

(Author's note: This is the second in a series. The first article was a general introduction to the basic purpose in writing them, namely, to awaken our profession and especially its leaders to the dangers of our professional dichotomy. It is the writer's sincere belief that unity will not come to this profession until adequate research has revealed which, if any, of our theories are valid. The money being

wasted by having two national organizations should be directed to such research. Thus we have a vicious circle; no funds for research until after unity; no unity until research is completed.

Therefore, it was decided to begin at the beginning, with D. D. Palmer. Taking ALL of the statements pertinent to his principles, one at a time, we can accept those that require no

interpretation, re-phrase those that can be re-phrased without losing the meaning, and compare them with modern investigators. This should lead us in the right direction, or at least give us a starting point.

Who among our leaders will take the first step to break up this professional "neuropathy" that is keeping us from coming into our own?)

The Challenge of Our Future

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In the first article of this series, a discussion on semantics was opened, and among the words observed was "manipulation." As Chiropractors, we should give it a most specific meaning as directed by D. D. Palmer:

"The Osteopath manipulates; the Chiropractor does not. The former uses many movements with the hands, which amounts to manipulation; the latter does his work by one movement, does not manipulate. I here refer to a Chiropractor who is specific, one who adjusts one vertebra with a special purpose. A Chiropractor who adjusts 'all up and down the spine' is a manipulator." (Page 144, "The Chiropractor's Adjuster," D. D. Palmer, 1910.)

Earlier, in discussing similar work done in Europe, we find the following:

"Instead of using the thumb and finger when making an adjustment,

I use both hands combined. The Paris doctors give the back bone a general overhauling, very similar to the Osteopaths, where as I adjust only one vertebra, making the adjustment direct and specific, the difference being that one move adjusts, while the other manipulates, the dissimilarity indicates that one of the methods must be an improvement upon the other." (Page 15, "The Chiropractor's Adjuster," D. D. Palmer, 1910.)

In the light of all our profession knows regarding techniques of adjusting, these statements lend themselves to interpretation. D. D. Palmer was not adverse to adjusting all segments of the spinal column. In our earliest days as well as now, the Chiropractors obtained remarkable results adjusting all the segments. *In contrast, not contradiction neurologically, the record of specific upper cervical work*

speaks for itself. Therefore, we can assume that ALL techniques have a value in "getting results." When D. D. Palmer referred to adjusting "all up and down the spine" as "manipulation," it may be contended that if the work was done *without neurological reason, it WAS manipulation.* The basic premise of Chiropractic states unequivocally that a disease state is caused by interference with normal nerve transmission and expression. It is necessary to repeat this often so we may keep our eye on the doughnut and not on the hole. This being the case then, a Chiropractic move must be designed to restore neural integrity. Specificity of the adjustment is achieved when we can observe that proper neural response is the result of the adjustment. Therefore, it can be stated that it is not one specific vertebra that identifies specific



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adjusting, but that adjustment of any vertebra be specific in that it restores neural integrity. Let us then define "specific adjusting" as: "That condition of the PATIENT when the neuromusculo-skeletal relationship is of such a nature that whatever we do becomes the specific leading link or motivator by which the neurological state undergoes a change." Many "moves" may be made on a patient during a single visit to achieve the above result, and this is not necessarily non-specific adjusting. On the other hand, only one "move" may be made, getting the above result, and our profession is at a loss to explain why this should be so; Why the two different approaches get the same result. This, then, is one of the unexplored areas desperately needing research; when have we achieved maximum neural expression? The alleviated symptoms are certainly no criterion, and neither is structural re-alignment, although both are desirable in the end.

Unless we as a profession can clarify the technical differences between manipulation and adjustment, we shall fall prey to absorption by physical medicine. Be assured, this problem is not a semantic game; it is a real threat, and so stated in the Baruch Report on Physical Therapy: (now Physical Medicine).

"On completion of its survey, the Committee finds the following needs and recommends the following program for sound development of Physical Medicine on a lasting basis; Definition:—Physical Medicine includes the employment of physical and other effective properties of light, heat, cold, water, electricity, massage, MANIPULATION, (emphasis mine) exercise and mechanical devices for physical and occupational therapy, in the diagnosis and treatment of disease." This is obviously intended to include the Chiropractic ADJUSTMENT, and if this is legally taken away from you—. Next, add "exercise and mechanical devices," and our work on posture comes under attack and in danger of absorption. Finally, "diagnosis or treatment of disease." This point must be enlarged.

When the Allopath completes his Diagnosis and prescribes Manipulation as treatment, it is Diagnosis which is the most important factor, and refers to a particular diseased state of the patient. This is the proper practice of medicine. D. D. Palmer recognized the inherent danger of confusion associated with this practice as it pertained to his concepts, and

made very specific statements to this effect:

"Chiropractors do not treat, cure, heal or diagnose disease. As a science it is unlike any other system; it will not mix with any other. Chiropractors do not treat, cure or heal effects named disease in the same sense that a physician or an osteopath does. They enquire for the location of the symptoms, in order that they may determine what nerve or nerves are impinged upon producing the undesirable effects. Having analyzed the case, they adjust to relieve the confined nerves. They do not wait for special symptoms to develop in order that they may determine the disease so that they may decide upon the proper treatment." (Page 790, "The Chiropractor's Adjuster," D. D. Palmer, 1910.)

Interpretation of this statement is going to ruin the entire gamut of emotion in our profession. There are those among us who will react with high indignation; that D. D. did not mean what he said at all, and that we should become competent diagnosticians in order to properly treat the disease, or to refer the patient to the proper specialist for proper care. There is something to be said for this viewpoint, but it applies only in the area of patient management, and then it is only a matter of degree. It is not the application of the Chiropractic discipline.

