



# CHIRO

How much  
healing?

How much  
flim-flam?

A special report on Davenport's  
home-grown health profession



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## Introduction

In 1895 a Davenport fellow by the name of D.D. Palmer decided he had restored the hearing of a deaf man by giving a sharp thrust to a bump on his spine.

A friend helped him name his "discovery" chiropractic, and ever since, the land where the Mississippi River flows east to west has never been quite the same.

Davenport has become the motherland of the "other" doctor, the Chiro. It is the home of Palmer College of Chiropractic, where nearly half the world's estimated 27,000 chiropractors received their education. It is a community with more practicing chiropractors per capita than any other metropolitan area.

All that has combined to make chiropractic an integral yet seldom examined facet of life in the Quad-Cities.

In this special section, the Quad-City Times is attempting to supply the examination. We have spent five months in its preparation. We have improved our understanding of chiropractic and think we will help yours.

Unlike most detailed writings on the subject, we have sought neither to bury chiropractic nor promote it. We will not tell you to see chiropractors for your health problems, nor will we tell you avoid them.

Instead, we will try to tell you what chiropractic is, what chiropractors do, and where this oft-maligned profession seems headed.

It is difficult to summarize our findings in a few quick sentences, but one of chiropractic's friends did a pretty good job for us.

"I liken chiropractic to an adolescent kid with acne," he told us. "He wants to grow up, but he can't hide the scars."

In the following pages, we will tell you about chiropractic's efforts to grow up. And we will show you the scars. We will introduce you to the world of the Chiro, a world with Davenport at its center.

## Credits

Unless otherwise indicated, all stories in this section were written by Mark Brown and all photos were taken by Ron Bath. The section was designed by Maureen Long and copy-edited by Andrea Nelken. Others contributing were Kent Darr, Kris Jensen, Mike Owen, Gary Sawyer and John Willard.

# Satisfied patients and offbeat treatments

**D**ebra Dlugiewicz had suffered from a tremendous sinus problem as long as she could remember. It was so bad her eyes would swell shut. Twice she underwent surgery.

When some of her Toledo, Ohio, friends told her to see a chiropractor, she just laughed. Then her back went out at work, and one morning she couldn't get out of bed. Sick and tired of going to the emergency room to get a pain shot, she tried a chiropractor.

Within a week, she noticed no back strain. Within two months, her sinuses cleared up and other minor problems improved. A short time later she packed her bags and headed for Davenport to learn to become a chiropractor — the latest gung-ho convert to a profession that seems to be full of them.

Debbie, 25 and a second-year Palmer College student, tells a typical story — so typical, in fact, that it could be a composite of many chiropractic students. Her own twist is that she left behind a job as a registered nurse in a hospital.

You can call her story a testimonial.

Almost any experienced chiropractor could fill a book with them. As scientific evidence that chiropractic works, they don't count for a thing. As a common sense indication that chiropractors are doing something right, they say plenty.

Chiropractors don't really know why what they do seems to help. They have their theories, of course, which we will explain in subsequent articles.

Chiropractic's critics have explanations, too. They suggest that chiropractic patients are easily persuaded, not altogether intelligent people who respond to the chiropractor's warm manner and get well because most people get well sooner or later no matter what their doctor does.

But the chiropractic patients interviewed by the Times for this special section didn't seem altogether different from

any other cross section of Quad-Citians.

In the often desperate search for health, they had plunged into the unknown, turning to chiropractors with problems they had feared they would have to learn to live with.

They usually start with a backache, maybe a headache or a stiff neck. It hurts a lot, and nothing their doctor does seems to help.

A friend tells them about a chiropractor. He can take care of them, the friend promises.

They balk. They don't know much about chiropractors, and what they have heard isn't too complimentary. But the friend is persistent, and the pain is getting worse, so what the heck, they give him a call.

It happens that way every day here in

the Quad-Cities. They call and they come to the chiropractor's office and after a while some of them get to feeling better. And they read a little brochure in his waiting room about how the chiropractor can help asthma, so they bring an asthmatic child and maybe he seems better. Pretty soon it is a chiropractic family.

Many are tired of taking drugs, but chances are they still will go to their medical doctor when they think they need to. Others will become almost devout in their faithfulness to the chiropractor, converts to what they see as an alternative form of health care.

According to statistics compiled for the American Chiropractic Association, chiropractic patients stack up almost identically in terms of demographics with those who see medical doctors. That's in terms of sex, age, occupation, education and income.

There is no evidence, as some have suggested, that they are any less bright or any less financially capable than anybody else who goes to see a doctor.

Their most distinctive trait is that they were desperate, as people seeking health and well-being so often are.

"If you're hurt or if you're sick, you're going to do anything you can to get relief," says chiropractic patient Betty Callow of Rock Island.

And 81-year-old Clara Karns of Davenport observes, "Any port in a storm, you know."

## The doctor and the potato

**EDITOR'S NOTE:** For this special section, Times reporter Mark Brown visited chiropractors as a patient. He identified himself as a reporter but did not say he was developing this report. This is the tale of one of his first office visits. It is not meant to be a typical story. It is indicative, however, of an important point: When you go to a chiropractor the first time, it is hard to know what to expect.

**D**r. Harlow Wells, a Coal Valley chiropractor, had just finished giving me a chiropractic adjustment.

"Have you got a few minutes?" he asked. "I want to show you what I mean about nutrition being 35 percent of health."

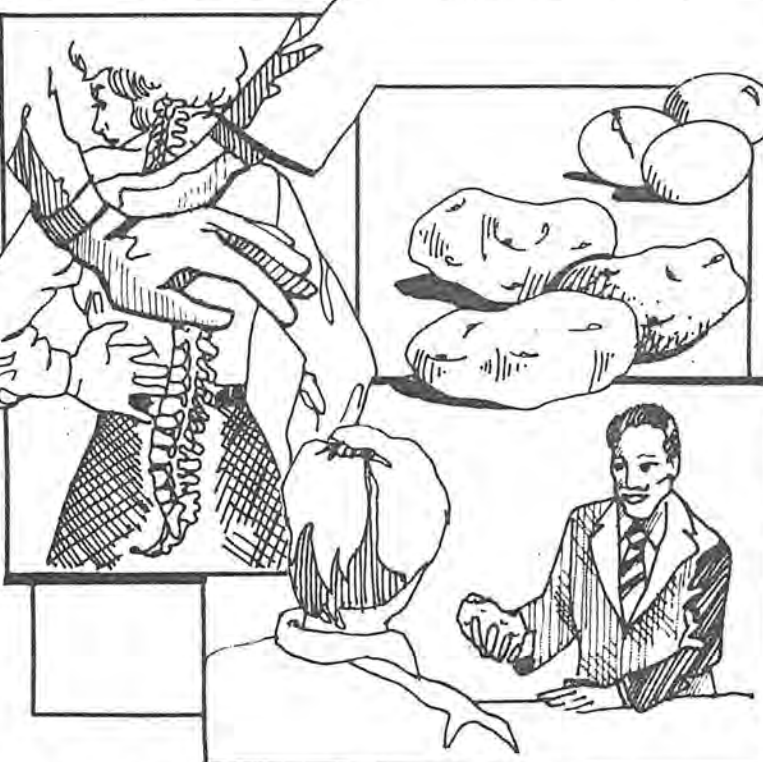
I was in a bit of a hurry and wavered a minute. It was already early evening, but Wells was just beginning his office hours. As a recent Palmer graduate struggling to get his practice off the ground, Wells also worked days at McLaughlin Body Co. I decided to stick around a little longer.

Wells slipped off into another room of his modern and pleasantly furnished office and returned seconds later with a potato. He set it aside momentarily.

"Hold your right arm up," he told me, as I lay on my back on the chiropractor's table.

I complied as I had learned to do on my only previous trip to Wells. (I had answered his advertisement for a free spinal examination.) According to the procedure, Wells would try to pull down my arm. I would resist. Under normal circumstances, my arm would remain strong. But by Wells' pressing or poking different spots on my body, the arm would give way, I had learned. He told me the muscle weakness corresponded to other health problems.

Wells tested the arm. It remained



strong. Then he reached for the potato and placed it on my chest. WHAMMO! When he pulled, my arm dropped like a rock.

"Hmmm," I said, duly impressed but a little nonplussed when he did not immediately offer an explanation. "I guess this means I shouldn't put any potatoes on my chest?"

No, Wells answered. The same thing would happen if the potato were anywhere in contact with my body.

With that, he put the potato into my left hand and tested again. The right arm gave way. He stuck the potato up my pants leg. Again the arm gave way. He took the potato away. The arm remained strong. I detected no difference in the force he was using to pull on my arm.

Wells again offered no explanation.

"I suppose I shouldn't eat potatoes any more?" I suggested, remembering that the topic of this exercise was nutrition.

No, Wells said. Other substances besides potatoes would have the same effect. He slipped out of the room long enough to grab an egg. Sure enough the

egg worked, too.

By now, I was stunned. "How are you doing that?" I asked.

Wells explained that enzymes and such in the potato and egg were interfering with my "aura," the electromagnetic field he said surrounds everyone's body. He said the interference indicated some sort of health problem, probably a nutritional deficiency.

He then repeated another procedure with which I had become familiar — checking the length of my legs. While I lay on my back, he lifted my legs and held my heels together. By observation, he would decide whether one leg was longer than the other. He pronounced them equal.

Next, Wells reached into his pocket for two pen-shaped magnets. He had me hold the point of one magnet near my throat, adjacent to the thymus gland. He then rechecked the length of my legs. If there were indeed some sort of nutritional problem — an endocrine imbalance perhaps — one of the legs would be shorter, he said.

Sure enough, Wells found the left leg to be considerably shorter with the mag-

net contacting the skin over the thymus gland. He then had me hold the magnet to other spots, adjacent to other glands or organs. He consistently found this would make the left leg shorter.

"You can probably feel it shrinking," Wells said.

Not really, I thought, but didn't say anything.

With the short leg established, Wells reached into his pocket and pulled out some pills. He placed one on my chest and rechecked the leg length.

"That gets it a little closer," he said.

One at a time, he piled pills onto my chest until he had "three of these and one of those." With the pills in place, Wells pronounced the legs to be of equal length. This would be the proper dosage, Wells said.

With that, he put the potato on my chest again, alongside the pills this time. He tested the strength in my arm. It wouldn't budge. He pulled away the pills. The arm dropped.

Minutes later, still a little dumbstruck, I paid Wells \$47.50 for four bottles of pills. One set of pills, called Nucleo-Glan M, was to be taken three at a time thrice daily. According to the label, Nucleo-Glan M contains "prostate substance, whole pituitary substance, thymus substance, pancreas substance, kidney substance, heart substance and ribonucleic acid." The other was labeled Adrenal. It was to be taken one at a time three times daily. Neither required a medical doctor's prescription.

Wells told me the pills would help me "build up" my endocrine system. He said he had just learned of them a week earlier and was taking them himself. He felt much stronger, he confided.

Before I headed home, Wells offered one more bit of doctorly advice: If you're ever in an arm-wrestling contest, bring along a potato.

## The Palmer heritage of inspiration — and embarrassment

*From 'magnetic healing' and circus tents to a form of health care known the world over*

**N**obody rides through Davenport on elephants these days. The great canvas tent that stood for years atop Brady Street hill has long since vanished. An amazing garden display of curiosities from around the world has closed.

That may sound like a requiem for a circus or carnival, but it's just a hint of chiropractic's Davenport roots — the story of the remarkable Palmer family — which sometimes reads like a circus.

The history of the Palmers is not the history of chiropractic, but it's close. They gave it birth and helped keep it alive.

Along the way they imbued their profession with many of its present traits: an entrepreneurial instinct, a tendency toward infighting and a willingness to embrace new ideas, many of which are not accepted by science. Theirs is a heritage that serves as both an inspiration and an embarrassment to chiropractors.

The three men who carved Davenport a larger spot in the history books were:

- **Daniel David Palmer, known as D.D.** Hailed as The Founder, D.D. "discovered" chiropractic in 1895 while dabbling in the art of "magnetic healing," then died in 1913 amid bizarre charges that his son was responsible.

- **His son, Bartlett Joshua, known as B.J.** Self-proclaimed as The Developer, B.J. cannily engineered chiropractic's early survival, but brought vilification to the profession with his eccentric ways and split it apart with his autocratic style.

- **B.J.'s son, Daniel David Jr., known as Dr. Dave.** Self-styled as The Educator, Dave's ambitions were stifled until his father's death in 1961, after which he sought to help his profession enter the modern era of health care by shedding much of B.J.'s influence and bringing an air of respectability to the Palmer school. He died in 1978.

Each had a certain genius and no small amount of business savvy. They fought others to protect their embattled profession and fought among themselves for its control.

They are dead now, but their creation, the Palmer College of Chiropractic, continues to mold chiropractors in their tradition and spew them forth around the world in greater numbers than any other chiropractic school.

It is a tradition not all chiropractors are eager to embrace, owing to the peculiarities of D.D. and B.J.

The Canadian-born D.D. came to the Midwest as a young man, taking various

jobs. He was a schoolteacher in Muscatine and Louisa counties, a beekeeper and raspberry plant salesman in New Boston, Ill., and a grocer and fish peddler in What Cheer, Iowa.

He was good at making a buck in almost everything he did, but not very good at hanging on to one, according to historians. Never reluctant to switch careers, he was led by a lifelong interest in health care to Burlington, where he took up something called "magnetic healing" under the tutelage of a prominent practitioner.

D.D. took his newfound knowledge to Davenport and opened what soon became a very successful practice on the second floor of the Ryan Block Building at 2nd and Brady streets, selling goldfish on the side and attracting curiosity-seekers with a collection of animal heads.

According to an authorized biography



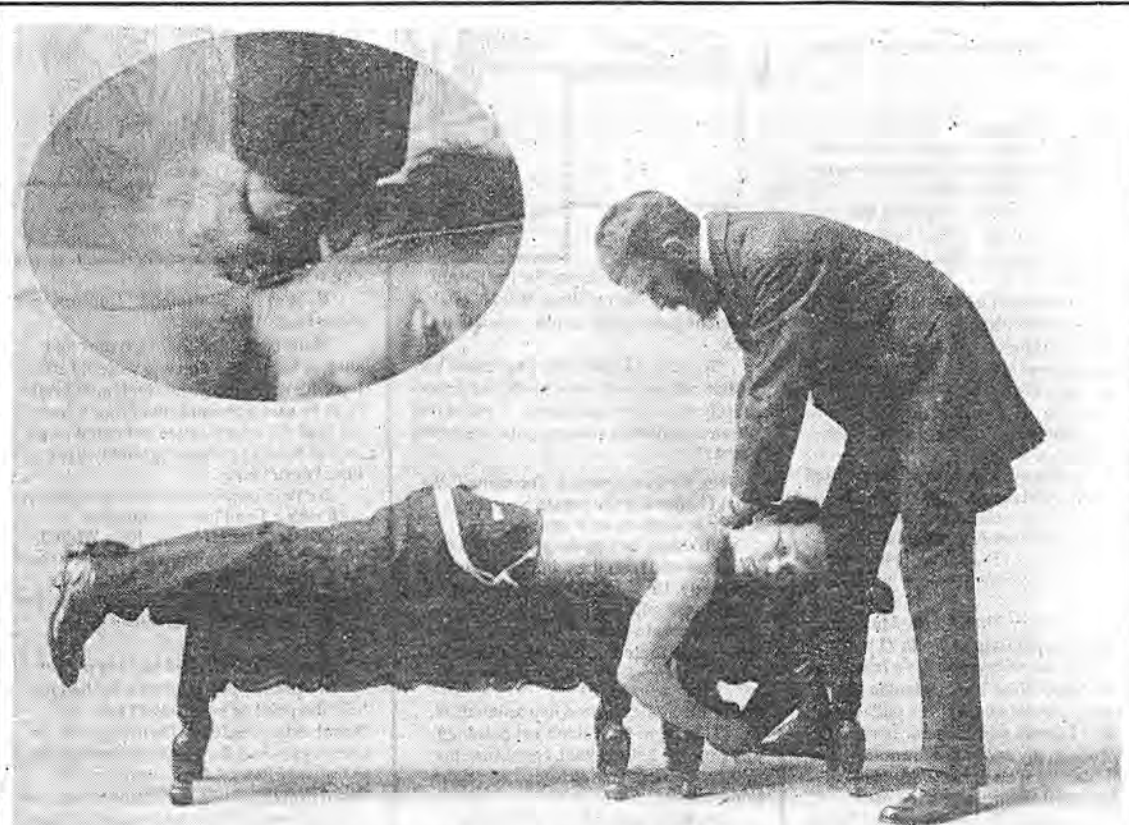
D.D. Palmer, 1845-1913

of the Palmers, D.D. "had his patients lie on their backs on a comfortable couch and then proceeded to place one hand over the sick organ and the hand on the back under the organ involved. Holding both hands still he would then pour his personal magnetism from his positive right to his negative left hand. He would give 15-minute treatments of this type."

Medical doctors of the day were not

much more advanced, often receiving the title of "doctor" without any formal schooling.

While D.D. prospered, he restlessly pursued knowledge of the human body and the cause of disease. He was still searching for answers when, at the age of 50, he decided he had figured it all out. He claimed to restore the hearing of his deaf janitor with a thrust of a vertebra. Chi-



B.J. Palmer adjusts a patient in this historical photo. (Courtesy of Palmer College)

ropractic was born.

He kept it secret a while, fearing somebody would steal his ideas. But in 1898 he began to accept students and spread his theory that man's ailments were the result of nerve interference related to the spine.

Among his first students was B.J., and the next decade of chiropractic's development was a confusing tug-of-war over control of the school between father and son. D.D. built a large practice and charged his students a goodly sum, but found himself in debt.

He skipped town, leaving the mess to young B.J., who borrowed money and went about the business of putting the school back on sound financial footing. He succeeded and prospered, much to his father's chagrin, who then returned to reclaim control of the business.

He and B.J. reached an accommodation of sorts, but they split apart again after both were indicted for practicing medicine without a license. For reasons still unclear, only D.D. was prosecuted. When he was convicted, he chose to go to jail rather than pay the fine.

Through some financial shenanigans, B.J. took control of the school again in the meantime.

An embittered D.D. left town and lent his name to various chiropractic schools in Oklahoma City, Okla., and Portland, Ore., trying to retain control of the profession. He even returned to Davenport and lent his support to the Universal Chiropractic College, made up of students and faculty who had left the Palmer school in a huff after B.J. introduced the use of the X-ray. D.D.'s efforts failed.

When D.D. died of typhoid fever in Los Angeles in 1913, he and B.J. were still at odds. The executor of D.D.'s estate filed suit against B.J., claiming his death was related to an incident at the school's previous homecoming parade.

D.D. and B.J. had attempted a reconciliation before the parade but became embroiled in an argument over whether D.D. would be allowed to lead it. What happened next is not clear. Members of the rival chiropractic college with whom D.D. had recently aligned claimed B.J. deliberately ran into D.D. with his car. B.J.'s supporters said no such thing happened. The matter actually went to several grand juries, but no indictment was returned.

With an influx of students at the close of World War I, B.J. and the school prospered. With the money from the school and his practice, he became a pioneer in the broadcast industry and built the family fortune. WOC (Wonders of Chiropractic) in Davenport and WHO (With Hands Only) in Des Moines are a part of his legacy. That made him Ronald Reagan's boss from 1932 to 1937, when the future president was just a radio announcer. B.J. once said of Reagan: "He was a nice boy with a nice voice."

B.J. lobbied for licensing laws that kept chiropractors out of jail and helped them in their court battles. He organized what is now known as the International Chiropractors Association and insisted the profession remain philosophically pure. His own clinic attracted patients from around the world, many of whom were described as "hopeless" but seemed to leave cured.

A spellbinding speaker, he advertised and traveled and tried to sell the world on his and his father's ideas. He loved the circus and erected a big tent on campus to host the school's annual homecoming, which was known as Lyceum, and he rode through town on an elephant. He col-



laborated on the creation of the Circus Hall of Fame at his winter home in Sarasota, Fla.

His flamboyance was perhaps best typified by a story his son, David, relates in his autobiography.

B.J., it seems, was fond of recalling a journey he made to the South Pacific island of Bali during one of his many travel adventures.

