous and admirable contribution comes as a great comfort to myself, and of course many others.

Congratulations and more power to you! Yours for professional and respectable chiropractic!

Jan G.R. Nairn
Morningside, Durban

Response to "Homeopathy - Science or Pseudo-science"

Dear Editor:

As current president of the National Board of Homeopathic Examiners, a member of the Board of Directors of the Chiropractic Academy of Homeopathy and a postgraduate instructor of homeopathy at two chiropractic colleges I would like to respond to the comments of Dr. Randell Lord in "Homeopathy - Science or Pseudo-science".

First of all let me say that everything that Dr. Randell is saying is correct from a solid state standpoint. However from a quantum physics stand point it is very inaccurate. This is a common mistake made by many within our profession as we have traditionally been taught to think only in the solid state mode, i.e., spinal mechanics. Einstein made himself famous by putting forth the principle that all solid state laws had to be formulated to function within the quantum physics realm.

In the 200 hour "Chiropractic Homeopathy" postgraduate programs we devote many hours to discussing the quantum physics of homeopathic titration and succussion rather than the incorrect and misleading term "dilution" used by Dr. Lord. We also site literally dozens of valid homeopathic research projects which have confirmed the homeopathic principles. This is to include such eminent authorities as William Tiller, Ph.D., Chairman of Materials Science and Engineering Department at Stanford University who has made statements based upon such research as, "It is clear that we are going out of the age of chemical and mechanical medicine and into the age of energetic and homeopathic medicine."

It should also be pointed out that homeopathy is an FDA approved form of healing in the United States. It would be hard to conceive of such a government organization, with a long and widely known reputation for a very aggressive stand against all forms of quackery, to officially endorsing the practice of such "Mumbo jumbo" as Dr. Lord puts it.

If past situations proves correct I would think that Dr. Lord's experience with so called "homeopathy" has in fact been with individuals who think they know homeopathy rather than those that actually do know the principles of scientifically valid homeopathy. To further illustrate; Dr. Hinze who currently teaches homeopathy at the postgraduate level at several accredited chiropractic colleges has his Pharmacology Doctorate from the University of Nebraska. According to Dr. Lord if anyone should be opposed to "homeopathic mumbo jumbo" it should be Dr. Hinze. And yet he can lecture for hours on the scientific validity of homeopathy's principle in relation to the laws of pharmacology, chiropractic and healing!

I would also have to suspect that Dr. Lord has missed the many scientific articles relating to homeopathy which have appeared in virtually every major chiropractic publication within the last three years. Most of which have dealt extensively with the quantum physics of homeopathy and quote literally dozens and dozens of highly respected and impeccably credentialled researches.

What I would suggest is that Dr. Lord and others would attend an introductory class on chiropractic homeopathy before passing any further judgements and writing any further misleading articles. Texas Chiropractic College has such a program that can be utilized by any state or national association for a

convention and/or licensure renewal seminar.

C.C. Wilcher, D.C., F.I.C.A., D.N.B.H.E.
Boise, Idaho

Dear Editor:

I enjoyed your editorial in the November 15, 1989, *Dynamic Chiropractic*.

The poor financial condition of our colleges and the recent proliferation of new colleges brings to mind a warning Dr. Joseph Janse issued many years ago, "Our profession cannot tolerate the mitigation of our colleges operating on a shoe string".

Perhaps the founders of the new schools, and those contemplating starting or expanding a school, should consider the profession as a whole, and not just the propagation of their ideology. To expect the profession to adequately finance each existing school is absurd (we have a propensity to give money to lawyers, but that's another issue). It may be time for some schools to consider merger.

Dr. J.W. Falk
Owatonna, Minnesota

Dear Editor:

Emotionalism aside, I fail to fathom the flap about the consultant/claims review/evaluation conflict.

The issue is simply blatant, gross overutilization (gouging) by many, many -- not just a few -- D.C.s. That conclusion is applicable 90% of the time. The remainder are easy and a pleasure to deal with.

It doesn't take much intelligence to conclude that carriers will resist exploitation. Wouldn't you?

The carrier's impression of chiropractic is largely based on reviewing claims submitted by chiropractors.

Meanwhile, the hucksters exhort their disciples to "serve, serve, serve" (a half dozen ad in *Dynamic Chiropractic*, alone.) Carriers take a dim view of this "servicing." Wouldn't you?

The premise that legislation is influenced by PACs is well founded. It is obvious that the insurance industry has more money to influence legislation than do chiropractors. As a chiropractor, I dread the reckoning day if the "reckoning" doesn't begin on our side of the fence.

John H. Misenheimer, D.C.
San Rafael, California

Dear Editor:

Not too long ago you wrote about the thousands of unaffiliated D.C.'s. You wondered why.

I was a NCA/ACA member for some 26 years. I dropped out when ACA did absolutely nothing about Florida's drug use law. Now I have had to drop out of ICA because of the narrow concepts of Barge & Williams.

I am a "mixer" who believes in our philosophy of innate. Any "straight" who can pass full state board (diagnosis, etc.) is OK with me. Any "mixer" who does not believe there is an innate is also OK with me.

But I cannot and will not condone the use of drugs and surgery - even minor surgery!!

The ACA claims it is also against the use of drugs and surgery. Ken Luedtke in his October, 1989 article states "...we have chiseled our no drugs, no surgery credo in stone..." Yet in the very same article in the ACA Journal, he pulls a typical ACA forked tongue approach claiming "...we cannot afford to squander our scarce resources on quixotic...campaigns to stamp out liberties allowed chiropractors in certain states."

What good is a "credo stamped in stone" if you allow it to be crumbled?

What is a national organization for? Isn't it the responsibility of a national organization to set and maintain the standards?

This is not setting fees. This is not an economic boycott. It is not a violation of anti-trust laws to testify at state legislature hearings!

This forked tongue, paternalistic approach by ACA is one reason many D.C.'s just do not trust them.

Samuel Kerschner, D.C.
Cortland, New York

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