Then there will be those that will hail this statement as their excuse to pay no attention to the condition of the patient, thereby allowing inadequate care and much patient mismanagement to develop in their practices. However, the pioneers in our profession were trained in this manner, and by their devotion to the principles and zeal in their practices, ground out the foothold in society which we enjoy today. So, there is something to be said for their viewpoint also. In the interest of professional self-improvement and up-grading which is necessary, it would seem we have lost sight of something of value that made us separate, distinct and effective. This subject will be enlarged upon in a later article.

Because we are still on the point of establishing our professional identity, it is well to mention that the individual Chiropractor whose daily occupation is applying Chiropractic as a "method" of adjusting, loses sight of the two activities that insure his professional life; proof and research. As larger issues on his professional horizon, they tend to get lost in the daily

battle to fend off unpleasant newspaper publicity and the daily slights which are a product of this professional identification. The argument is usually advanced that if we hold the view that Chiropractic is not a part of medicine, our thinking is obsolete. Also, that no violence will be done to the profession if we acquiesce to the term chiropractic medicine and to being chiropractic physicians. Generically speaking, the argument is logical, and many Chiropractors agree to it. D. D. had remarks on this too:

"Chiropractic Physician! A Chiropractor is one who is versed in the science of Chiropractic and the art of adjusting displaced vertebrae. A physician is one who has received the degree of M.D., Doctor of Medicine, and is licensed to practice medicine. It is barely possible that the author of this card is a Chiropractor and a physician. But the expression, a Chiropractic physician, or a physician Chiropractor, is the joining of two words of opposite meaning." (Page 400, "The Chiropractor's Adjuster," D. D. Palmer, 1910.)

William H. Potter, M.D. published a book in 1961 entitled "You and Your Doctor." In the chapter on the future of the "cults," he writes regarding the Osteopaths as follows: "Their better schools have all but abandoned their original theories about mechanical derangements being the cause of most diseases and follow now, on a less detailed scale, the scientific theories upon which the practice of the regular medical profession are based."

Being welcomed into the regular medical structure will be contingent upon the degree our profession is willing to give up the principles of D. D. Palmer. When the original premise is finally ignored, it will no longer be necessary for Chiropractors to raise embarrassing questions about the effects of, or the effectiveness of vaccination, mass medication or any of the other practices used by the Allopath. This has happened to the Osteopath, Homeopath and others, and should it happen to us, we too, would disappear, and our beliefs buried.

A comparison here will be helpful.

Today, we here in America are convinced that the number one problem in the world is the dispute between the free world and Communist slavery. In spite of all the publicity on this problem, the American people are confused, disturbed by a frustrating sense of failure, and a desire for action

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but at the same time, a concern that action might result in war. The enemy is not confused. In carrying out their strategy, they expect, as Lenin has stated, that "The United States would fall into my outstretched hand like overripe fruit." They gauge their aggression—carefully slicing each new gain just thin enough so that we will say, "That isn't worth fighting for." They know that if we surrender at the conference table, it can be just as complete as surrender on the battlefield. Supremely confident of victory, the Communists say we will give up more and more of our democratic practices, installing socialistic practices instead, until, under pressure we will awaken to find we have become so much like the enemy that the reasons for enmity will have disappeared.

It is not necessary to lengthen this discussion. All you should do is substitute the medical profession for the Communists, and the Chiropractic profession for the American people, and you can see the point being made. It is not what the free world does that constitutes the basic threat to Communism—the mistakes we make, the arguments we engage in, the confusion that sometimes attends our actions. Our strength, and therefore the threat, lies in what we believe—our ideologies.

It is not what the Chiropractor

does that constitutes the basic threat to medicine. It is what he believes. And it is in the realm of what Chiropractors BELIEVE that the major contribution which chiropractic has to make to the SCIENTIFIC improvement of health care resides. It is ironic that a German Doctor of Medicine should point this out to us. In a paper published in 1959, by Freimut Biedermann, M.D., and translated by L. Iekeler, D.C. we find the following:

"In America especially, chiropractic has developed into a healing art very much in demand, practiced by men who are not medical doctors, but who are armed with a true spirit for getting the sick well; men who have faith in their ideas. Even if these Americans are shrewd business men and even if they deviate often from the Palmer concept and to quite an extent, we cannot deny that they go their way with tenacity.

Their followers still exist and increase, slowly maybe, since they are not a part of traditional medicine. Chiropractors depended upon simple manipulation, and even though laboratory findings of diagnostic medicine were not available to them, they eventually indicated to medicine the importance of the neurological factor." (Page 11-12, "Fundamentals of Chiropractic from the Standpoint of a Medical Doctor," Biedermann, 1959.)

The arguments in support of retaining some of the "old" as part of our professional identity are given further strength by writers in our own field:

"In the absence of any organized body of material dealing critically with the germ theory of disease and the public health practices based

thereon, it has become necessary to fall back upon medical textbooks in this field, if only to prepare students for state examining boards. Too often the instruction has been taken over by a new generation of younger teachers, generally well trained in the basic sciences at the university, but quite unfamiliar with the classic protests of an earlier generation against bacteriological orthodoxy, as well as ignorant of the brilliant achievements of such modern representatives of unfettered investigation as Tissot and Speransky. Small wonder that many of these teachers have been inclined to make broad concessions to medical orthodoxy, concessions which need never have been made. If chiropractic is to maintain its traditional place in the vanguard of the fight for health freedom and rational therapy the gap must be filled and filled quickly." (Preface of the second edition, "Rational Bacteriology," Verner, Weiant, Watkins; 1953.)

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