According to B.J., he was taking motion pictures of the bare-breasted native women when some of the men demanded he either stop or pay them for the privilege. He refused and pulled out his sword cane, which he always kept with him on such trips.

He swished it through the air menacingly and accidentally lopped off one woman's breast. He picked it up and fled to his car, making a clean getaway. Later, he took the breast to a taxidermist in Hong Kong who had it tanned and made into a cigar case.

At that juncture in the story, B.J. would delight in reaching into his coat pocket and pulling out a case, which sure enough had a little, dried-up brown nipple on one side.

The story was patently false, according to Dr. Dave, but that didn't stop B.J.



B.J. Palmer, 1881-1961

from telling it until he believed it himself.

B.J.'s recollections are one of the difficulties of unraveling chiropractic history. One version of the Palmers' past, edited by B.J. himself, claims D.D. was often jailed for beating his children.

In this book, D.D. is credited with powers that would put Johnny Carson's Karnac the Magnificent to shame. According to the author, D.D. would go to the post office, tell the clerk exactly what mail had arrived for him that day, then hold the envelope to his forehead and read the letter aloud without ever opening it. He would then have the clerk verify all this by reading the letter himself.

It also relates as fact an incident from B.J.'s childhood in which he supposedly was bobsledding down Gaines Street hill and came upon a Rock Island Line freight train. Moving too fast to stop, he lowered his head and passed between the front and rear wheels of one of the cars, according to this tale.

Many true stories about B.J. needed no embellishment.

In his autobiography, Dr. Dave recalled how as a child he was given the chore of taking care of a passel of alligators that B.J. kept outside their Brady Street home, feeding them daily and cleaning them weekly.

That was fine during the summer, but when fall came, B.J. decided to put them into the basement of the family mansion. Before long the stench from their droppings had filled the house. At his wife's insistence, B.J. had them crated up and shipped to the Lincoln Park Zoo in Chicago.

B.J. zealously guarded his position as chiropractic's titular head until his death in 1961. Dr. Dave, who had waited in the wings so long he was almost at retirement age when B.J. died, moved quickly to change the school's name to Palmer College rather than Palmer School and arranged for non-profit tax status with the Internal Revenue Service.

Educated at the University of Pennsylvania's Wharton School of Finance against his father's orders (B.J. didn't believe in college), Dr. Dave moved to put

Palmer College on a sound financial basis. He closed the school's unprofitable printery, which among other things had published B.J.'s two dozen-plus books. And he pulled the school out of Davenport's Clear View Sanitarium, which it had operated as a chiropractic care hospital for the mentally ill.

Today's chiropractors sometimes discount the significance of the Palmers, especially B.J., and point to man's centuries-old interest in spinal manipulation. Some of them even invoke the name of Hippocrates, the Father of Modern Medicine, calling him the Grandfather of Chiropractic because some of his writings indicate an interest in the spine.

But others faithfully agree with the observation of one of the family biographers: "The name Palmer and the word Chiropractic belong together for they are as oxygen is to life."



David D. Palmer, 1906-1978



## Spine theory

*Chiropractors believe the key to many health problems lies in misaligned vertebrae*



**F**or just a buck, students at Palmer College could get in on quite a bargain this fall. One of the classes was raffling off an "expensive German spine."

The old backbone — 24 bony segments called vertebrae plus a tailbone, stacked like building blocks, extending from the base of the skull to the center of the hips.

The human spine is chiropractic's common denominator. As such, chiropractors pay it due homage, often keeping a demonstration model close at hand — plastic spines, wooden spines, desk models, wall charts — occasionally even the real thing. A German spine is a real catch, chiropractors say — good European craftsmanship.

It is dangerous to generalize when talking about chiropractic. For every chiropractor who believes or does one thing, there seems to be another who believes or does exactly the opposite. But emphasis on the spine is almost universal among them.

Rather than stressing only the spine, many chiropractors today emphasize they deal with body structure, taking into account the rest of the musculoskeletal system and how it affects the nervous system. Under this explanation, however, the spine is still paramount.

Preoccupation with the spine and its relationship to the nervous system has distinguished chiropractors from other health professionals throughout their development, although they often vehemently disagree among themselves about the degree of its importance.

The spine is the key to the original chiropractic theory, a theory that many

chiropractors soft-pedal these days. The world of science has never accepted the theory, and until recently, chiropractors have been loathe to perform any research that might lend support to it.

Chiropractors believe the spine is so important because it encases the spinal cord and 31 pairs of nerve roots that extend from it. When the spinal cord is messed up in one way or another, they theorize, the nerves also can be affected. The slightest irritation to the nerves can disturb body functions, increasing susceptibility to disease, they say.

Chiropractors believe they restore the vertebrae to their proper position and function, thereby allowing the nervous system to work properly.

They call the spine their "avenue of approach." They ask: Does adjusting the spine to get at the nervous system make any less sense than putting a pill in one's mouth or receiving an injection in the arm?

For many years chiropractors held to a one-cause, one-cure theory of disease.

The cause was said to be "subluxations," minute misalignments of the spinal column that interfered with the normal flow of nerve impulses. These subluxations could be caused by falls, accidents, faulty posture, the jars and jolts of everyday life, even faulty mattresses.

The cure was hands-only manual manipulation of the spinal column, a technique that came to be known as the chiropractic adjustment.

Chiropractors still speak in terms of subluxations, but the theory has been modified to take other health factors into account, such as bacteria and viruses.

The concept of the subluxation is still foremost to a majority of chiropractors, though they are usually more cautious in their explanation than in days past. In a survey published this summer, three-fourths of the chiropractors queried said they at least partially believe in the subluxation theory.

Even today a student who gives informational talks to the public every Wednesday night at Palmer College tells his listeners that subluxations are the leading killer in the world today.

Chiropractors talk about subluxations the way many people talk about germs, but they say the subluxation is a functional concept, not something you can see on an X-ray or electron microscope.

Some think the term is overused and oversimplified.

"Subluxation is like a shotgun," complains Chung-Ha Suh, a scientist at the University of Colorado who has studied chiropractic's underlying concepts. "Every time there is something wrong, they say there's a subluxation."

Suh says his research has found there may be hundreds of different kinds of subluxations.

Gary Donaldson, a 30-year-old Palmer student, thinks his profession should offer a more sophisticated explanation or just admit nobody really knows what is happening.

"I think it's one way of explaining something to people who you assume are not intelligent."

Chiropractors believe almost everybody is walking around with these subluxations. And many of them seem to think that the only way to get rid of a subluxation is to see a chiropractor.

Dr. J. Clay Thompson of Bettendorf is one retired chiropractor who does not agree. Says Thompson:

"Sleep has cured more subluxations than all the chiropractors who've ever lived."

# Naturally Superior to medicine? Helping the body heal itself?

**T**here is a quote attributed to Thomas Edison that chiropractors love to repeat: "The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease."

Chiropractors think they are that doctor of the future.

Make no mistake. Today's chiropractors are much more willing to acknowledge the need for medical care and work with their longtime adversaries in the medical profession.

But when it comes right down to it, they by and large think they practice a superior form of health care, embodied in what they feel is a superior philosophy of health care.

It is a philosophy shaped around chiropractic's original aversion to drugs and surgery. Chiropractic's philosophy makes it more than a science. It is a way of life, a different way of thinking about health.

"Nature needs no help, just no interference," holds one chiropractic maxim.

Remove the interference, and the body can function normally.

"We treat the cause, not the symptoms," is another chiropractic favorite. It contends that medication just numbs pain and camouflages symptoms.

Chiropractors pride themselves on taking an interest in the entire body, especially its structure, an area in which

**'Nature needs no help, just no interference.'**

they believe medicine has missed the boat.

They fancy themselves as providing true preventive care, arguing that they are health- rather than disease-oriented. They tell their patients being healthy is more than just not being sick. And they emphasize that patients must take re-

sponsibility for their own health instead of relying on their doctor to find the proper pill. They think people should come to them for help first, rather than last, which is more likely the case.

Doctors who have spent time in the emergency rooms of Quad-City hospitals relate with hair-pulling frustration their encounters with chiropractic students and family members who were reluctant to agree to medication or surgery. Their reluctance is part of chiropractic philosophy carried to its extremes.

Many of today's chiropractors do not like to talk much about that philosophy. It seems unscientific, and chiropractic is trying so desperately to be accepted as a science. Others in the profession guard the philosophy zealously, arguing that it gives them their identity.

While chiropractic's interest in the spine has set it apart from other healing arts, its identity as a drugless form of health care that disdains surgery has given it a new identity in a society talking increasingly about "holistic" health care.

"We're living in an era now when to

do things in the natural way is the popular trend," says Dr. Charles Gerleman, a Milan chiropractor. "People have just finally woke up and said, 'Hey, there is another approach.'"

And chiropractors see that trend as their green light. Evidence of their optimism is the recent proliferation of new chiropractic offices and an anticipated 43 percent increase in the number of chiropractors in the next five years. Chiropractors will be seeing an estimated 10 million patients this year.

"I think our profession was ahead of its time," Gerleman adds.

Agreeing with him is Davenport chiropractor Dr. Dennis Stierwall. "People today are preventative health-care conscious," Stierwall says. "That puts us in the driver's seat."

Chiropractic's detractors are not nearly willing to concede that its time has arrived or that chiropractors are in any driver's seat.

If 10 million Americans visit a chiropractor this year, more than 200 million Americans will NOT, they note.

# Innate 'The power of God being expressed in the body'

**C**hiropractors talk a lot about Innate.

Not as much as they used to, perhaps, but more than one might imagine by reading the columns of the leading chiropractic professional journal. It seems Innate embarrasses some chiropractors.

So who or what is this Innate?

Some chiropractors simply use the term to refer to what they call innate intelligence. They define it as the body's inborn ability to heal itself.

To those chiropractors, Innate is a concept not much different from the established biological principle of homeostasis — the natural ability of living things to maintain a stable internal environment.

But to many chiropractors, Innate is an almost mystical presence — "the power of God being expressed in the body," explains one prominent chiropractor. Others seem to suggest that Innate is God.

They tell each other to let Innate take over when they enter their offices in the morning. Innate will tell the chiropractor where and how to adjust the patient, these chiropractors say. If the patient does not improve, this is explained as Innate's will.

Obviously, such talk can be a little bothersome to those trying to establish chiropractic as a science.

An unfortunate byproduct of chiropractic's lack of scientific research and its emphasis on philosophy, according to some of its leaders, is a vocabulary that sounds pseudo-religious. It may not dominate the profession, but it is certainly pervasive.

To those who think chiropractic is little more than faith healing with a twist, this vocabulary can provide plenty of reinforcement.

Palmer College president Dr. Jerome

McAndrews is obviously frustrated when the topic is mentioned.

"Our people will talk about innate intelligence," McAndrews observes. "Then instead of saying your innate intelligence, they say your in-nate intelligence. And then they say innate, and then they capitalize it. And it becomes a personification. And it becomes like a little man sitting somewhere, and that's a very short step to God and praying and divining things."

Lost in the process, McAndrews argues, is chiropractic's identity as a "mechanical science."

Chiropractic's efforts to be accepted as a science are often running up against its religious elements.

"If ever there's been a chosen people, it's the chiropractors," Dr. Bill Baeza, a leading California chiropractor, told several hundred of his colleagues at a Texas seminar.

"I believe personally that chiropractic was inspired by God," Dr. Kerby Landis, another prominent West Coast chiropractor, told an even larger gathering at the same seminar.

Baeza and Landis were being paid a good deal of money to instill enthusiasm into their fellow chiropractors, but their sincerity could not be challenged.

While others might not be so blunt, there is clearly a feeling among chiropractors that they have a mission — spreading the philosophy of chiropractic. Many chiropractors encourage their patients and each other to "testify" to its benefits.

"We're constantly trying to be apostles of what we do by teaching principles and effects," says Moline chiropractor Dr. Roman Krygier.

Dr. James Staub, a Palmer grad now

practicing in Valparaiso, Ind., finishes his adjustments with a silent prayer. Staub says he thinks of himself more as a "healer" than anything else. Among those attending the Texas seminar, he was far from alone.

The spiritual value of "laying on of hands" is an idea linked with Christianity, and chiropractors think it is a part of what makes them successful. One Davenport chiropractor, whose office lobby displays a succession of art work depicting the evolution of chiropractic, includes a panel on Jesus because of the healing miracles attributed to his laying on of hands.

A poem appearing in the journal of

**'I believe personally that chiropractic was inspired by God.'**

the Illinois Prairie State Chiropractic Association last fall carried this opening line:

"I am innate, the cause and the reason for your being."

In the subsequent stanzas, "innate" told his chiropractic reader: "I initiated in D.D. Palmer an understanding of my law of life. With this newfound knowledge you must now proceed with the quest."

Having fulfilled the quest, the chiropractor will "know that you are the prodigal son."

As a rule, though, chiropractors are not so brash as to compare themselves to the prodigal son.

Chiropractors who believe in this

more expansive concept of Innate tend to be older, tracing their professional roots to the Palmer philosophy. D.D. introduced Innate into the chiropractors' language, and B.J. promoted it.

According to a biography of the Palmer family, B.J. was never reluctant to ascribe new powers to Innate. For instance, when he wanted to eat his desert before dinner, he would, explaining to his hostess that "Innate needed to be satisfied."

One of today's leading promoters of chiropractic's religious elements is Dr. Sid Williams, a Palmer graduate who has established the profession's fastest-growing college near Atlanta, Ga.

An accomplished entrepreneur, Williams has one of chiropractic's most fervent followings through his Life DE (Dynamics Essential) meetings. Williams, who explains that God told him to undertake much of his work, seems to mix a Baptist fundamentalist style with his chiropractic. DE has pockets of support around the country and is said to be gaining stature in Illinois.

One Palmer College official suggests that even Williams knows that Innate can be a dangerous partner. He recalls sitting in on a seminar where Williams delivered a message something like this:

"You know, we've talked about this innate business and that there's a universal intelligence in all matter that keeps the universe organized. And we've said a little piece of this universal intelligence is in the innate intelligence of the human being, just like it's in the innate intelligence of the flower and so forth.

"And that's OK for us to talk about this, but God, I hope none of you people ever say this to anybody outside the profession. They'll think we're kooks."

# Straights vs. mixers

*Civil war eases between hands-only healers and those who seem to try almost anything*

**C**hiropractic's civil war supposedly pits the "mixers" against the "straights." Unfortunately, it is difficult to tell who's who without a program. They don't exactly wear blue and gray. And most are reluctant to identify with one side or the other.

Many chiropractors, in fact, bristle at the labels. If pressed, they prefer to say they are liberal or conservative. Mixers are considered liberal, straights conservative.

These two factions are supposed to be arguing about what limits should be placed on the types of care chiropractors are allowed to give a patient, something they call "scope of practice." Straights are supposed to limit themselves to hands-only adjustment of the spine. Mixers add other treatment methods, often using physical therapy devices and nutritional supplements.

Most chiropractors, however, will say it's really not that clear-cut. Straights are not all that straight and mixers don't agree about what they should be mixing. They suggest chiropractic's scope of practice should be viewed as a continuum.

At one extreme are chiropractors who use only their hands to adjust the spine and "remove subluxations," preferably in the neck, as B.J. Palmer insisted.

At the other end are chiropractors who seem to have obtained their D.C. license to legitimize an interest in performing acupuncture and prescribing herbs, never laying a hand on their patients' backs. Chiropractic's mainstream is strung out at points between those extremes.

Arguments among chiropractors about their proper role in health care date back to the profession's earliest days in Davenport, when a group of students got mad, picked up and formed their own school a few blocks away.

The arguments cut to the heart of the basic question, "What is chiropractic?" At this point, nobody has come up with a good dictionary answer that will satisfy all of chiropractic's factions.

"We have not reduced to an organized system of objective information the things we do," says Palmer College president Dr. Jerome McAndrews.

Since those early days, straights have been thought to look contemptuously at mixers, and vice versa.

Today most chiropractors seem tired of the fight.

"I practice a certain way, but then

again, who am I to say that the guy down the street doesn't know what he's doing?" says Dr. Greg McDonald, a young chiropractor with a small office in Davenport's Kahl Building. His comment is typical.

That attitude might have more of a quelling effect if not for the fact that the straight-mixer controversy has left chiropractic with two distinct professional organizations — the American Chiropractic Association and the International Chiropractors Association — each with a loyal constituency.

The ACA is by far the dominant group, claiming 12,000 member doctors. It is looked upon as the organization for mixers. The ICA has about 3,000 member doctors. They are identified generally as the straights and comprise a feisty minority. Some chiropractors belong to both groups. Many more belong to neither.

Historically, chiropractic colleges have split along these same battle lines. Palmer College, with its conservative heritage, is recognized as a straight school with strong ICA ties. National College of Chiropractic in suburban Chicago is aligned with the ACA and the mixers.

In practice, however, chiropractic students do not stick to these form charts after graduation. Palmer graduates make up the largest single block of ACA members.

"If you didn't know, you would be hard pressed to tell an ACA member from an ICA member in the field," says Dr. Thomas Spielman, a Moline D.C.

As the line between mixers and straights has blurred, a third group of chiropractors has jelled to hold the line against mixing. They are known as the "super straights," organizing themselves as the Federation of Straight Chiropractic Organizations. Although their numbers are few, they have been called chiropractic's version of the "moral majority."

Super straights crusade to take their profession "back to basics," preserving "good old-fashioned chiropractic philosophy," just the way they think D.D. and B.J. would have wanted it. They have their own colleges.

Palmer officials attribute their fervor to an overemphasis and misunderstanding of B.J.'s dogmatic philosophy. B.J. railed against mixing in an effort to keep chiropractic from being swallowed up by the medical profession in its early years, says Dr. Virgil Strang, Palmer's veteran dean of philosophy. B.J.'s deter-



Some chiropractors prefer to use only manual adjustments of the spine in their practices. They are called straights.

mination, however, made his opponents just that much more determined, and the split became more pronounced.

All this straight-mixer stuff makes it difficult for state legislatures to know exactly what chiropractic is all about, many chiropractors say.

As a result, chiropractic has a split personality. It splits 50 different ways, one for each state licensing law, depending on which group exercised the most clout in the legislature.

Illinois chiropractors, for instance, are answerable to pretty much the same set of laws as other physicians. They are restricted from prescribing drugs or performing surgery, but are free to dabble in most anything else. They even call themselves "chiropractic physicians" and frequently talk about "chiropractic medicine," terminology that shocks many chiropractors.

Illinois chiropractors may perform acupuncture, administer physical examinations required of high school athletes and even sign death certificates. The Illinois law is strongly influenced by National College.

Iowa chiropractors are much more limited. A case pending before the Iowa Supreme Court seeks to prohibit them from even giving nutritional advice or taking blood tests. They may not perform acupuncture or call themselves chiropractic physicians.

Many chiropractors think their profession should establish standards that cross state boundaries and should work harder to enforce those standards. The present situation just confuses the public and contributes to the lack of discipline among chiropractors who grasp willy-

nilly at each new health fad, they say.

"We have to try to find a way to police the profession," says Bruce Weary, a Palmer student. "There are certain things that just aren't in the realm of what we do. The more the patients get confused, the less they're going to want to deal with us."

"Somewhere along the line, we've got to begin standardizing our care," agrees Rick Greendyk, a 27-year-old student at National.

Chiropractors have no agreed-upon standards, nor any internal disciplinary mechanism similar to other physicians, who have the option of revoking the hospital staff privileges of an unruly or incompetent doctor. Without them, chiropractors have been reluctant to do anything to stop practices they do not like.

"If I turn somebody in for something they are doing, what's to say somebody else won't come gunning for me next week," observes a Bettendorf chiropractor.

The ICA has called for national standards, but the ACA has taken the position that chiropractors should be able to do whatever their state law allows, provided they have the proper training. The practice of medicine is basically unlimited, they say, so why should chiropractic be limited?

"It is so important to leave the profession and the practice of chiropractic unabridged," says Dr. Joseph Janse, president of National College. "As soon as somebody tells me, 'This is it, period,' then I begin to wonder. It denies progress, or at least the attempt toward progress."



# From diabetes to bed-wetting

**F**ern Looontiens of Moline has been taking her health problems to chiropractors for the last 40 years.

She has taken them her hay fever, her arthritis, even a mild heart attack. She says she once took her daughter to a chiropractor for rheumatic fever. Like many faithful chiropractic patients, she will visit hers for most anything that's wrong.

