Dynamic Chiropractic

PHILOSOPHY

Chiropractic Needs an Adjustment, Not Drugs

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No one would deny that the chiropractic profession has struggled with considerable internal discord. From the very beginning of the profession, D.D. Palmer intended to keep his work a secret while his

son B.J. disagreed, saying it should be given to the world through people they would teach.¹ As early as 1910, D.D. had coined the term *mixer* to clearly differentiate those chiropractors who combined

(mixed) the chiropractic philosophy and objective with that of other disciplines, including medicine.²

Early chiropractic leaders besides the Palmers also had diverse visions for the application and future impact of the profession. The most notable of these was probably John Howard, whose actions have had the most far-reaching effect. In organizing the National School of Chiropractic in 1906, Howard believed he was offering the rational alternative to what he thought was Palmer's anti-education position. This gave birth to a separate education system for the therapeutic approach/objective in chiropractic.

Two Sides, Two Views

Today, the disagreement with respect to chiropractic's objective rages on as the profession struggles to establish a clear identity and to assert itself as a necessary and distinct health care profession. One side argues to raise the diagnostic skills of the practitioner to the highest possible level, while the other maintains that the more like medicine we become, the sooner we will be either absorbed or rendered completely unnecessary. Many, in all likelihood most, fall somewhere in the middle, just hoping to help some people and make a living along the way. Yet the dispute continues, leaving in its wake practitioners on both sides who are dismayed, disgruntled and/or occasionally ruined.

Both sides claim to not want to impose their views on the other, but with the passage of time, it is clear that one side is directing the movement of the profession. Little by little, changes have been made. National boards were instituted, supposedly to provide uniformity among the states so they could do away with their individual state testing. However, shortly thereafter, more orthopedic and neurological testing, as well as medical diagnosis in general, were added to the chiropractic college curriculum. These courses were added not as optional courses, but as required parts of the chiropractic education. Subsequently, more required parts to the national boards were added.

The changes would occasionally cause significant upset within the profession, but eventually practitioners, comfortable and secure with their own licenses already hanging on the wall or too busy with caring for people and their offices, would let the issue drop. The power of numbers in the profession never dictated the direction chiropractic took, and now chiropractic seems more like a medical modality than a separate and distinct profession. Of course, the changes were always done in the name of science, or public safety, or professionalism, but now as full-body diagnosticians, how is the average chiropractor any different than their medical counterparts?

Chiropractic Is Not Medicine

From the beginning, one thing was very clear: chiropractic is not medicine. B.J. fought tirelessly against those who would undermine the principles upon which chiropractic was founded, which most

certainly, if not primarily, included a vitalistic phenomenon and the concept of vertebral subluxation.³ The notion of an innate self-healing capacity and certainly the theory that misaligned vertebra could interfere with it, set chiropractic apart from other health care professions, both then and now. In fact, the Association of Chiropractic Colleges (ACC), a group consisting of all the CCE-accredited chiropractic college presidents, defines chiropractic as "a health care discipline that emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery."⁴

Disturbing Scope Changes

This foundation makes recent changes to the New Mexico state law particularly disturbing. The one thing chiropractors could agree on was that chiropractic is a drugless profession. How can it be that not only was there a proposal to allow chiropractors in New Mexico to dispense medications and give injections, but both the New Mexico Board of Medicine and the Board of Pharmacy actually passed it?⁵

The proposal allows chiropractors to dispense a variety of substances, including herbal medicines, homeopathic preparations, over-the-counter drugs, all vitamins and minerals (including injectables), enzymes, glandular products, all amino acids, all dietary supplements, and bio-identical hormones. The *Albuquerque Journal* reports that the chairman of the state Board of Chiropractic Examiners, Leslie Schmidt, DC, said "Eventually, we hope to expand into a larger array of prescription drugs. We're going to have needle injectables and IV drugs."