She tells her friends about her experiences. And what do they say?

"They don't believe it," Fern says.

Believe it.

Over the years, chiropractors have come to be thought of as back experts. Many of them, however, prefer to think of themselves as "nerve specialists."

With that conviction, there are few human ailments chiropractors do not think they can help as much as any other doctor.

"The nervous system controls the entire body," says Dr. Ronald Frogley, a Davenport chiropractor and one-time high-ranking Palmer official. "How can you limit chiropractic to anything other than the entire body? How are you going to limit chiropractic? What are you going to limit it to?"

Many people in the medical world would love to limit chiropractic, of course, but they have not gotten the job done. State laws generally place their restrictions on how chiropractors treat their patients, not what they treat.

The American Medical Association continues to speak out against chiropractors who accept certain cases.

"We believe chiropractors have no business treating infectious disease, diabetes, cancer, heart disease or stroke or blood diseases," says an AMA spokesman.

While the law may not limit what ailments the chiropractor can work on, the patients can and do.

"There are certain things that I feel can be treated by a chiropractor, and certain things I would go to a medical doctor for," says Betty Callow of Rock Island. Her comment is typical, and typically, she has difficulty explaining where she would draw the line.

Embarrassed by how some of their findings were used, chiropractic's official organizations no longer poll their members about what specific health problems they see in their offices.

A review of recent chiropractic literature, however, reveals chiropractors talking about how they can help everything from bed-wetting to multiple sclerosis, even mental illness and cancer.

It's not just some scholarly discussion. Many chiropractors in the Quad-Cities say they have cancer patients. They generally do not claim they can cure the cancer, but they say they can help the body fight it.

Persons suffering from cancer should see their medical doctor, goes the standard explanation, but they should also be under the care of a chiropractor.

"I will not hesitate working on a

cancer case at all," says Dr. Roman T. Krygier, a Moline chiropractor and 31-year veteran of his profession. He says he helps cancer patients obtain Laetrile, as well as treating them with massive doses of vitamins and colonic irrigations, a process in which water is pumped slowly into the colon. None of these procedures are considered acceptable medical treatment.

"We have no way of judging whether we are curing any of this, but if we get people early in the symptom process, they respond pretty well," Krygier says.

Other chiropractors are also willing to take care of cancer patients, although they might be more cautious about how they explain it.

"Cancer is a good evidence of nerve interference," says Davenport chiropractor Greg McDonald, referring to the chiropractic tenet that "nerve interference" is the key to most health problems.

Whether mixers or straights, young or old, chiropractors seem to have a common belief. Just about everybody, they think, should be under the care of a chiropractor and have a regular spinal examination. They work hard to convince others of their belief.

Until a couple of years ago, Palmer College marketed a series of booklets aimed at convincing the public to bring to chiropractors more than just their strains and sprains.

Among the conditions addressed by the booklets were: appendicitis, arthritis, asthma, colds, constipation, diabetes, gall stones, headaches, heart trouble, kidney trouble, liver trouble, skin eruptions and tonsillitis.

One of the more confusing aspects of this is that Palmer-educated chiropractors will often say they are not treating any condition at all. They say they are removing spinal subluxations, which seems to have the effect of helping some conditions.

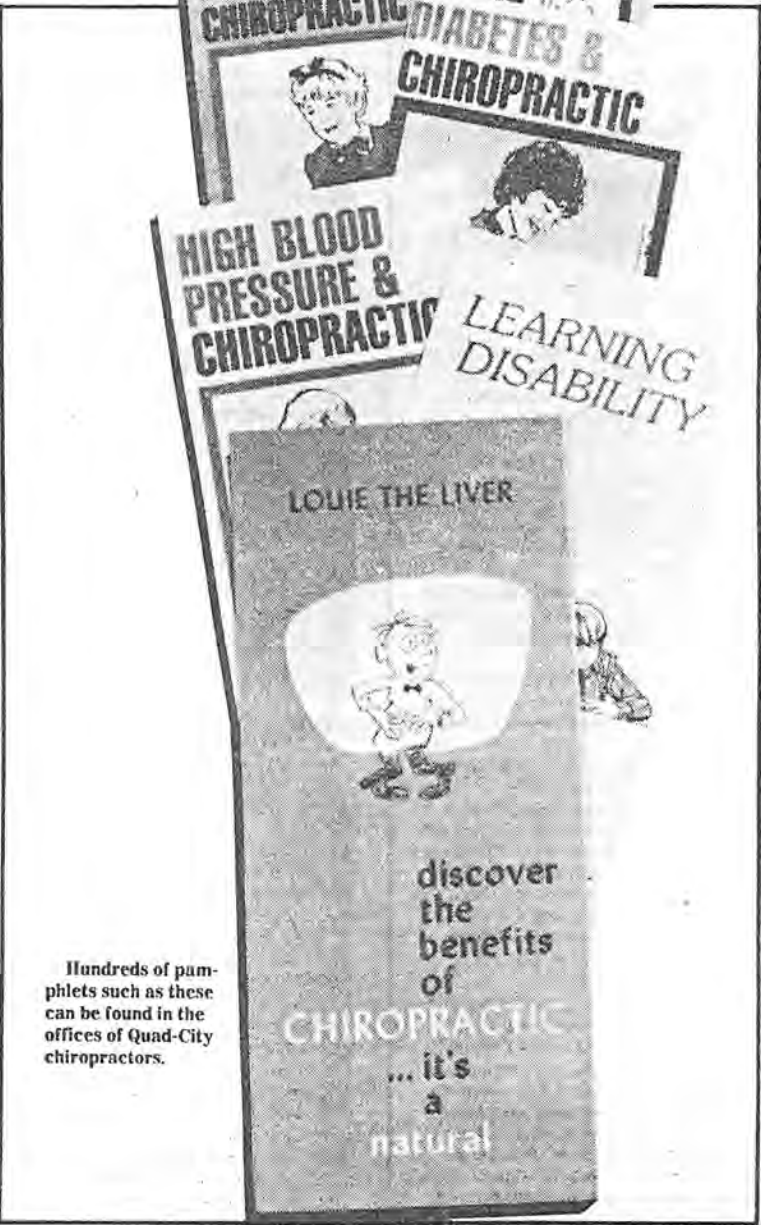
"The only thing I can do is take care of that subluxation," says Davenport chiropractor Terry Bernard, another of those with cancer patients. "If that person's body has the recuperative powers in it to heal itself, it will. If it doesn't, it won't."

Palmer College recently eliminated most of its pamphlets, "because we don't have scientific research data that in this day and age would justify a direct relation between specific named conditions and spinal problems," one official says.

But the pamphlets can still be found occasionally in the waiting rooms of area chiropractors.

For chiropractors who still want to buy that type of pamphlet, chiropractic's leading office supply house in Texas stands ready with many of the same titles plus a few of its own — acne, shingles, ulcers, high blood pressure and female trouble.

Long stung by the overclaiming of their predecessors, chiropractors today are quick to emphasize that chiropractic is not a cure-all. They are slow, though, to put any limits on the kinds of patients they should be allowed to treat. They say they are not at all interested in relegating



Hundreds of pamphlets such as these can be found in the offices of Quad-City chiropractors.

themselves to stiff necks and sore low backs.

Chiropractic is not meant for emergency care, they concede. Don't bring them cuts or severely broken bones. But the only limit other than that is a vague reference to conditions where "the body can no longer heal itself." The latter exclusion takes into account cancers and some infections. Even then, however, it is likely the chiropractor will want to see the patient concurrently.

Still in wide use among local chiropractors are charts that purport to show a relationship between specific vertebrae, organs that supposedly correspond, and conditions or symptoms that might result from a certain vertebra being misaligned.

For instance, the chart says the first lumbar vertebra corresponds to nerves in

the area of the large intestine or colon. According to the chart, misalignment of that vertebra could have these effects: constipation, colitis, dysentery, diarrhea and some ruptures or hernias.

Recent editions of these charts, published by chiropractic's foremost practice-building organization, have removed references to diseases that might draw criticism. Rather than suggesting that the eighth thoracic vertebra is related to leukemia, as they once did, the new charts simply list hiccups and "lowered resistance." However, at least one local chiropractor, Krygier, still distributes the old chart.

Chiropractic officials have criticized use of the charts, but their publisher told The New York Times: "We can't wait with using something we know makes people well until science proves it."

# No longer just a diploma mill

*But Palmer is still a long, long way from Johns Hopkins*

There was a time, says Dr. R. Douglas Baker, when pretty much anybody could get a degree from chiropractic's most prominent school, the place where it all began — Palmer College. The time wasn't long ago.

As recently as 1967, when Baker came to Davenport, Palmer was "somewhere between a recognized college and a diploma mill, leaning toward a diploma mill," he says.

Those are not the words of one of chiropractic's many enemies. Baker is Palmer's vice president for academic affairs.

He thinks the improvements in chiropractic education have been dramatic in the relatively short time since he traveled here from Australia to enter a new profession. Many of chiropractic's most vehement detractors agree.

Gone are the days when chiropractors could graduate from high school and call themselves "doctor" 18 months later. Long gone are the days when they could get a degree by mail order. But it will still be a while before Palmer or any other chiropractic college is confused with Johns Hopkins University Medical School.

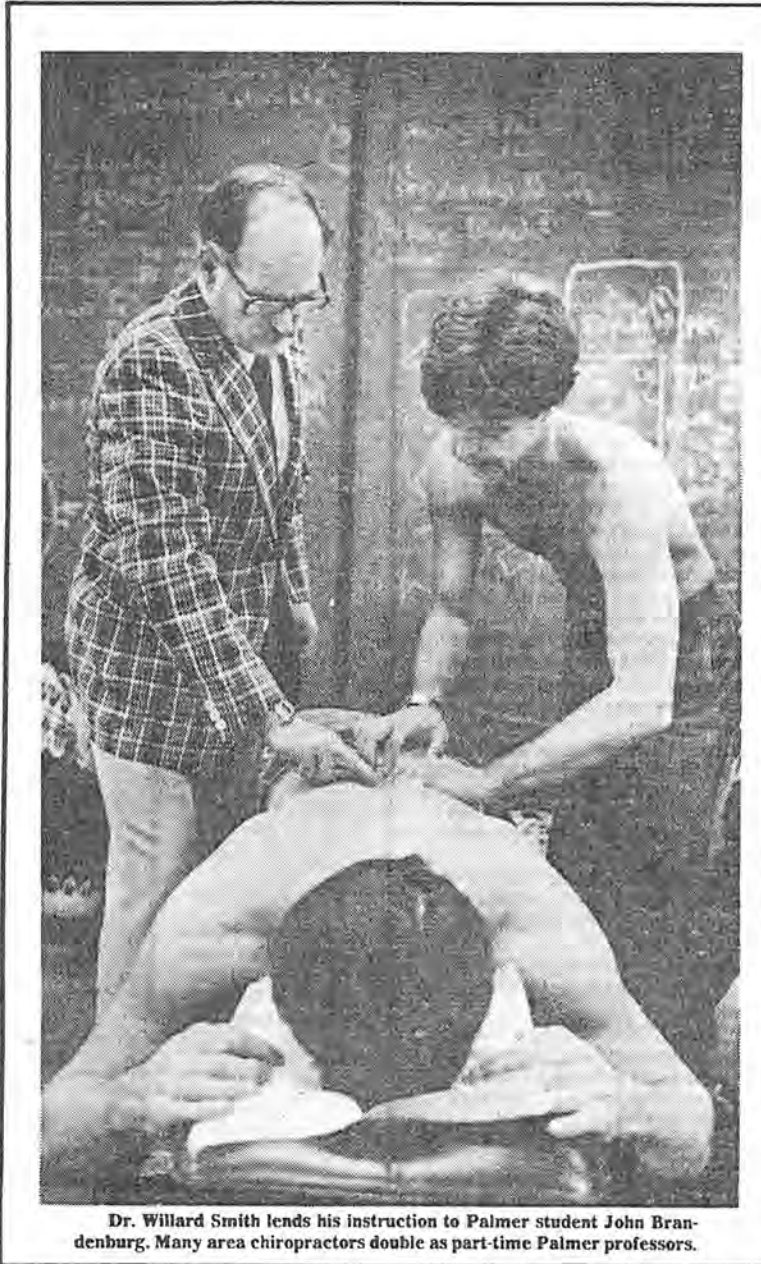
About 1,900 students from around the world attend Palmer, making it chiropractic's largest college (a distinction it may soon relinquish) and perhaps the largest professional health school of any kind. Some suggest it is too large for proper instruction. An average medical school has slightly more than 500 students, while the largest have in the neighborhood of 1,400. The University of Iowa College of Medicine has about 700.

Because of its rich tradition — Baker says "historical charisma" — Palmer is known as The Fountainhead of the chiropractic profession.

That tradition is both a blessing and a curse for Palmer's leaders, who are happy to receive the flood of student applications but are frustrated by alumni who resist change at the old alma mater.

"It has a tendency to be an albatross at times, yes," says Baker, one of many to travel here from "down under" for a Palmer education. "Some of our older practitioners don't want us to do anything progressive. We have a heritage, and our alumni keep us very much on our toes as far as maintaining that heritage."

The heritage is conservative chiropractic — an education strong on chiropractic philosophy and adjusting techniques but shy on anything that could be construed as medical in nature, such as



Dr. Willard Smith lends his instruction to Palmer student John Brandenburg. Many area chiropractors double as part-time Palmer professors.

diagnosis and alternatives to spinal adjustment. The emphasis is changing.

Today's students must complete two years of college with a C average before they are admitted to Palmer. During those two years, they are required to meet minimum requirements in biology, chemistry and certain liberal arts subjects.

It takes four academic years to graduate from Palmer — or three calendar years if the student chooses to attend class year-round without breaks. Most students so choose.

The initial years are devoted primarily to instruction in the basic sciences, diagnosis and treatment methods. The

final year revolves around an internship in Palmer's public clinic.

By comparison, a medical student at the University of Iowa College of Medicine needs to spend at least three years at the top of his class as an undergrad to gain admission, and must complete four more years of medical study before beginning a minimum one-year residency in a hospital or clinic. That's on paper. In reality, almost all medical students need four years as an undergrad to gain entrance and must serve a three-year residency even to enter family practice.

Five years after graduating from high school, a chiropractic student can earn the right to be called "doctor" and

enter private practice. It will take a medical student at least eight years and probably 11, according to university officials.

Despite the disparities in admission requirements, years of training and enrollment size, chiropractors insist their education prepares them to be just as capable as medical doctors in serving as primary health care providers.

They say they do not need as much schooling because they are not interested in prescribing drugs or performing surgery, a major portion of a medical student's education.

Unfortunately, there are no measurements by which to compare what medical and chiropractic students learn. Previously, both were required to pass the same basic science examinations before they could be licensed, but the tests were eliminated as chiropractic's political power grew.

Chiropractic schools can receive official recognition from the U.S. Office of Education through the Council on Chiropractic Education, which sets standards for the colleges.

This fairly recent development has done much to introduce standardization to the chiropractic profession but has been bitterly fought by some elements because of CCE's close ties with more liberal chiropractic schools, such as National College of Chiropractic in suburban Chicago.

In chiropractic's divided kingdom, nowhere is the split more evident than the fiefdoms of the chiropractic colleges, Palmer and National chief among them. Palmer's faithful sneer at what they perceive as National's "pseudo-medical" approach, its emphasis on physical therapy equipment and the adjusting skills of its students. National loyalists look askance at what they see as Palmer's single-minded dependence of original chiropractic dogma and the diagnostic skills of its graduates.

Palmer and National are among the seven accredited schools. Nine others are not, including the profession's fastest-growing college, Life, in Marietta, Ga. Some expect Life's enrollment to overtake Palmer's shortly. Another soon-to-open chiropractic college in Texas, founded by practice-building superstar Dr. Jim Parker, is also aiming for an enrollment that would exceed Palmer's.

Chiropractic's colleges are also beginning to seek official recognition from the same groups that evaluate other institutions of higher learning, such as the Chicago-based North Central Association. National College of Chiropractic recently received accreditation from North Central, a milestone for chiropractic schools. Among other benefits, accreditation means that credit hours a student receives at National should be transferable to any other accredited college.

Palmer's efforts to achieve North Central accreditation are still at least three years from fruition. Before Palmer can win such recognition, the school will need to continue upgrading its faculty and facilities. With architects' renderings of new laboratory space already in hand,

Palmer officials say they plan to do precisely that.

Palmer also intends to become more selective in the students it accepts, says Dr. Donald P. Kern, administrative assistant to the president. Many students are already being turned away and others are on a waiting list, he says.

Future students will need a better grade average and more educational background before being admitted, Kern says. Emphasis is being placed on recruiting from four-year colleges. But he warns the change will not come overnight.

Other Palmer administrators are talking about adding a year instead to the end of students' careers, requiring them to serve a "preceptorship" in which they would work with a licensed chiropractor in the field before graduation.

Chiropractors once taught all courses at their colleges, but that is no longer the case. Faculty members with graduate degrees are now available to teach basic science courses, and the textbooks used in those classes are generally the same ones that medical students would use.

A quotation from Dr. David Palmer, the last of the three Palmer men, is etched in front of the college library. It's not a very flashy quote, but then, neither was "Dr. Dave."

"Palmer is to chiropractic what sterling is to silver," Dr. Dave said.

Tarnished silver at best, others would say, but folks at Palmer think they are polishing it up.

# Student life

## From all over the world they stream to the Palmer mountaintop — with little in common except the wish to be chiropractors

**T**hey travel to Davenport from all over the world, and at first glance, one might think all 1,900 were made from the same cookie cutter, what with their single-minded purpose and little white jackets. But look again.

Joseph Arnould, 33, is a Davenport native and a graduate of Princeton University. He taught school in Vermont and spent five years at the New England Conservatory of Music. Now he's a student at Palmer College.

So is Bevier H. Sleight III, 35, the former director of an aquatic toxicology laboratory in Massachusetts, and Bruce Weary, 23, an Arizona native who came to Davenport from the University of Nebraska, and Joel Miller, 29, a pharmacist from Michigan. They are just a sampling.

"I've never seen a more diverse

group of people," says Roger Barstad, 39, a Palmer student who came here after retiring from the U.S. Air Force, where he had managed to earn an M.B.A. on the side. "We don't have anything in common except that we want to be chiropractors."

Many of them have had some personal health problem that a chiropractor was able to help, though some have never even had an adjustment. Usually, they are making career changes, though increasingly they are just students continuing their education. Many have family members who are chiropractors, and some have been unable to make it into medical school. More than four out of five are male.

Their motivations are also a mixed bag.

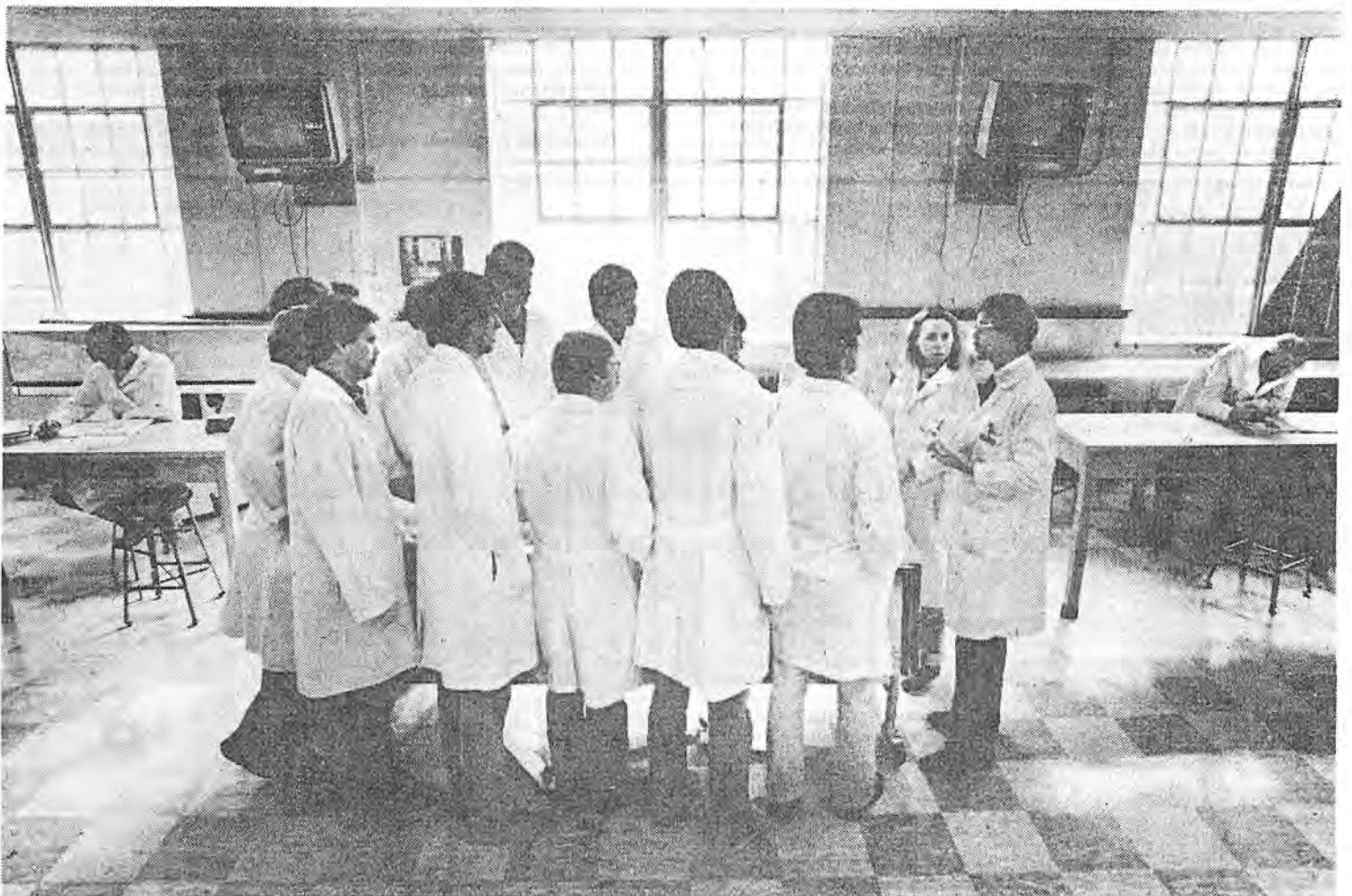
"I doubt if anybody's here totally for the bucks or totally for the good of man-

kind," Barstad says.

But they all want to learn about chiropractic — badly. They travel here from all over the globe (nearly one in 12 is from a foreign country) and along with their families form something of a sub-culture within the Quad-Cities. They plunge into their new world and grasp hungrily at new ideas, waiting eagerly for the chance to go out and use them.

They talk about the "wellness movement" and about how chiropractic "treats causes instead of symptoms." Some start buying bottled water and special foods and have their babies at home instead of at the hospital.

"It becomes an obsession," says Arnould, whose initial experience with chiropractic came when he hurt his back in a piano-moving business. Now he



Palmer students gather around a human cadaver.

spends many of his weekends attending outside seminars and much of his other free time picking up pointers from advanced students.

Gus Lodewyks, 27, from Winnipeg, Manitoba, was born with an eye problem that required surgery when he was 5. He has had headaches ever since but says they've been less severe since he began seeing a chiropractor a few years ago.

"It definitely becomes a way of life," says an enthused Lodewyks, adding that every time he receives a chiropractic adjustment he feels "better and better and better."

"I start to wonder when I am going to level off," he says.

Sleight, decked out in a full beard that gives him the appearance of D.D. Palmer himself, says some students describe these personal encounters with chiropractic as a "religious experience."

"I didn't look at it that way, being a scientist," Sleight says.

The way he looked at it, he says, was that he needed a career change where he could do something relevant and continue to enjoy the "nice amenities in life" to which he and his family had become accustomed. He had been introduced to the profession when a chiropractor helped him with a bad back that had seemed headed for surgery.

Palmer students begin their education with classwork in the basic sciences, slowly building their chiropractic adjusting skills by practicing on each other in class until they are ready to take on a patient load in their last year in Palmer's public clinic. They also receive extensive training in the use of X-rays.

More than 800 patients pass through the clinic daily, most of them inner-city residents attracted by the Brady Street location and cut-rate prices. Students need 250 patient visits from at least 10 different people before they can graduate. The requirement leaves students scrambling



Two students probe the spines of their classmates.

to build their practices in much the same way that they do after leaving school.

College officials say this results in a situation similar to that of the professional world — some students have huge

practices while others have trouble reaching the minimum. Many students end up working on friends and family members.

The scramble for patients can have

its lighter moments. A Davenport librarian recalls how frightened she was many years ago when as a young girl she was walking up Brady Street and was stopped by a student with a turban, asking her if she wanted an adjustment.

Even today, patrons of many of the bars atop Harrison Street hill may find themselves descended upon by an eager Palmer student if they stand around shifting their weighting uncomfortably or grab for their back with a pained expression.

To make more patients available to their students, Palmer officials are planning to open a satellite clinic soon in Rock Island.

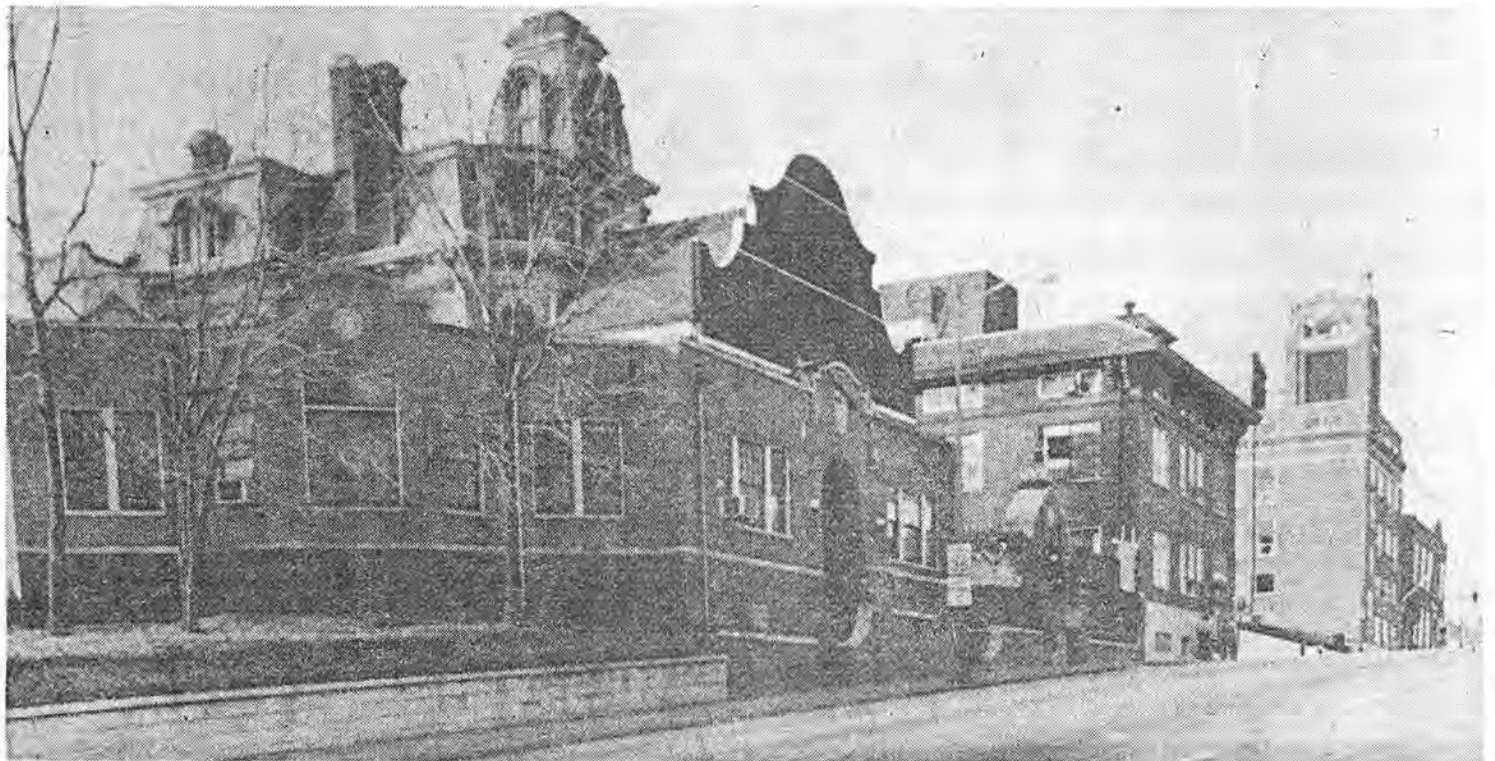
New clinic patients are treated to an exhaustive initial examination, and any adjustments must be overseen by a clinic staff member.

While working in the clinic, students are supposed to use only techniques taught by the college. But some say that is not always the case, because students add methodologies they have picked up outside of class.

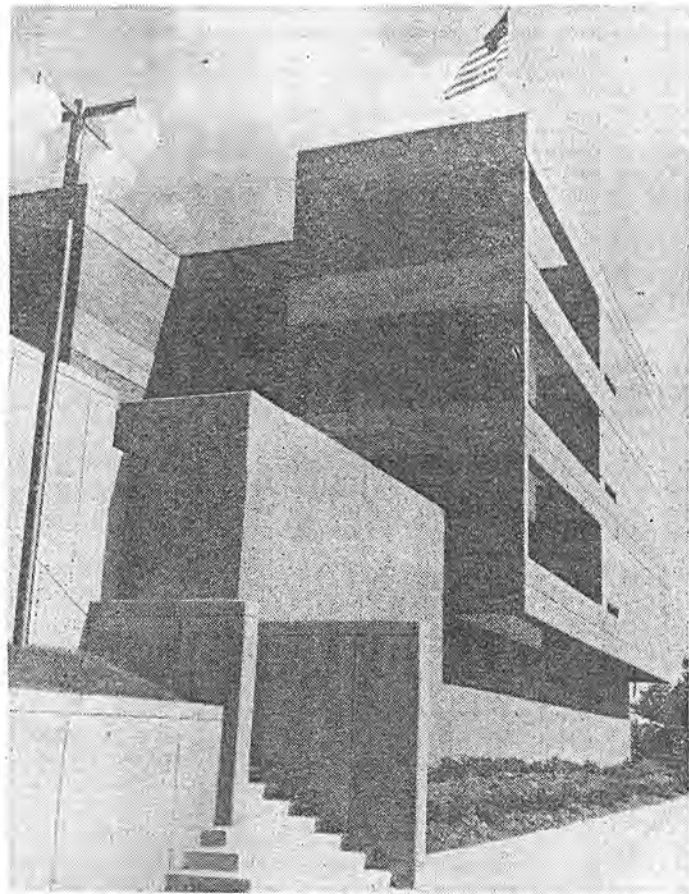
Sleight, a top student, is one of many attending a series of outside seminars on applied kinesiology, a school of thought within chiropractic maintaining that weak or improperly functioning muscles play a major role in many health problems. He says he does not attend as many of these seminars as do some of his fellow students, many of whom he says are "so hungry for that stuff that they'll even go to animal adjusting seminars."

Outside seminars, arranged by private entrepreneurs, are a problem for Palmer officials. Many of the things students are taught at the seminars run contrary to what they are taught at Palmer but become a major part of the chiropractor's education.

In addition to these seminars, Palmer students nearing graduation often teach



Palmer College of Chiropractic, viewed from Brady Street hill, is the world's first and largest chiropractic school.



The David D. Palmer Library on Harrison Street in Davenport, part of Palmer College's new look.

classes at home on methods in which they deem themselves expert. Like their professional counterparts, they often charge for their services.

Many students begin learning their adjustment techniques at these informal seminars, practicing on each other.

Although school officials make it clear that adjusting outside Palmer's public clinic is inappropriate, "that's not to say it doesn't happen," says one student.

School officials try to keep the seminars under control by restricting notices that may be circulated on campus, but students say they have a "grapevine" that can always spread the word quickly.

The wide disparity between what chiropractors are taught in college and what they often choose to do in their practices can be seen throughout this special section as Palmer grads engage in any number of activities that were not learned in the classroom.

One of the more notable examples of what effect this can have occurred not long ago when three young patients of a Wauke, Iowa, chiropractor died within a short time of each other. The patients, one with cystic fibrosis, another with a severe kidney disorder and a third with Hodgkin's disease, were being treated by a young Palmer graduate who advocated the use of massive doses of vitamins and various machine therapies — neither of which are taught at Palmer.

On the day 9-year-old David Jenkins

died on a treatment table while receiving mild electric shock, 20 other chiropractors were in the Wauke clinic learning the Palmer graduate's "unique" methods.

Not all of the seminars are on subjects frowned upon by the college, however.

Much of the tutoring by advanced students is encouraged through the many technique clubs that meet on campus during the students' daily morning break.

Most students find one or more techniques, possibly three, that they can use well. Others grasp at so many seminars that they become a jack of all trades and master of none. Some become

devoted to one technique early in their college career and decide it is the only one for them.

Although a few of the newer students are interested in staying at the school to do chiropractic research, the majority are hoping to get their degrees and start private practice.

Many students feel they are part of a new breed of chiropractor and that some of their predecessors actually were quacks. They do a lot of smirking at homecoming.

"I feel like chiropractic is at a crossroads with the people in college now," Sleight says. "I wish the other students felt that gravity as much as I do."

*'I doubt if anybody's here totally for the bucks or totally for the good of mankind.'*



The view down a hallway of the Palmer College Public Clinic, where an average of 800 patients daily visit their student doctors.

## It's a different world

**A** first-time visit to a chiropractor can be a venture into a different world of health care.

As a profession isolated from the mainstream of the health community, chiropractic has developed its own way of doing even the simplest things.

The initial tip-off to patients that they are not visiting just another doctor may be a sign in the office window that says, "We accept Mastercard/Visa." Many Quad-Cities chiropractors do.

Or it may be another small sign that offers a discount if the patient pays his bill in cash. Either way, the patient may be urged to pay on the spot. Chiropractors can be sticklers about that sort of thing.

The chiropractor may have neither sign, but he is likely to have a rack of pamphlets on display in the waiting room extolling the virtues of chiropractic and perhaps discouraging the use of medication and surgery.

There is a good chance the patient will not leave the office that day without receiving some suggestion to send the doctor more patients. Again the doctor may have a sign to that effect in the waiting room.

Some have bulletin boards listing patients who have made referrals during the past month and thanking them. A loose-leaf notebook on an end table may list recent "patients of the month," color snapshots with short testimonials from patients about their satisfaction with the doctor's treatment. Some doctors may bluntly suggest they are looking for new patients.

The receptionist, if there is one, will probably conduct herself similarly to one in any doctor's office.

Some chiropractors, though, have no office help. They answer the telephone themselves, even when it rings in the middle of a patient's treatment. The Quad-Cities has many chiropractors who have such bare-bones, part-time practices because they also teach at Palmer. Many still make house calls, carrying portable tables that fold up like a suitcase.

The first step in processing a new patient is the taking of a case history. Chiropractors take case histories that are often more detailed than those taken by

medical doctors — at least, they ask more questions.

The chiropractor may ask several questions about whether the patient ever had a severe fall or was involved in an accident. Chiropractors often say such incidents are at the root of the patient's problem.

During the case history and the subsequent consultation, the chiropractor also may try to establish that the patient has a chronic problem, not something that happened overnight and will go away overnight.

It is likely the patient will be X-rayed. Most chiropractors interviewed by the Times said they X-ray 60 percent of their patients. Some said they X-ray upwards of 90 percent. They also like to show the X-rays to the patient, and often provide an X-ray of a perfectly developed spine for comparison.

Many chiropractors do not like to give the patient a chiropractic adjustment on the first visit. They prefer to examine the patient and take X-rays, then review the X-rays and adjust the patient on a subsequent visit. If the patient is in pain, however, they may develop the X-rays immediately and go to work. Because they have no authority to send patients to the hospital for X-rays, most chiropractors have one of the expensive machines in their offices.

Some chiropractors will ask their patients to shed their clothing and don gowns similar to those worn in hospitals. Some will give patients an adjustment without ever removing their shirts.

When patients first enter one of the chiropractic examination or treatment rooms, they may be intimidated by some of the chiropractor's apparatus, the most basic of which is the adjusting table.

Chiropractic tables come in many shapes and sizes, but the one in perhaps greatest usage today is called the *hy/lo*. This table stands on end. The patient steps onto a small platform and leans forward onto the table. The chiropractor or his assistant then lowers it to a horizontal level. Some are hydraulically operated. The table makes it easy on individuals who are in too much back pain to climb onto a table themselves.

This table may have many movable segments with which to position the patient's body, perhaps to raise the hips or



Chiropractors make large use of X-rays, often insisting some be taken before beginning treatment. They often mark the X-rays, looking for vertebrae that might be slightly misaligned.

lower the head. On some tables, the segments are designed to give way under the pressure of the chiropractor's thrust.

Chiropractors pride themselves on explaining the patient's problem and treatment plan in clear and simple terms. Some think they are too simple.

It is likely the chiropractor will stress that he will refer the patient to a medical doctor if he feels it is appropriate. It is doubtful, however, that he will decide a

referral is necessary.

The patient is likely to be told he has a chiropractic problem. The chiropractor may explain this problem in one of several ways. He may tell the patient his problem is caused by "nerve interference" or a "pinched nerve" or a "slipped disc" — chiropractic buzzwords to explain almost any problem.

One of the most characteristic aspects of treatment is that chiroprac-

tors touch people. They feel along the patient's spine for trouble spots, and their treatment generally includes hands-on manipulation. But some chiropractors now use devices that do both.

Most people associate chiropractic with the pop or crunch that is clearly audible when the chiropractor performs some adjustments. Chiropractors say this sound is nothing more than suction, similar to what happens when people crack their knuckles.

Chiropractors often give health advice that you probably would not hear in your medical doctor's office. Some examples:

- **Don't sleep on your stomach.** It can cause problems in the neck.
- **Don't wear electronic watches.** They upset the body's electromagnetic field.
- **Don't cross your legs when sitting.** It can cause problems with muscles in the hips, making one leg shorter than the other.

The so-called short leg, by the way, is one of the most common chiropractic findings. The bones in the short leg are not necessarily any different than in the longer leg, according to chiropractors. But tense muscles on one side of the body can constrict the length of a leg by a half inch or more, they say. They theorize this can throw off the foundation of the spine and leads to a curvature.

Chiropractors in the Quad-Cities charge about \$12 to \$15 for an office visit. The charge for an initial visit, complete with X-rays, is usually in the \$75-and-upwards range.

While they may not charge as much per office visit as a medical doctor, chiropractors are likely to require more visits, every day at first if the patient is in a lot of pain, sometimes twice a day. The chiropractor also may assess extra charges for different physiotherapy treatments using heat, cold, light, water or mechanical methods.

Patients receiving that kind of intensive treatment from a chiropractor who makes extra charges may quickly find themselves paying hundreds of dollars for chiropractic care.

The chiropractor will generally taper the number of office visits until the patient comes only once a month or less. Chiropractors call this "maintenance care" and often encourage their patients to come in at least once a month for the rest of their lives.

While chiropractors cannot send their patients home with a drug prescription, they may recommend the patient pick up some vitamins at the health food store. Often the chiropractors will sell the vitamins right in their offices.

But they might fill out a prescription for a new mattress. Chiropractic's professional organizations endorse certain mattresses, and one of the associations provides chiropractors with little prescription pads.

Many chiropractic offices have advertising displays for items they sell on the side, most commonly arch supports, special pillows and backrests. Another product chiropractors seem interested in these days are mini-trampolines, which they tout as a better form of exercise than jogging.

The chiropractor also might send patients home with a little emergency card listing their spinal problems. Similar to an eyeglass prescription, this wallet-size card is designed for the patient who needs chiropractic services while out of town.



A patient lies face down as a chiropractor checks for a possible "short leg," a common chiropractic finding.

## Do they diagnose? Are they capable?

**I**n government lingo, chiropractors want to be accepted as "portal of entry" health care providers.

In plain talk, that means if you're sick, chiropractors think you are as well-off coming to see them first as you would be going to a medical doctor.

Granting chiropractors that status presumes they are as capable of diagnosing someone's ills as other physicians.

Medical people think that's pretty presumptuous. Of all chiropractors' claims to respectability, the notion that they can make accurate diagnoses is perhaps the most galling to the medical world.