The state actually changed its law to create a new and "advanced" form of chiropractor in March 2009 without much response from the profession itself. The New Mexico state law now reads, "'Certified advanced practice chiropractic physician' means advanced practice chiropractor who shall have prescriptive authority for therapeutic and diagnostic purposes as authorized by statute and stated by

the board in 16.4.15.11 NMAC."⁶

The recent changes to New Mexico state law also coincide with National University of Health Sciences proudly conferring diplomas on the first 14 graduates of its Master of Science in Advanced Clinical

Practice (MSACP) degree program (August 2009).⁷ The degree program, which started two years ago, gives chiropractors an even broader immersion in advanced clinical study, including pharmacology. The *American Academy of Chiropractic Physicians also currently offers an* Advanced Practice

Chiropractic Certification through the American Chiropractic Physician Credentialing Center.⁸ So, it should come as no surprise that the National Board of Chiropractic Examiners is also planning to develop a certification exam for an "expanded practice chiropractic physician."

This is not the first time that these designations, meant to divide the profession by credentialing those with additional degrees over licensed doctors of chiropractic, have been discussed. In 2004, James Winterstein, DC, president of National University of Health Sciences, Reed Phillips, DC, the-president of Southern California University of Health Sciences, and Reiner Kremer, DC, then-chairman of the

American Academy of Chiropractic Physicians, wrote "To Tier or Not to Tier Chiropractic."⁹ In that article, they suggested, "It is high time to honor the didactic and clinical educational dualism within

the chiropractic profession." "We recognize that diversity exists within the profession, and because of this diversity, we should honor it, respect it, be thankful for it and allow tiering to take place."

Diversity or a Separate Profession?

Call it what you want, but it is clear that this is not so much diversity within the profession as it is the creation of a completely different profession, with a completely different objective than chiropractic has ever had. Interestingly, however, the objective is neither separate nor distinct. In fact, it is identical to that of medicine. *Webster's defines medicine* as "the science that relates to the prevention,

cure, or alleviation of disease."¹⁰ This "expanded practice" in chiropractic is nothing more than the prevention, cure or alleviation of disease, and not necessarily by means of manual manipulation but clearly by whatever other means someone can get passed into law.

Interestingly, the American Chiropractic Association (ACA) has recently voted to endorse such

efforts.¹¹ Other chiropractic organizations have been strangely quiet over the developments, with the exception of the Foundation for Vertebral Subluxation, which "urges all chiropractors, chiropractic

associations and organizations to join together and oppose these actions."¹² Astonishingly, New Mexico chiropractors themselves have not voiced any opposition.

At least one national organization, the Federation of Straight Chiropractors and Organizations (FSCO), of which I am a former president and current board member, is strongly opposed to this change. Since its founding in 1976, the FSCO has been the only national organization to support and advance the practice of chiropractic that is exclusive for the location, analysis, and correction of vertebral

subluxations because they interfere with the body's innate striving for wellness.¹³ The FSCO's mission has always been to *ensure the future of chiropractic as a separate and distinct profession and to ensure that* all people have the ability to access vertebral subluxation correction from their birth until their death with or without the presence of symptoms or disease.

The FSCO maintains that this type of care is vital for people of all ages who want to perform at their optimum. It is not an "alternative" to medicine nor is it "complementary" to medicine, but rather a separate and distinct service that now risks extinction if diluted any further.

At a Crossroads

Chiropractic stands at a crossroads. Will it become nothing more than another medical modality, or will the profession rise up and demand that those who would sell our profession away be stopped? New Mexico chiropractors can now prescribe drugs. How long before other states follow? With the current push for "certified advanced practice chiropractic physicians," will there be any chiropractors left who will check and adjust vertebral subluxations in the next generation?

Whether or not the connotation of superiority suggested by the tiered designations is disturbing to you, the push to include pharmaceuticals into the scope of chiropractic practice should concern us all. Chiropractic is a separate and distinct profession that enhances the body's ability to heal without the use of drugs or surgery. If it is not that, why would it continue to be necessary at all?

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