Medical people say a chiropractor's one-year stint in a public clinic is no substitute for the hospital training and post-graduate internship that other physicians receive.

"Chiropractors are not trained in the use of drugs. They are not licensed by law to prescribe drugs, and they do not have available to them the diagnostic tools available to a physician," says a spokesman for the American Medical Association.

The greatest danger from chiropractors, say these critics, is not their treatment, which has generally proved itself to be safe. Instead, they say, it is the pos-

sibility the chiropractor will fail to see a problem that needs medical attention until it is too late.

They also wonder what percentage of chiropractic patients are wasting their money by being treated for non-existent ailments.

Chiropractors say they know enough to refer patients to a medical doctor if they need drugs or surgery.

On this point, some chiropractors admit they benefit from the fact that most people have already been to a medical doctor and have been told what their problems are before they ever see the chiropractor. They say this takes some of the pressure off their obligation and ability to diagnose.

Complicating the matter is the fact that some chiropractors insist they do not diagnose at all, while others do not seem to agree about what constitutes diagnosis.

A sampling of comments from Quad-Cities chiropractors illuminates the confusion:

"I don't try to diagnose," says Dr. Bruce Hagemann, a chiropractor who graduated from Palmer.

"I don't tell the patient, 'You have this disease,'" says Dr. Philip Newman, another Palmer-trained Davenport chiropractor. "I don't give it a name be-

cause that would be diagnosing."

"Our diagnosis should be limited to determining if a person is a candidate for chiropractic care," says Dr. Don Specht, a young Davenport chiropractor who teaches part-time at Palmer. "I do not try to name the organic disease, so to speak."

On the other hand, Dr. Charles Gerleman, a Milan chiropractor, says he determines a patient's diagnosis using terminology identical to that of medicine.

And Dr. E.L. Crowder says, "Diagnosis is diagnosis is diagnosis," whether performed by a medical doctor or a chiropractor.

For many years, "diagnosis" was a dirty word in chiropractic. As with many such things, this was by proclamation of B.J. Palmer, who told his chiropractic minions to use the word "analysis" instead of "diagnosis." By teaching chiropractors their own vocabulary, B.J. helped them avoid state laws that were frequently used to arrest chiropractors for "practicing medicine without a license." A chiropractor might be prosecuted for diagnosing a patient's illness, but the prosecutor might have trouble if the D.C. argued he was really performing a chiropractic analysis.

The traditional chiropractic analysis consisted of taking a case history, palpation (using hands to examine the patient), X-ray and instrumentation (using devices that measure heat emanating from the area around the spine).

As the previous comments indicate, some chiropractors still insist they do not diagnose at all. They say they are only looking for subluxations. Diagnosis should be left to medicine, they say.

A 1968 study of chiropractic by the U.S. Department of Health, Education and Welfare concluded that a chiropractor's education does not prepare him to diagnose. Chiropractors now say the study was rigged against them by organized medicine and have asked for a Congressional investigation. Nevertheless, chiropractic schools have worked in recent years to beef up their diagnostic training.

Some within chiropractic acknowledge their doubts.

Gary Donaldson, who is just finishing his second year at Palmer, says chiropractors have never shown through research that any two of them could make the same finding when examining a patient. A research project at the college that would have investigated the question was scrapped, he says.

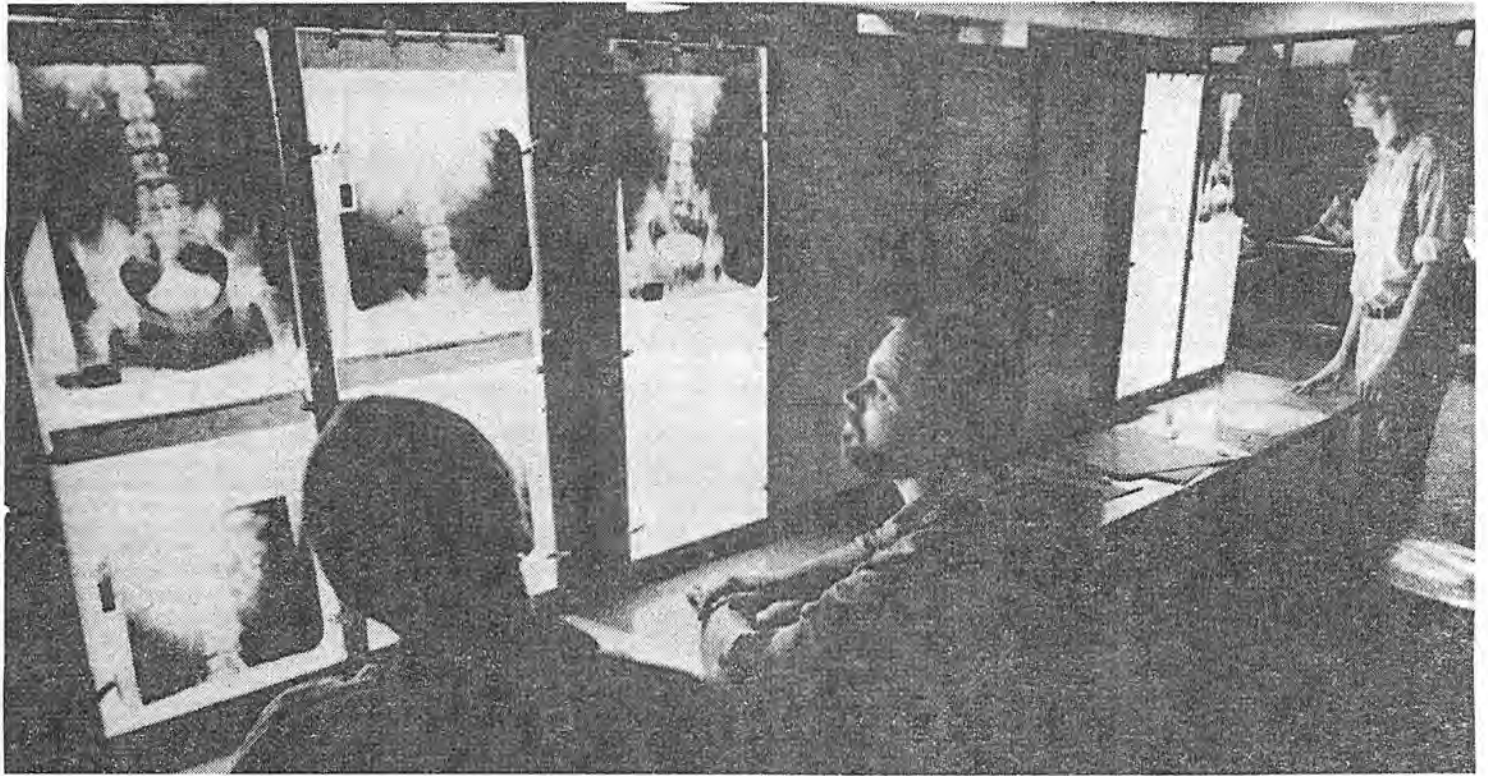
"You could send the same patient to 10 different chiropractors in this town, and I'll bet you he'll get a different answer from every one," says retired Bettendorf chiropractor J. Clay Thompson, one of the most prominent men in his field because of his innovations. "Now, is that a science?"

Thompson's comments are not so much a criticism of chiropractic as they are a criticism of chiropractors. He thinks if chiropractors would use his technique, there would be more uniformity in their findings.

Some chiropractors have plenty of confidence in their own ability to diagnose, but little in their colleagues'. Officials at National College of Chiropractic in suburban Chicago, which is generally viewed as the most medically-oriented chiropractic school, say they doubt the diagnostic training of Palmer graduates.

Others try to turn the tables on their critics.

"Can the medical doctor carry out spinal diagnosis at the same level as a chiropractor?" they ask.



Palmer students study X-rays, a common tool of the chiropractor.



A student doctor at the Palmer College Public Clinic measures temperature differentiation near the spine of Keith Allen Sreh.

## X-rays, snapshots and gadgets

**A** student doctor at the Palmer College Public Clinic deftly probes the patient's back with his hands in the time-honored fashion of chiropractors.

It feels a little warmer here, he says, his fingers resting on the middle of the back. He presses a spot along the spine and asks whether it hurts. It does.

From what he has found, the student doctor says the patient's complaints could clearly be connected with problems in the spine. He suggests the patient should be X-rayed.

Dr. Dennis Luebbe, a Moline chiropractor, positions his patient face down on the table and reaches for a plastic cylindrical instrument with glass ends. He passes the device over the patient's back, rubbing the top piece of glass in a circular motion.

When the instrument makes a squeaking noise, Luebbe marks the spot with baby powder. The squeaking indicates stress in that portion of the spine, he tells his patient. When he has powdered several spots, Luebbe is ready to perform the chiropractic adjustment.

Across town in the offices of Dr. T.J. Kennedy, a new patient sits on a stool

while his female assistant runs the Thermo-scribe II up his back.

The two-pronged instrument and an attached graph are recording temperature differences from one side of the spine to the other, the patient is told as he watches the needle jump back and forth.

When the needle takes a big jump, the assistant says a trouble spot has been found, what the chiropractors call a subluxation.

Just a few blocks away, Dr. Stephen Miner positions his patient in a dark room, using a film projector-like gadget to shine a series of lines on the patient's bare back. Miner snaps a photograph with a specially mounted camera.

The lines form a symmetrical pattern, not symmetrical enough on this patient's back, Miner says. He says it is evidence the patient may have a spinal problem. The patient gets to keep the snapshot.

Down the hill, Dr. Philip Greko dons what look like jeweler's goggles, complete with a visor that serves as a magnifying lens. He shines a light into the



patient's eyes and refers to a chart on the wall.

The spots on one portion of the eye indicate a problem with the lungs, he says. Other markings suggest a kidney problem, he adds.



Dr. James Woods of Parkview has his patient lie face down on the table and flex his right leg at the knee, bringing it to a 90-degree angle. He tries to pull the leg down as the patient resists.

When it won't budge, he presses one of the patient's vertebrae and tries again. No change. He methodically repeats this procedure while working his way along the spine until the leg muscle "blows out." He takes it as an indication the most recently pressed vertebra may be misaligned.

After delivering a chiropractic adjustment, he tests the vertebra again and this time the leg remains strong.



A publication of the American Chiropractic Association, an organization that tries to serve as the official voice of the profession, says this:

"The doctor of chiropractic conducts a systematic and thorough physical examination using the methods, techniques and instruments that are standard with all health professions."

It's not necessarily so. A new chiropractic patient in the Quad-Cities will quickly find that chiropractors have their own ways of finding out what's wrong and may never reach for a thermometer or stethoscope.

Instead, the patient might encounter what Luebbe calls his "resonant column detector," or take home Miner's "contour analysis" photograph, or find himself paying for Greko's "iridology" examination or head home scratching his head over Woods' "applied kinesiology" muscle testing. None of them is exactly standard procedure among chiropractors, but in the world of chiropractic, it is often difficult to determine what procedures, if any, are standard.

Devices similar to the one used by Luebbe have come under fire from the U.S. Food and Drug Administration, which has challenged whether they do what they claim.

The contour analysis, formally known as Moire photography, has met with some opposition inside chiropractic. Two local chiropractors were cautioned by the Iowa Board of Chiropractic Examiners about how they advertise its use. Some suggest it is designed as much to impress the patient as to tell the chiropractor anything he could not observe on his own. Most of the Quad-City chiropractors who use it happen to be clients of one particular practice-building organization.

Iridology examinations, which rely on the theory that specific sections of the eye reflect the health of certain organs, also have failed to win scientific favor, but a determined minority, led by a Palmer grad, continues to promote the idea.

Applied kinesiology is gaining in favor among many chiropractors, who like the fact that they can repeat the

same tests after the adjustment and show the patient some immediate improvement.

Applied kinesiology's faithful believe health problems are related to weak or improperly functioning muscles. There is so much disagreement over what constitutes applied kinesiology and which of its muscle-testing procedures are valid that Palmer College does not teach it.

One of the more controversial aspects of applied kinesiology is nutritional testing, in which chiropractors try to deduce some nutritional deficiency by

placing different foods in contact with the patient, then testing the strength of a muscle. If a weak muscle becomes strong, or a strong muscle becomes weak, the chiropractor may make a judgment about the patient's diet.

Some say the food need only come in contact with the patient. Others say the food should be put in the patient's mouth. Still others say it should be swallowed.

Officials at neither Palmer College nor the University of Iowa College of Medicine would offer any explanation for the muscle-testing phenomena, including

the potato incident described in a previous story.

Some of the instruments chiropractors use are common to other health professions, but chiropractors may use them for an entirely different purpose.

Despite the fancy machines, a chiropractor's main tools are his hands. Chiropractors believe touching people plays an important role in their patient care. Some medical doctors think so too, and in recent years they have been encouraged to take a lesson from the chiropractor and touch the patient at some point during each office visit, even if it's just a handshake or pat on the back.

"Palpation" is the name chiropractors give to the process of using their fingers to probe the length of a patient's spine, feeling for sore spots or other abnormalities. It is a term common to medicine. Chiropractic patients are often amazed at the doctor's ability to find the spot that hurts the most. When chiropractors do find that spot, they often let the patient know by pressing a little harder.

When trying to determine a patient's problem, the chiropractor will likely as not have the patient X-rayed. Nearly every chiropractor utilizes X-rays, and most have X-ray equipment in their offices. Many chiropractors refuse to take a case unless the patient submits to X-ray.

Some say X-rays help them find subluxations, displaying the minute spinal misalignments that they say might be interfering with the body's nervous system. They check the X-ray for curvatures of the spine and other departures from postural symmetry. These chiropractors may get out a ruler and draw lines on the X-ray, measuring the angles at which different vertebrae are juxtaposed. But nerve tissue cannot be seen on an X-ray, leaving the much talked about nerve impingement to the chiropractor's deduction.

Others say they take the X-rays only to look for any complications that would suggest the patient should not receive a chiropractic adjustment.

Federal Medicaid laws provide reimbursement for chiropractors only for manipulation of subluxations that can be demonstrated by X-ray to exist. However, most chiropractors say they can't really see a subluxation on an X-ray, only an indication there may be one because of a spinal misalignment. Subluxation is a functional concept, not something that can be seen, they explain.

Chiropractors have been criticized for the amount and kind of X-rays they take. The traditional chiropractic X-ray is a full-spine view. Consumer Report magazine, in an article critical of chiropractic care, said the full-spine X-ray does not provide the kind of detail necessary and exposes the patient to too much radiation. Chiropractors say full-spine X-rays now constitute less than one-fifth of the X-rays they take. They also argue for their safety and value, if properly taken.

Like many health care professionals who use a lot of X-rays, chiropractors will often euphemistically say they want to "take some pictures and find out what's in there" rather than say they want to get an X-ray. Chiropractic practice-building organizations commonly recommend that terminology to avoid scaring off the patient.

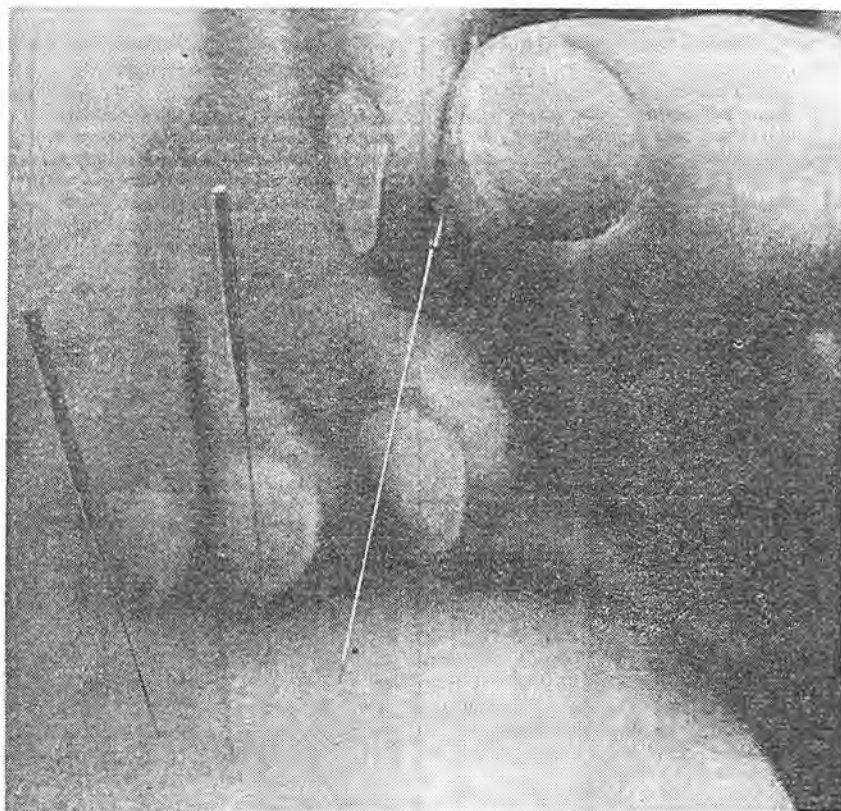


This "contour analysis" photo is used by some chiropractors to detect postural abnormalities. Two sets of lines are projected onto the patient's back, creating a pattern. Chiropractors who use it say the pattern is symmetrical on a healthy back.

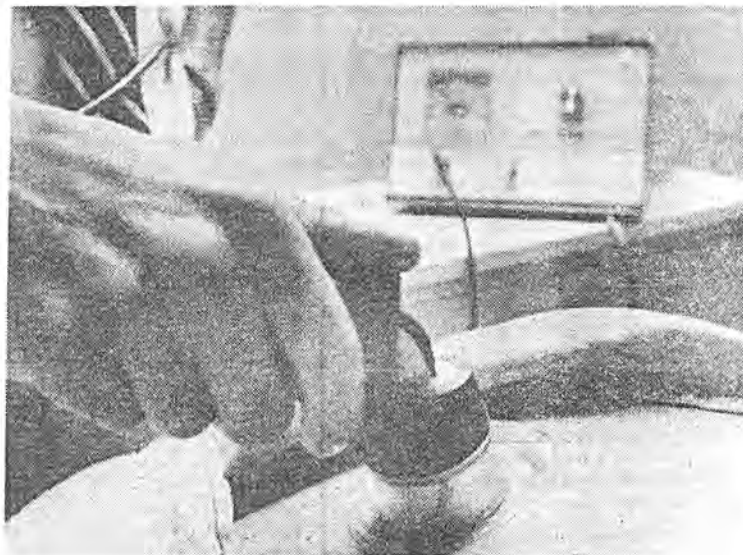
# What goes on at the office? — Everything!



A chiropractor holds his hands in preparation for a thrust to the spine.



Acupuncture is used by some chiropractors to treat a variety of conditions.



This patient is receiving an ultrasound treatment.

**T**he chiropractor is talking Iowa football. How about them Hawks, he asks his patient, carefully positioning himself behind the patient's head and probing along his neck.

The patient is lying on his back, and the chiropractor is delicately holding his head aloft. As soon as the patient answers, the chiropractor suddenly twists the head to one side and — CRACK.

The chiropractor laughs. "I had to say something to get you to relax," he says. "You were really tense. But I think we've got that lined up there now."

Chiropractors call this an "adjustment." They say it is a refined form of manual manipulation. Many health practitioners use manipulation, but none use it quite like chiropractors.

Adjustment is the most characteristic form of chiropractic care but far from the only one. Over the years, chiropractors have amassed an amazing grab bag of treatment methods — some common to other health care professionals, others as contrary to accepted medical treatment as chiropractic's original subluxation theory.

They have accumulated such a remarkable array, in fact, that many chiropractors complain the public cannot sort out what they do.

"It's of great concern to me that we haven't been able to delineate exactly what chiropractic is," says Dr. Ronald Frogley, a Davenport chiropractor who once was Palmer College's highest-ranking administrator. Frogley would like to see the day when a "patient could

go into one chiropractor and find the same thing that you would with another."

As it is now, a patient can walk into the office of a chiropractor who might be engaged in any of the following: acupuncture, acupressure, applied kinesiology, colonic irrigation, diathermy, electric stimulation, herbology, hypnosis, megavitamin therapy, nutritional supplementation, psychological counseling, reflexology, traction and ultrasound, not to mention methods called auricular therapy, endonasal therapy and biomagnetism.

Chiropractic purists scoff at much of this. They might agree with one chiropractor who watched one of his younger colleagues at a seminar and harrumphed about "ouija board diagnosis and voodoo chiropractic."

Others simply say, "That's not chiropractic."

Perhaps not, but that is what chiropractors are doing.

While Palmer College has disdained most of these procedures over the years, Palmer grads can be found in the Quad-Cities and around the country performing any number of them.

They learn about the stuff at weekend seminars or by word of mouth, some of them before graduation, others after they are out in the field.

A Palmer grad in Sioux Falls, S.D., was recently advertising a hypnosis seminar. He promised to teach chiropractors how to "hypnotize a person by touch." Hypnosis would give the doctor "better patient control," he said.

"Your patient need never know that

you are using hypnosis," he promised.

Davenport is a big area for weekend seminars and for entrepreneurs who peddle their way of doing things.

Dr. M.T. Morter came to Davenport this summer to conduct such a seminar for a treatment method he has devised.

He calls it B.E.S.T. That's short for Bio-Energetic Synchronization Technique.

Morter believes "all disease is a problem of communication between cells." He believes it strongly enough to charge chiropractors up to \$310 for a weekend of his wisdom. He has a catchy slogan, "The body knows what's B.E.S.T. for it."

Morter's theory holds that cellular

communication breaks down when the body's magnetic energy field is disrupted. He says chiropractors can correct the problem by touching the affected areas of the patient's body with different portions of their hands, which give off magnetic energy of their own. This synchronizes the body's polarity, he explains in his writings. (He declined to allow a Times reporter to attend his seminar, sending word through a third party that only chiropractors could understand his work.)

Morter, who served as president of Logan College of Chiropractic near St. Louis from 1979 to 1980, claims his ideas are being substantiated daily by the scientific community.

"But whether or not they are proven



Dr. Dennis Stierwalt gives an adjustment to 4-year-old Nathan.

to the satisfaction of the world," Morter told readers of the American Chiropractor, "the principles are these for us to use, and the results that follow will allow our patients a return to a more healthful existence. And after all, is that not what we seek?"

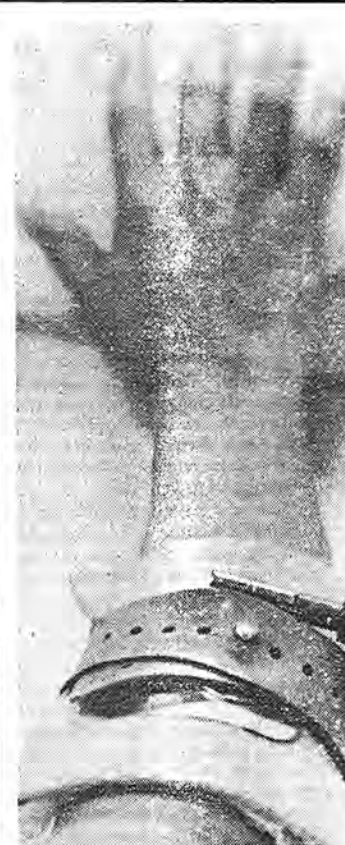
Not many chiropractors use B.E.S.T.,

but chiropractic magazines suggest the number grows weekly as Morter travels the country spreading his ideas. A B.E.S.T. club popped up on the Palmer College campus after he visited town.

Morter is not the only chiropractor who thinks he has found "the cause" of

disease and the method to take care of it. Dr. Richard Broeringmeyer of Murray, Ky., teaches "biomagnetism" to chiropractors. His theory holds that disease is an "imbalance of the body's energies." His treatment method uses magnets.

And Dr. I.M. Toftness of Cumberland, Wis., believes that much of what we call



Low-voltage electrical devices are used to relieve pain or stimulate muscles.

disease is nerve stress, which he says causes the body to emit radiation. Toftness teaches chiropractors to use a gadget he designed to detect the point of greatest radiation and then to apply his specialized treatment, placing pressure on key points.

Like Morter and Broeringmeyer, mainstream chiropractic has not accepted his views, and chiropractic colleges do not teach his theories. But that has not kept several local chiropractors from incorporating his work into their practices.

Several Quad-Cities chiropractors use his device, even though it has come under fire from the U.S. Food and Drug Administration.

Frogley, who dislikes his profession's many offshoots, suggests some chiropractors stray from the traditional chiropractic adjustment because learning it can be difficult.

"Some just don't learn the art. Therefore they drift into other pursuits and call it chiropractic," Frogley says. "Some guys don't seem to be able to adjust very well, so they get into Activator, Toftness, B.E.S.T. But they call them all chiropractic."

Palmer student Bruce Weary has a simpler explanation.

"A lot of people don't like to manipulate, you know, they don't like to just get in there and crunch," Weary says.

Following is a closer look at chiropractic's major modes of treatment — for those who like to crunch and those who don't.

# Dozens of techniques — do all of them work?

**D**r. E.L. Crowder in Davenport is a recognized expert in Palmer Upper Cervical. Dr. Thomas Spielman in Moline primarily uses S.O.T. Dr. Don Specht in Davenport sticks mostly with Gonstead.

If that doesn't mean anything to you, welcome to the world of chiropractic "techniques" — the different types of adjustments chiropractors have developed over the years while plying their trade. There are dozens of them, each representing a slightly different school of thought about patient care.

Most chiropractic patients could visit their D.C. a lifetime without knowing he favored a specific technique. Chiropractors do not talk about them much, except among themselves, where they discuss them plenty. To many chiropractors, the technique is *The Thing*, and they scour the land for every tidbit they can find, joining different technique clubs while still in college, attending seminars and practicing at home on their spouses.

Most patients are never introduced to these variations unless they switch chiropractors, at which time they might be a little bewildered by what they find. Official chiropractic literature makes no mention of the differences.

There are adjustments designed for the neck, midback, lower back, pelvis and extremities, and adjustments that are delivered with the patient lying face up,

face down or twisted on the side like a pretzel. Some are delivered quickly with a dramatic thrust, others slowly with steady pressure.

Some adjustments are accompanied by the characteristic cracking or popping noise. They generally do not hurt, although they might sting a little at first. The adjustment may be executed so swiftly that it takes the patient by surprise.

Although some chiropractors insist one method is the best, most say they have a combination of techniques in their repertoire and choose according to the patient's particular problem. They say they modify the techniques to their own personal style.

They also insist there is nothing unusual about all this variety. Surgeons use different techniques, too, they note.

For many years chiropractors have fought among themselves over what is the best technique. Feeding their feud has been the fact that most of the techniques have become identified with the chiropractors who developed them, creating a loyal following among those who decide to use any particular one.

But now the arguments seem to be waning. The important point, chiropractors say, is not which techniques are used but whether the chiropractor is adept at the particular techniques he uses and confident in his ability to use them. After all, they add, each of the chiropractors is

trying to accomplish the same thing — to correct nerve interference emanating from the spine.

They say they correct this interference by straightening the spine, making sure the vertebrae are properly aligned. Some chiropractors are said to be better than others when it comes to "moving bones."

Chiropractors learn their techniques simply enough. They watch others and practice. By its very nature, adjusting leaves a lot of room for individual variation and style, especially in the amount of force applied.

Dennis Stierwall is recognized as one of the foremost technicians among Davenport chiropractors.

"When I teach a technique to 100 people at a seminar, you'd be hard pressed to see 10 of them do it exactly like I do it," Stierwall says. "But 98 percent of them are close enough for it to work. If you've got an inquisitive mind, you'll find a better way to do it."

Some who study the chiropractic profession are alarmed by this lack of specificity.

"They say every technique is working. That's ridiculous," says Chung-Ha Suh, a scientist at the University of Colorado whose studies of spinal bio-mechanics have been sustained by chiropractic dollars.

"We cannot document," the Korean-born Suh says in halting English. "This

guy's pushing 10 pounds. This guy's using two pounds. How do they know?"

Chiropractors say they know their techniques work because they see them do so daily in their offices. Because there is so little understanding of how any one of the techniques works, it is not incongruous to suggest many of them could, observes Dr. Howard T. Silverstein, chairman of Palmer's chemistry and physiology department.

A survey conducted by the American Chiropractic Association listed 62 techniques, the most popular of which is known as Gonstead. Nearly one-fourth of the nation's chiropractors use it.

Some of those who use Gonstead say it is quite difficult to learn and they question the ability of some of their brethren who try it. It is a more vigorous, full-spine technique, usually accompanied by the chiropractic pop, though Palmer College officials emphasize the noise is not important. Those who use Gonstead also generally do a lot of work with X-rays, drawing lines and measuring.

Unlike most chiropractors, those who strictly use Gonstead often advertise their technique, paying homage to Clarence Gonstead, the Wisconsin man who designed it. Gonstead's fame was such that he installed a paved airplane landing strip outside his clinic in tiny Mt. Horeb, Wis., to accommodate the patients who came for his treatments and the chiropractors who came to learn from him.

Palmer Upper Cervical is the second most popular chiropractic technique. Fifteen percent of the nation's chiropractors use it. B.J. Palmer insisted that chiropractors should adjust only the vertebra nearest the skull. He placed his emphasis there, chiropractors explain, because it is the only place the spinal cord itself is vulnerable to the "impingement" upon which chiropractors base their theory of nerve interference. The other techniques are generally aimed at nerve roots as they exit the spine through openings between the vertebrae.

Some suggest the new live-and-let-live attitude about which technique is best is partially a backlash against the days when B.J. dictated to chiropractors what they should do.

"When B.J. told you to do something, that's what you did," says Dr. William Holmberg, a prominent Rock Island chiropractor, who recalls how he switched techniques after graduating from Palmer.

Logan Basic, the fourth most popular technique, concentrates on the pelvis. Its theory is that the pelvis functions in the body's structure much like the foundation of a building.

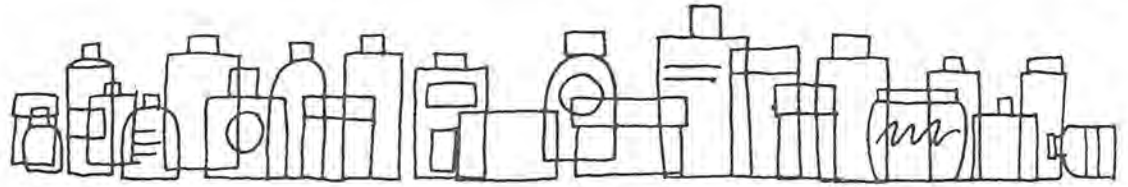
One new technique that is rapidly gaining favor among chiropractors involves the use of a little gadget known as the Activator. The small, hand-held device allows chiropractors to perform low-force adjustments, and many chiropractors prefer it over the often tiring work of delivering a manual adjustment.

Officials at Palmer College say they are attempting to de-emphasize the names of the techniques and encourage students to draw upon the better aspects of several different ones. As the original developers die, the allegiance to their techniques is fading.

"I was in the bathroom the other day, and I overheard one student say, 'Oh, you're an S.O.T. practitioner.' And he answered, 'No, I'm a chiropractor,'" recounts Palmer technique department chairman Dr. J. Richard Burns. "That tickled me to death."



Dr. Charles R. Schultheiss watches as Palmer College student Walter F. Shackelford gives Keith Allen Sreeh an adjustment at the school's public clinic.



*They don't believe  
in drugs, but...*

**T**he bottle was labeled DTOX. Its ingredients, according to the label: 100 tablets consisting of glycyrrhiza (licorice), trifolium (clover), alfalfa, burdock root, sarsaparilla, barberis root, ascorbic acid, gelatin, stilingia root, xenothozylum (prickly ash bark), and so on.

The Moline chiropractor selling it handed the patient a prescription slip with directions — two at each meal, six per day. The charge: \$10.

Despite the prohibition against their prescribing drugs, this has become a common sight in the offices of the nation's chiropractors.

Chiropractors sell pills, lots of them. Rather than prescribe the pharmaceuticals that are the domain of the medical doctor, however, chiropractors stick to vitamins, minerals, herbs and other "natural" substances that can qualify as nutritional or dietary supplements.

There was a time when chiropractors who did that sort of thing were a minority. B.J. Palmer derisively labeled them "medi-practicers."

But a recent federally funded study of the profession found that 84 percent of all chiropractors are offering vitamins or other dietary supplements to their patients. They also make suggestions about what their patients should eat.

Chiropractors pride themselves on taking an interest in an area they feel has been largely ignored by the medical world and on receiving more college instruction in nutrition than medical doctors.

But chiropractors are receiving much scrutiny for their work with supplements amid accusations that many of them are doing nothing more than advancing food faddism.

The difference between drugs and supplements is a fine line that both chiropractors and vitamin distributors try to negotiate carefully. A drug isn't defined as much by its ingredients as by its intended use.

Therefore, chiropractors usually



# Chiro Pills

emphasize they are providing the pills to supplement the patient's diet, not for therapeutic purposes. If prescribed as a form of therapy to combat a specific illness, the pill might be considered a drug, and the chiropractor might be subject to disciplinary action.

This is largely a matter of state law and differs among jurisdictions. The Illinois Department of Registration and Education recently toyed with the idea of forbidding chiropractors to dispense vitamins but eventually backed down. The Iowa Supreme Court is considering a test case that would prohibit chiropractors from using nutritional supplements.

The restrictions are much the same for the vitamin and mineral distributors. In their labeling, they must refrain from suggesting the pill has any therapeutic value, either in the prevention or cure of disease, according to a spokesman for the U.S. Food and Drug Administration. Labeling includes the written materials that the distributor or manufacturer might use to sell the substances to the doctor. If they make any such claim for their product, it must receive premarket approval from the FDA.

As a rule, though, supplement distributors never are required to have their products independently tested to show what they contain or what they do, if anything.

This fall, a convention of the Illinois Chiropractic Society provided a crash course on how companies handle these laws.

Offering their wares at booths outside

the convention meeting room were Seroyal Brands, Better Health Products, Nutri-Dyn Products, Standard Process Laboratories and VM Nutri.

At VM Nutri's booth, the chiropractor could pick up the company's attractive color booklet listing its product line and explaining the ingredients of each, items like Ophaplex, a raw eye concentrate; Laxalon, an herbal laxative; or Myelogan, a raw brain concentrate. (Ground up animal glands and organs are growing in popularity with chiropractors.)

At the same booth, the chiropractor could find short treatises on how he might use some of VM Nutri's products. The papers did not blatantly state the chiropractor should prescribe certain pills for certain conditions, but they did suggest a particular product might come in handy for persons with such-and-such symptoms.

A salesman for Seroyal was a little less cautious. On his literature describing a product called Sero-Immuno, someone had suggested its use for "flu, colds and infections." An accompanying sheet touted another product that it said should be used with Sero-Immuno to combat flu. A third sheet boasted an "incredible non-prescription youth pill" that could make a person "look and feel up to 30 years younger."

In addition to its own booklet recommending specific products for specific health problems, Better Health Products encouraged its prospective chiropractic clients to attend a seminar on herbology the following weekend in Davenport.

A doctor of naturopathy was sched-

uled to lecture on the "benefits of the different herbal combinations and their uses in relation to clinical problems, such as blood pressure, hypoglycemia, arthritis, disc problems, asthma, hay fever, heart and circulatory problems, cataracts, etc." Representatives of Better Health Products would be handy, of course, to provide any items in which the chiropractor might become interested during the seminar.

Some chiropractors complain that the use of nutrition among their colleagues seems tied more to their personal income than to their patients' needs. Supplements are generally sold at a 100-percent markup.

Advertisements in chiropractic magazines indicate nutrition plays a major role in many practice building schemes.

"Doctor... increase your practice by 50% to 300%" suggests one such advertisement from Nutritional Biologicals Inc. in a recent issue of *The Digest of Chiropractic Economics*.

"In 1975, chiropractors bought \$17 million worth of vitamins," observes one high-ranking chiropractic official, asking to remain unidentified. "I would like to see whether true altruistic motives are involved in the sale of those vitamins by the introduction of bills in the legislature that say chiropractors can prescribe vitamins but cannot sell them."

"I believe the sale of vitamins to chiropractors would drop to nearly nil," he says, noting that many states have laws prohibiting medical doctors from owning pharmacies because of the clear conflict of interest.

Chiropractors also have been questioned about the means they use to determine the patient's need for nutritional supplements. Some take hair or blood samples and send them out for chemical analysis. Laboratory companies return their findings, sometimes with suggestions for certain vitamins or minerals, a procedure that has been criticized as unreliable.

Some chiropractors also subscribe to "megadose therapy," in which large amounts of vitamins or minerals are taken to combat certain diseases.

Dr. Roman T. Krygier, a Moline chiropractor, says he uses megadose therapy on one-third of his patients. For persons with fevers, for instance, Krygier says he prescribes large doses of vitamins C and A. He prescribes large quantities of Vitamin B complexes for "people who are extremely hyper."

Krygier, a 61-year-old who looks and acts as perky as someone half that age, takes pills from 24 bottles daily for his own health.

(Krygier also says he uses a traction table to help add height to short people who need to meet a minimum height requirement for their job, such as police applicants.)

The medical community has consistently spoken out against megadose therapies for being sometimes harmful, and at best costly, with little or no benefit. Chiropractors often dismiss such criticism by noting medicine's ties to drug manufacturers.

# Therapy on the side

## Machines gain acceptance

**A**t National College of Chiropractic's brand spanking new patient research center in Lombard, Ill., near Chicago, budding chiropractors choose from the latest physiotherapy equipment.

There are a couple of different kinds of diathermy machines, some ultrasound units, some devices that produce extreme cold, low-voltage electrical stimulation equipment, massage vibrators, plus other gadgets.

While most of the stuff is expensive, National officials explain they get by pretty cheaply because the equipment manufacturers are only too happy to have the students learn on their

machines. It makes them more likely to purchase the apparatus once they are out in private practice.

And chiropractors are big purchasers of physiotherapy equipment. According to one survey, more than 60 percent of chiropractors offer some physiotherapy treatment, most commonly ultrasound.

Some chiropractors use the equipment in the same manner as licensed physical therapists, but others use it simply to relax the patient before an adjustment.

Dr. Chip Diamond, a Bettendorf chiropractor who makes extensive use of physiotherapy, says he uses it to help "hold the adjustment in place" and get

the patient "on the road to recovery faster."

Diathermy and ultrasound provide deep heating that can aid in the healing of damaged tissue, chiropractors explain. Electrical stimulation is used in re-educating injured or immobilized muscles. There are several kinds of each of these machines.

This equipment has sparked much of the straights vs. mixer controversy — the straights argue that doing anything other than manually adjusting the spine contradicts the traditional chiropractic philosophy.

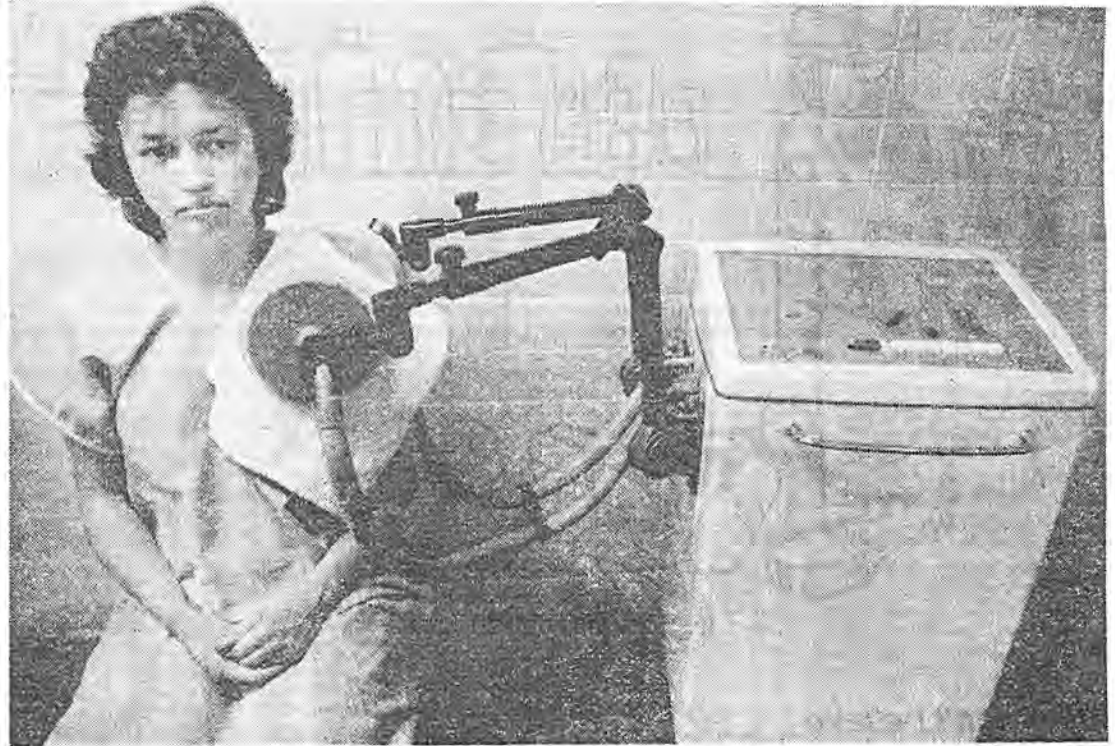
Nowadays, conservative chiropractors still may not use any physiotherapy equipment themselves, but they are more

likely to say they have no objection to someone else doing so, especially if the treatment is used as an adjunct to the chiropractic adjustment.

Palmer College long held out against teaching its students how to use the equipment, but college officials now describe it as "innocuous" and have added its instruction to the curriculum in their effort to meet accreditation standards.

Marcia and John Spoto, two trained physical therapists from New York, are Palmer students who teach the physiotherapy course.

Although many physical therapists have been critical of chiropractors, Spoto says he thinks the two groups are recognizing their common ground.



A woman undergoes treatment on a diathermy machine.

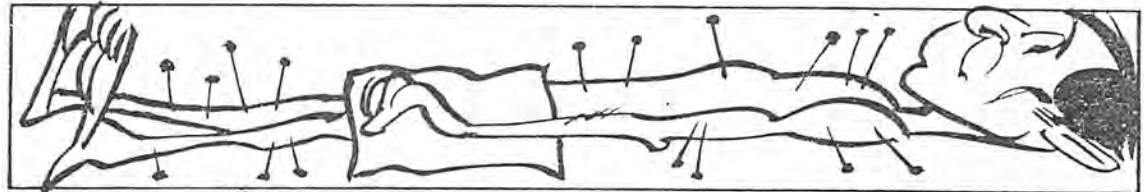
## Some dabble in acupuncture, acupressure and foot reflexology

**D**r. Charles Gerleman in Milan probably receives more referrals from medical doctors than any other chiropractor in the Quad-Cities, not because they like him, but because he does acupuncture.

The ancient Chinese art of inserting special needles into the skin has become a popular tool among some chiropractors. Gerleman was using acupuncture even before President Nixon popularized it with his China trip. Chiropractors then called it "Oriental pain control."

Gerleman estimates he sees a dozen acupuncture patients a day, most of them with chronic or stubborn problems usually involving pain.

Chiropractors are not allowed to perform acupuncture in Iowa, and Illinois chiropractors need special training before they can obtain a separate license. Many chiropractors object to the fact that acupuncture needles pierce the skin, because it seems to contradict their training against the use of non-invasive



procedures. All combines to leave Gerleman with little competition.

But some chiropractors have come to use a method of treatment they say serves the same purpose as acupuncture. These chiropractors simply apply finger pressure to the spots where the acupuncturist would insert needles. They call this acupressure. Gerleman calls acupressure a poor substitute for acupuncture.

The two treatments combined are often referred to as Chinese meridian therapy. A recent survey found that 39

percent of the nation's chiropractors are involved in one or the other.

Many chiropractors combine acupressure with the teachings of applied kinesiology, which holds that many diseases are caused by weak or poorly functioning muscles. These chiropractors stimulate points intended to strengthen the muscle.

Some chiropractors also combine the acupuncture with low-voltage electrical stimulation as a pain reliever.

Closely related to the meridian ther-

apy are several other treatment modes in which chiropractors occasionally dabble.

In auricular therapy, chiropractors stimulate certain reflex or trigger points on the ears. The ears, with more than 200 acupuncture points, are especially important to the body, these chiropractors contend.

Others perform endo-nasal therapy, stimulating points inside the nose. Yet another is foot reflexology, in which the chiropractor concentrates on stimulating various spots on the feet.

# Fatties, smokers, lend him your ears

**B**y late last month, 125 people had walked through the doors of Dr. T.J. Kennedy's chiropractic office to pay \$45 for a little plastic earring to help them lose weight or stop smoking.

The ring, Kennedy says, works on a principle similar to acupuncture, stimulating a reflex point in the ear to curb the patient's appetite.

Quad-City medical people find the claim preposterous. So do other chiropractors who do not believe in the use of acupuncture. Even those who do use acupuncture question the ability of the ring to do what Kennedy suggests.

But every week the number using the "Acurring" grows, as more and more people respond to Kennedy's ambitious advertising campaign, most of them seeking to lose weight.

When they visit Kennedy's Moline office they meet with his office manager, Mary Lee Peirce, who weighs them, measures their body fat, and marks the

spot where the ring should go. She instructs them to squeeze the ring 10 times before a meal or whenever they get the urge to eat. She also makes diet suggestions.

The \$45 pays for the ring, the initial "fitting," a diet book and six follow-up visits during which Ms. Peirce spends a few minutes reweighing the patients and rechecking their body fat. She says most patients do not make all six follow-up visits. She attributes this to their satisfaction with the program. Ninety percent have lost weight by the first follow-up visit, she says.

Those who promote the product say it suppresses hunger signals in the same manner as acupuncture and works as a psychological aid to help the patient break the eating habit.

Kennedy says he has tried many diet programs but found this one more effective because it "gives people a tool to work with." Some say that tool is merely a psychological crutch that may indeed help people lose weight but not through

any physiological change caused by squeezing the ring. Kennedy dismisses those critics with a "your scientists against mine" argument.

Dr. Paul Jaskoviak, a chiropractor who gives instruction in acupuncture at National College of Chiropractic in Lombard, Ill., says he personally does not believe the stimulation produced by the ring is enough to suppress the patient's appetite.

Jaskoviak says National has been doing research into acupuncture since 1974 and has found many methods in which ear stimulation can be effective in diet. But he says no study using a plastic earring has been undertaken because of his belief that it would not work.

Kennedy, who is not trained in the use of acupuncture, says he decided to offer the Acurring after learning about it through a chiropractic practice-building organization to which he belongs. He sent Ms. Peirce to a seminar to learn how to sell and use it.

A chiropractic magazine advertises ~

the Acurings for sale at about \$5 apiece, but Kennedy says his 800 percent markup is justified, even though he often never sees the patient personally. When the cost of the book, Ms. Peirce's time, and the advertising cost are added to the ring's wholesale price, there is no net income gain from the ring, Kennedy says, offering to open his books as proof.

The main value, he explains, is that "it gives exposure to the chiropractic side of our office." He says Acurring customers are encouraged to undergo his free spinal examination to see if they need chiropractic care, and many do.

Gus Castel, 18, of Davenport, came to Kennedy's office six weeks ago weighing 232. Now the 5-foot, 1-inch teen-ager weighs in at 214.

He says he has tried quite a few weight loss ideas and has no idea why this one seems to be working. But he believes it truly is.

And he says he will stick with it "till I look like a million dollars."

## Laser zaps pain, heals — or does it?

**M**oline chiropractor Dr. Stephen Miner switches on his Dynatron 820 and points a thin red ray of light at his patient's arthritic hand.

Miner calls it a "cold laser." He claims that by "spraying" the light at the arthritic joints, he can ease the pain and heal the tissue.

He also says he has used it to treat toothaches, acne, open sores, inflamed tonsils and a myriad of other problems.

The U.S. Food and Drug Administration says it knows of no evidence that Miner's machine or any other low-power laser device can do any such thing. Both of chiropractic's professional organizations have forwarded the FDA's concerns to its members with a suggestion they discontinue use of lasers until controlled studies are performed. That has not deterred Miner.

Nor has he been fazed by the fact no other health practitioners in the Quad-Cities seem to see the same value in the use of such lasers. In the tradition of so many chiropractors before him, Miner has chosen to leap into an area where mainstream health care is barely looking.

While Miner thinks he is on the cutting edge of a breakthrough in health care, critics think the young chiropractor is promoting just another of the dubious devices that have seemed to gravitate toward chiropractors throughout their history. They do not say the device is harmful. They just wonder if it does anything at all.

"Why do they have drugs in Russia we don't have yet?" Miner asks in his defense. "Why do they have things in Europe we don't have?"

Chiropractors were also using acupuncture long before it became popular with some medical doctors, notes the Palmer College graduate.

Miner says he learned to use the laser device at a weekend seminar of the International Pain Control Institute in Kansas City. Upon further questioning, he acknowledges the seminar was actually

hosted by Clinic Masters, one of the many organizations that teach chiropractors how to build their practices.

Many other chiropractors around the country are using the laser, he says, producing letters from them extolling its virtues. He also has articles about laser "research," most of it attributed to Russians or Europeans.

The red laser light, which the patient cannot feel, "stimulates the regeneration power of tissue," Miner says.

He originally advertised the device extensively as a "non-surgical facelift method." For \$540 Miner would perform 12 treatments over a period of two to three months. The treatments were supposed to "tonify and energize" the skin and underlying tissue by stimulating what chiropractors call "reflex points" on the face and neck.

Miner says he gave up performing the facelifts when he failed to recruit enough customers to pay for his advertising, let alone the machine. He says he paid \$4,000 for it.

Now he uses it to stimulate "reflexology" points on the feet and "auricular therapy" points on the ears. He says it also stimulates the healing of wounds and fractures, even kills "bacterial organisms in infection."

About 10 percent of his patients receive laser treatments, which last anywhere from 15 seconds to 15 minutes, he says. A regular office visit is \$15 and the laser treatment is an extra \$11.

To illustrate his point, Miner fetches a spiral notebook and recounts case histories of the patients on whom he has used the laser. Of the 15 cases in his notebook, he claims improvement in all but one.

"We are aware of no research at all that even suggests this procedure has any therapeutic value whatsoever," counters Dr. Bruce E. Nordstrom, executive director of the International Chiropractors Association.

James S. Benson, deputy director of

the FDA's Bureau of Radiological Health, says lasers have shown promise as a surgical tool, especially in eye care. They also offer some hope in the diagnosis and treatment of cancer, he says. But those uses involve a different kind of laser, Benson explains. He says he knows of no ongoing medical research into the use of low-power lasers.

The FDA has procedures for removing medical devices from the market and for seizing them out of doctors' offices. But Benson says a "much more effective way to deal with it is through the professional organizations." He has contacted both the American Chiropractic Association and the International Chiropractors Association with his concerns.

Brucie Gager, 52, of Rock Island, would not want Miner's use of the laser restricted. She thinks he is helping her hearing.

She says she received her first laser treatment one day when she visited Miner's office without the hearing aid she bought a few years ago because of an 80 percent hearing loss in her right ear.

"Immediately, I could hear," Mrs. Gager says. "My husband and I went out to dinner, and I could hear all around me and people in the next room."

She says this improvement lasted a month, then suddenly stopped. Another treatment helped her for another month, but now she is back to wearing her hearing aid.

"I think it's a real breakthrough. Anyway, it's miraculous really," adds Mrs. Gager, who says she plans to go back to Miner and follow his instructions this time — three treatments per week.

She says she cannot really remember what it has cost her so far and is not very concerned about it.

"It depends on what it's worth to you as an individual," she says. "I could hear the birds sing and little things like that. That's worth a lot to me."



Does this laser really heal?

# Dogs and cats, too

**T**he pain that shoots through his leg is typical of many chiropractic patients. So is his groan when the chiropractor adjusts his neck. But as a growing German shepherd, King is an unusual chiropractic patient.

Steve Caudle of Davenport has brought King to a laboratory on the Palmer College campus, where Dr. G.O. Schmiedel is working on his leg problem. Caudle says King was mistreated by a previous owner.

Every Monday morning at 10:30, Schmiedel lends his chiropractic expertise to the care and treatment of animals. He will usually see about a half dozen of them.

A lot of people treat their pets just like any other member of their families, Schmiedel says, and that sometimes includes taking them to a chiropractor.

"The spine of any vertebrate is very similar to human anatomy," he reasons. "If there can be an impingement of the human spine, why not other animals?"

For more than a decade, Schmiedel has taken care of dogs, cats and guinea pigs — occasionally even goats, cows and horses. He makes house calls for the latter.

Commonly, the animal has suffered some sort of injury. Not always, though. Schmiedel says he has become familiar with many different conditions.

Dachshunds and boxers are prone to lower back problems, often resulting in bowel conditions, while poodles have a tendency to develop upper respiratory problems, he says.

Animals are very responsive to chiropractic care, much like small children, Schmiedel says.

"Their bodies function on a more innate level," he explains.

Schmiedel began treating animals while working in Palmer College's dissection laboratory, where he was supervisor for about 10 years. At the time, Palmer was unable to obtain human cadavers and was forced instead to use monkeys and cats. Schmiedel says he became knowledgeable about animal spines because of that work.

He still is employed as an anatomy



Dr. G.O. Schmiedel treats King, a German shepherd with a leg injury.

professor at the school and maintains a private practice. He emphasizes his work with animals has been partly for research purposes, but he refuses to divulge how much he is charging for animal adjustments.

Over the years Schmiedel has taught seminars on the subject for other chiropractors and even served as first president of the International Veterinary Chiropractors Association, an organization that was the brainchild of a Palmer student. Many Palmer students still attend animal adjusting seminars, but Schmiedel says he no longer has the time to teach them.

Veterinarians, as one might guess, are not very happy about chiropractic veterinarians, though Schmiedel says he has a "fairly decent relationship" with some. Veterinarians were especially peeved a couple of years ago when newspaper articles appeared about Schmiedel

and another Davenport chiropractor who was engaging in the practice, Dr. J. Larry Troxell.

After some talk about whether the chiropractors were practicing veterinary medicine without a license, the matter quieted down. But the Iowa Board of Chiropractic Examiners ordered both of them to stop.

Troxell has pretty much quit, according to an assistant, but only because of the board's order. ("It works," she complains.) She says he no longer allows animals to be brought into the office, but will occasionally take care of friends' pets in their homes.

Explaining why he has continued his animal adjustments, Schmiedel says the board's main interest was in keeping animals and humans from being treated in the same office. He explains that has never been a problem with him. He adjusts animals at Palmer's research

laboratory.

"There is a very definite need," he says. "The veterinarian is not trained to adjust animals."

Schmiedel likens the situation to the days when chiropractors had no laws allowing them to work on humans, but did so anyway out of a conviction it was the right thing to do, often ending up in the "hoosegow" in the process.

While there are no laws to extend chiropractic care to animals, neither are there any to preclude it, he says.

The American Chiropractic Association has never addressed the issue of chiropractic for animals, but a spokesman for the organization defended the practice.

"If it works on humans, it's sure going to work on animals," says Dr. Raymond T. Kern, the ACA's director of professional affairs. He calls it "an area that is possibly legally undefined."



# The Essence of Life — The Cause of Health

Chiropractic science is based on the fact that the essence of life itself flows from the brain, down through the spinal cord, then out along a massive nerve network, in the form of dynamic, intelligent impulses that literally create the body anew. This powerful, intelligent life supply, flowing uninterrupted throughout the nervous system, gives us normal, natural health.

Chiropractors have led the way in pointing out that displacements of the vertebrae and discs in the spine can pinch\* the spinal cord or spinal nerves and block or alter the flow of this vital nerve power from the brain to the body. When a nerve is pinched, this flow of nerve energy from the brain to the body is restricted, and the cells, tissues, and organs suffer.

## Chiropractic Specialty

The chiropractor is the acknowledged specialist in detecting, locating, and correcting spinal displacements that impinge, or pinch, the nerves that carry the life energy supply from the brain to the organs of the body.

\*The words "pinch," "impinge," etc. are used for clearer understanding. The scientific term is "irritate."

### CHART OF EFFECTS OF SPINAL MISALIGNMENTS

The nervous system controls and coordinates all organs and structures of the human body" (Gray's Anatomy, 29th Ed page 4.) Misalignments of spinal vertebrae and discs may cause irritation to the nervous system and affect the structures, organs, and functions which may result in the conditions shown below.

VERTEBRAE	AREAS	EFFECTS
ATLAS		
AXIS		
<b>CERVICAL SPINE</b>		
1C	Blood supply to the head, pituitary gland, scalp, bones of the face, brain, inner and middle ear, sympathetic nervous system	Headaches, nervousness, insomnia, head colds, high blood pressure, migraine headaches, nervous breakdowns, amnesia, chronic tiredness, dizziness
2C	Eyes, optic nerves, auditory nerves, sinuses, mastoid bones, tongue, forehead	Sinus trouble, allergic crossed eyes, deafness, eye troubles, earache, fainting spells, certain cases of blindness
3C	Cheeks, outer ear, face bones, teeth, trifacial nerve	Neuralgia, neuritis, acne or pimples, eczema
4C	Nose, lips, mouth, eustachian tube	Hay fever, catarrh, hearing loss, adenoids
5C	Vocal cords, neck glands, pharynx	Laryngitis, hoarseness, throat conditions such as sore throat or quinsy
6C	Neck muscles, shoulders, tonsils	Stiff neck, pain in upper arm, tonsillitis, whooping cough, croup
7C	Thyroid gland, bursa in the shoulders, elbows	Bursitis, colds, thyroid conditions
<b>NECK REGION</b>		
<b>THORACIC SPINE</b>		
1T	Arms from the elbows down including hands, wrists and fingers, esophagus and trachea	Asthma, cough, difficult breathing, shortness of breath, pain in lower arms and hands
2T	Heart, including its valves and covering, coronary arteries	Functional heart conditions and certain chest conditions
3T	Lungs, bronchial tubes, pleura, chest, breast	Bronchitis, pleurisy, pneumonia, congestion, influenza
4T	Gall bladder, common duct	Gall bladder conditions, jaundice, shingles
5T	Liver, solar plexus, blood	Liver conditions, fevers, low blood pressure, anemia, poor circulation, arthritis
6T	Stomach	Stomach troubles, including nervous stomach, indigestion, heartburn, dyspepsia
7T	Pancreas, duodenum	Ulcers, gastritis
8T	Spleen	Lowered resistance
9T	Adrenal and supra-renal glands	Allergies, hives
10T	Kidneys	Kidney troubles, hardening of the arteries, chronic tiredness, nephritis, pyelitis
11T	Kidneys, ureters	Skin conditions such as acne, pimples, eczema, or boils
12T	Small intestines, lymph circulation	Rheumatism, gas pains, certain types of sterility
<b>MID-BACK</b>		
1L	Large intestines, inguinal rings	Constipation, colitis, dysentery, diarrhea, some ruptures or hernias
2L	Appendix, abdomen, upper leg	Cramps, difficult breathing, acidosis, varicose veins
3L	Sex organs, uterus, bladder, knees	Bladder troubles, menstrual troubles such as painful or irregular periods, miscarriages, bed wetting, impotency, change of life symptoms, many knee pains
4L	Prostate gland, muscles of the lower back, sciatic nerve	Sciatica, lumbago, difficult, painful, or too frequent urination, backaches
5L	Lower legs, ankles, feet	Poor circulation in the legs, swollen ankles, weak ankles and arches, cold feet, weakness in the legs, leg cramps
<b>LOW BACK</b>		
SACRUM	Hip bones, buttocks	Sacro-iliac conditions, spinal curvatures
COCCYX	Rectum, anus	Hemorrhoids (piles), pruritis (itching), pain at end of spine on sitting
<b>PELVIS</b>		

Spinal charts like the one above are favorite "educational" devices for chiropractors. The charts, published by Parker Chiropractic Research Foundation, claim to show a relationship between specific health problems and the misalignment of certain vertebrae. Chiropractors often hand them out to new patients.

Palmer College President Jerome McAndrews grimaces when told of their continued use. The charts have no scientific basis, he says. He and

others in the profession say they thought the foundation's founder, Dr. James Parker of Texas, would withdraw the charts from sale after they were used by the American Medical Association to discredit chiropractic in an important court case between the professions.

But Parker's latest catalog lists the charts at \$5.50 per 100, and a Parker spokesman, Dr. Bill Brown, says there are no plans to discontinue selling them.

# Chiro jokes are nothing but wisecracks

Q: What does the busy chiropractor say to the assistant first thing in the morning?

A: "Let's get cracking!"

That's one example of chiropractic humor contained in a book recently published by a Michigan chiropractor.

In "Chiropractic for Fun," Dr. Rebecca Fischer of Lansing offers a few poems, puns, songs and wisecracks to ease what she sees as the too often furrowed brows of her colleagues. Many of the jokes are directed at the medical profession.

Dr. Fischer is a graduate of Sherman College of Chiropractic in South Carolina,

where straight chiropractic is taught. Her parents attended Palmer.

Here are more of her offerings:

He who prescribes drugs is committing a medi-\$in.

Smart chiropractors are wise cracks.

... and then there was the chiropractor and his wife who slept on twin boards.

Drugs: stuffing cotton in your ears so you won't hear the motor knock.

Sensitive person: "I feel it in my bones."

Chiropractor: "I feel it in your bones."

Old chiropractors never die — they just lose their adjustments.

Instead of the truth, we now get the "Consensus of Medical Opinion."

Medicine has developed magnificent techniques for doing the wrong things in a better way.

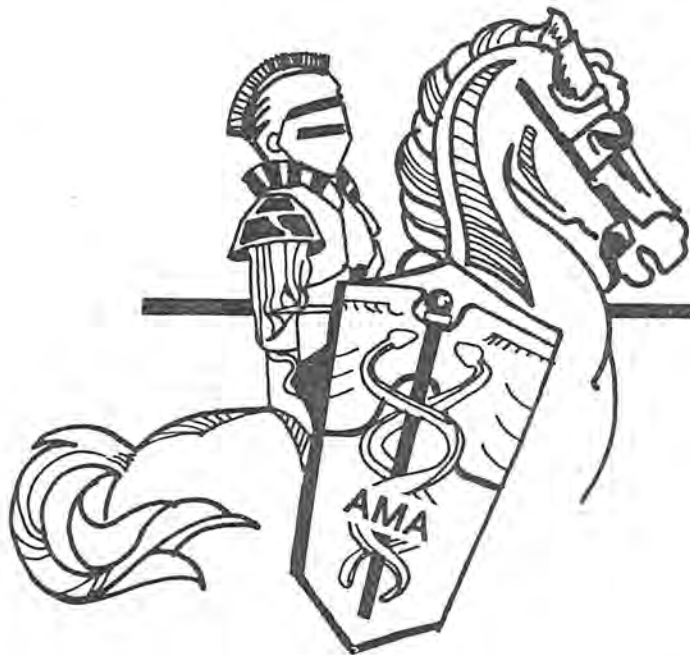
... And then there was the chiropractor who had a lot of nerve.

Chiropractic: a new twist to health care.

Thorough chiropractor: one who leaves no (spinal) bone unturned.

Chiropractic provides the same cure for constipation as for diarrhea!

And as long as its the holiday season, here's a chiropractic Christmas carol:  
Jingle bones, jingle bones,  
Jingle all the way;  
Oh! What fun it is to adjust  
Those subluxations away!



# Holy war

## The fight with organized medicine

**L**ounging around the country club with three of his fellow chiropractors late one afternoon, Dr. Arlan Fuhr of southern Minnesota says his antenna went up the moment three medical doctors walked in and sat down nearby.

Fuhr tells it something like this:

'The first "medic" says, "I think I'm going to open practice in Haiti. I hear there's only three chiros there."

The second medic says, "I think I'm going to Newfoundland. I hear there's only two chiros there."

And the third says, "I'm going to one of the smallest islands in the south Pacific. I hear there's only one chiro there."

With the final pronouncement, one of the young chiropractors could contain himself no longer.

"Why don't you all go to hell?" he roared. "There's none down there."

Fuhr's audience of almost 2,000 at a chiropractic seminar howled with glee. Embittered by their own reputation as quacks, chiropractors love to turn the tables on medical doctors. They relish news stories about surgeons leaving instruments inside patients and drugs that cause health problems more severe than the ones they hoped to solve.

They shorten medical doctor to medic and swap tales about the "Real Doctors."

Over the years a saying has developed, "Chiropractic survives on medical failures."

Fuhr calls it his "Holy War," which seems apt for the long-standing conflict between the two professions. Both sides believe they are fighting for righteous

causes. Competing economic interests cloud the issues. And sometimes the fighting seems to go on simply because it has gone on.

"It's a lot like a religious argument," Davenport chiropractor Dr. Ronald Frogley says. "How do you solve a religious argument?"

It has become popular these days for chiropractors to say publicly they have nothing against medical doctors, just the American Medical Association. And many probably really feel that way.

"You'd be hard pressed to find a chiropractor with a serious problem in the family who wouldn't go to a medical doctor and do what they'd say," says Davenport

**'It's a lot like a religious argument. How do you solve a religious argument?'**

port chiropractor Dr. Dennis Stierwalt.

But get a large group of them together at a convention setting, and it doesn't take long for the stories to start.

One of the most popular speakers at these get-togethers is Dr. Robert Mendelsohn, a renegade medical doctor who has lambasted his own profession in two books, "Confession of a Medical Heretic" and "Male Practice."

The two professions have engaged in propaganda campaigns — medical errors

have been stressed to chiropractic audiences and chiropractic errors have been emphasized to medical audiences.

This holy war dates back to chiropractic's earliest days in Davenport. D.D. Palmer was one of the first chiropractors jailed for "practicing medicine without a license." Many more followed him over the years. Nowadays, the profession is still dotted with chiropractors who bitterly recall how their fathers or grandfathers met such a fate.

The practical division between medicine and chiropractic is a sharp one. By law, medical doctors may prescribe drugs and perform surgery, and chiropractors may not.

As a result, some say, many chiropractors came to believe that if they couldn't do it, it wasn't worth doing. And many medical doctors took the position that anyone forbidden to prescribe drugs or perform surgery could not possibly know anything about health.

Those are the extremes. Somewhere in between are a passel of chiropractors and medical doctors who over the years have developed enough trust to refer patients back and forth on a limited basis, even entrusting their own health care to each other.

Until recently, such relationships were forbidden for medical doctors, whose code of ethics prohibited associating with chiropractors. Chiropractors were officially classified as an "unscientific cult." In the wake of antitrust actions against organized medicine in Chicago, Des Moines and elsewhere, that official barrier was lifted a little more than a year ago.

Medical doctors who decide a visit to a chiropractor is in the best interest of the patient may now say so, says the AMA, as long as the physician is familiar

with the services offered by the particular chiropractor.

Organized medicine still casts doubt on the chiropractic theory but the AMA spokesman says, "If you feel ill, and you go to a chiropractor and come away feeling better, apparently he's done something right. Even if he hasn't, if you think he has, that's what's important."

Most chiropractors say they have noticed a difference since the AMA adopted its new policy.

One prominent medical magazine reported earlier this year that its own nationwide spot check found twice as many M.D.s making referrals to and accepting referrals from chiropractors than in 1975.

According to Medical Economics magazine, nearly half the physicians surveyed said they now accept cases sent by chiropractors. About 11 percent said they send patients to chiropractors.

While some chiropractors say this change was brought about by the anti-trust suits, some medical people say it took place in spite of them. The Chicago suit charged that organized medicine had engaged in an illegal boycott of chiropractic. The AMA's Committee on Quackery conspired to eliminate the profession, it charged. Chiropractors lost the lawsuit in its initial court test (an appeal is pending), but along the way several of the co-defendant organizations settled out of court and encouraged their members to cooperate with chiropractors.

Quad-City chiropractors report little increased cooperation but a greater attitude of tolerance. In other words, medical doctors still are loathe to refer patients to a chiropractor, but they are more reluctant to bad-mouth patients who say they are also seeing a chiropractor.

Part of this is attributable to the new

# So far, hospital doors are closed

**O**ne might have thought Dr. Jim Vana would be a cinch to gain admitting privileges at Illini Hospital in Silvis.

Well known and liked by the hospital staff, he had worked there as a physical therapist and an emergency medical technician while attending school.

When Vana decided about 18 months ago to "test the waters," however, he was thwarted at every turn. Vana is a chiropractor, and a hospital is no place for a chiropractor. At least, hospitals say they have no place for chiropractors.

Some chiropractors think otherwise and have begun efforts to crack this last stronghold of organized health care, where the physician, either medical doctor or osteopath, is still in command.

Quad-City hospitals say chiropractors are not allowed on staff and thus permitted neither to admit or treat patients, nor order X-rays and other tests on an out-patient basis.

The hospital policies are steeped in tradition, and most administrators say things will be slow to change.

But chiropractors may not wait. Lawsuits pending around the nation seek to bring chiropractors within the medical mainstream, including the hospital.

For most chiropractors, ordering X-rays and other tests for their patients is more important than being able to admit patients, Vana says.

"Being able to order X-rays would save many chiropractors from having to purchase expensive equipment or sending their patients to a private laboratory for the tests," he explains.

The patients admitted by chiropractors probably would be few, Vana says. "Only a very small percentage of my patients would need to be hospitalized. Still, if someone was in acute discomfort, it would be nice to be able to place them in a hospital and then treat them."

Hospital administrators usually quote the institution's bylaws when asked about extending staff privileges to chiropractors. Changing the bylaws usually involves approval of both the medical staff and the board of directors.

"Right now those people aren't ready to change their ideas," says Tyler Schoenherr, administrator for Moline Public Hospital. Schoenherr said that a few chiropractors "have expressed an interest" in being allowed admitting privileges.

Hospital administrators cite different reasons for policies limiting chiropractors.

Gary Larson, spokesman for Illini Hospital, says he thought such policies existed, "because some feel there is a question about chiroprac-

tors' training and the use of the results. The question is whether they will appropriately interpret the results and the type of treatment that they may lead to."

George Velock, administrator of Franciscan Hospital, says the policy is designed to "reserve the right to practice medicine for medical doctors."

Schoenherr says "historical background" has a lot to do with it.

"It takes awhile for people to accept chiropractic, and then it will take even longer for the medical profession to accept chiropractic," Schoenherr says. "Since the doctors are basically in control of the institutions, it will be necessary for chiropractors to be accepted by both the public and the medical profession."

George McAndrews, a Chicago lawyer and a chiropractic ally, says many chiropractic officials understand some of the reluctance of medical doctors and osteopaths to allow chiropractors into the hospital, especially with many older chiropractors still practicing who picked up their degree in 18 months.

"They realize they can't say after 50 years of isolation — there's the gate. Everybody rush through it."

Officials at National College of Chiropractic in Lombard, Ill., have responded by establishing an in-patient unit in their public clinic, allowing students to receive some training similar to what they might encounter in a hospital.

Additionally, they will soon have a post-graduate course in hospital procedures for those already in the field who may want to establish a chiropractic department in their local hospital.

"Chiropractors are seeking privileges, but do they know what they're seeking?" asks National's Dr. William Waln. "The average chiropractor thinks the average medical doctor just treats the hospital like part of his practice. They don't know medical doctors have to take care of the emergency room, take charity cases, attend meetings and pay dues."

Vana agrees that medical doctors and chiropractors have to reach a better understanding. "Both professions have to understand that we can cooperate without compromising our philosophies."

But Vana says he is also a "little leery" of chiropractors being granted full hospital privileges. "The osteopaths gained admitting privileges after fighting that for several years, and now they seem to have gotten away from their original beliefs and are practicing medicine," Vana says. "I'm afraid the same thing might happen to chiropractic."

— Gary Sawyer



AMA ethics guidelines, but some medical doctors suggest it also has plenty to do with fear among medical people that their actions or statements could make them defendants in a lawsuit.

When contacted for this special report on chiropractic, for instance, representatives of the Scott and Rock Island county medical societies refused to be interviewed by the Times, as did officials at the University of Iowa College of Medicine. The individual who did agree to serve as a spokesman for the American Medical Association asked to remain anonymous. All cited pending litigation and the threat of further suits. The AMA says it has already spent \$2 million fight-

come tumbling down. There have been meetings between the AMA and chiropractic groups over the last year. Both sides have agreed to keep the results of those discussions private.

And officials at National College of Chiropractic in Lombard, Ill., have taken steps to ease the chiropractors' transition to the hospital setting by offering training in hospital procedures.

The real bridge-building, though, says Chicago lawyer George McAndrews, who represented the chiropractor in their antitrust action, will have to be done by individual chiropractors and medical doctors on a one-on-one basis.

Officials at Moline Public Hospital were surprised this fall by the extent of one such rapprochement. They received an inquiry from an East Coast medical doctor planning to relocate in the Quad-Cities. He told them he was moving here because his wife wanted to attend chiropractic school.

McAndrews has a more philosophical agreement in mind, one that would recognize the chiropractor's knowledge and skill in working with health problems that may be structural in nature.

"Our medical schools have spewed forth extremely skilled astronauts and many of mankind's ailments need somebody that's able to change a tire on an automobile," McAndrews says. "The chiropractor is still back there working with the automobile."

If the barriers fall, it will be none too soon for Fern Looitiens, a 64-year-old chiropractic patient who has never told her medical doctor she sees a chiropractor because "I don't think they believe in each other, do they?"

"I wish they would cooperate," Looitiens says. "I think together they could work wonders."

**'I wish they would cooperate. I think together they could work wonders.'**

ing the Chicago antitrust suit.

Although chiropractors claim in their legal action that many medical doctors wanted to cooperate but couldn't because of the ethical restrictions, medical people say they did not cooperate because they frankly do not believe in chiropractic.

On the other hand, many chiropractors fear being embraced too closely by medicine, worrying they will lose their separate identity as they believe osteopaths have.

But there are signs the walls may

# Chiros and science

**Chiropractic works, they say, but until now nobody has really tried to figure out why**

**P**ausing in the coffee shop of a Peoria hotel, Chung-Ha Suh seems a frustrated matchmaker.

For the last 10 years, the Korean-born Ph.D. has been trying to show the worlds of science and chiropractic they might have something in common.

He has staked his professional reputation on it, and sometimes he has the sinking feeling neither party is convinced.

Suh is a researcher at the University of Colorado. His work on spinal biomechanics is the only chiropractic research project ever to receive federal funding. Some consider it chiropractic's most legitimate interlude with science.

But Suh has come to Peoria at the invitation of the Illinois Chiropractic Society as part of his never-ending campaign to persuade chiropractors to support scientific research, preferably his and preferably with their money. The federal money has dried up, and Suh's work is in jeopardy.

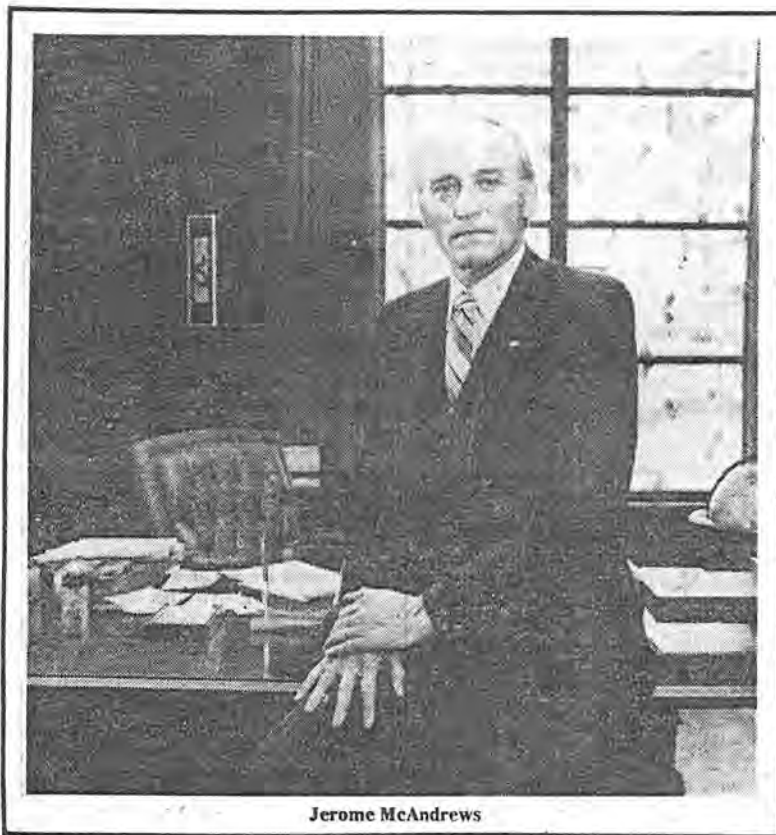
"I'm trying to explain to chiropractors what is research," Suh says haltingly. "The chiropractor's concept of research is primitive. All of them say they do research. They say their father did research. Their uncle did research. This is not research."

During its 86-year history, chiropractic has developed totally outside the realm of mainstream science, shut off from the tax dollars channeled into medical research and not much interested in them anyway.

Many chiropractors have been anti-science, disdaining the scientific method and assuming all researchers were in cahoots with chiropractic's enemies in the medical field. At the same time, many scientists have seemed anti-chiropractic, failing to investigate what chiropractors have been up to all these years.

One result, as a federally funded conference on spinal manipulation concluded a couple of years ago, is that while there is no solid research to support chiropractic's efficacy, neither is there much to refute it.

That's not to say those in the scientific community have never expressed their doubts about chiropractic. They



Jerome McAndrews

argue that chiropractic theory has several shortcomings. They say:

- The theory places too much emphasis on the importance of the nervous system. Many organs operate even when cut off from the nervous system, they note.

- Some nerves are out of reach of spinal manipulation.

- Spinal nerve roots are almost impossible to impinge.

To those who questioned chiropractic's validity over the years, there has always been a pat answer: "Chiropractic gets results. It works, and that's what really counts."

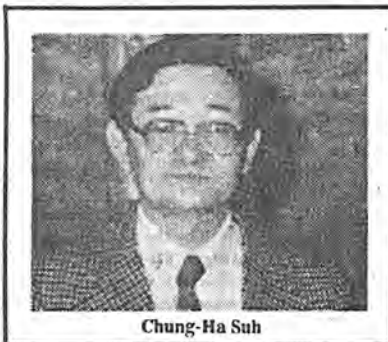
Now most of chiropractic's leaders believe they can survive no longer without performing the basic research and clinical trials that have been the mainstay of other health disciplines.

They are confessing to their past shortcomings in the area of research and pleading with both their colleagues and the government to help provide the big bucks required for scientific research.

"The concept that chiropractic works, it doesn't matter why, is not healthy," says Bevier N. Sleight III, a Palmer College student.

"There are many methodologies in our profession that seem to get results, but those results don't validate the methodology," says like-minded classmate Bruce Weary.

To make quick gains, however, chiropractic must also pique the interest of its older practitioners, the ones with the



Chung-Ha Suh

money, many of whom picked up their D.C. degree within 18 months of high school.

In addition to the lack of money, the efforts to validate chiropractic are hampered by a paucity of persons within the profession qualified to do research.

"I think it's adequately established we have not done well in this area," says Dr. Jerome McAndrews, president of Palmer College. He places part of the blame on what he calls chiropractic's "enforced professional isolation." He emphasizes that research has become his top priority.

But wanting it so and making it so are different matters. Palmer's research budget this year is \$92,000, but after salaries and miscellaneous costs, a "rather minimal amount" is left for actual research projects, says Dr. Marjorie Johnson, Palmer's research director. The

research that had been planned is proceeding slowly. Chiropractors have to be careful because their research will be more closely scrutinized than medical research, Johnson says.

Chiropractic's official publications are filled with advertisements cajoling chiropractors to part with their money. As always in chiropractic, there are competing interests — the Foundation for Chiropractic Education and Research, aligned with the American Chiropractic Association, and the Foundation for the Advancement of Chiropractic Tenets and Science, associated with the International Chiropractors Association.

"C'mon guys," their ads seem to say. "You know it works and we know it works, but let's do a little research so we can prove it to other people."

"The profession has been afraid to test it," says Thomas Blackett, who until recently was public affairs director for the American Chiropractic Association. "I think there's some fear that it might not be provable, ever."

McAndrews and Suh say the research will need to take two forms: first, basic research into how the spine moves and nerves react, and second, clinical trials with patients to determine what conditions chiropractic can be expected to help and what techniques seem to work best.

Clinical research is creating the most interest on chiropractic college campuses. It can be performed more cheaply, and the results seem more pertinent to most chiropractors than abstract research like Suh's.

They see clinical research as giving them ammunition in their fight for respect. Scientists have no clear understanding of how aspirin works either, the chiropractors say, but clinical trials have proved it does.

Clinical trials will have their drawbacks. One problem limiting chiropractic research is that it is difficult to design the experimental controls. How, for instance, does a researcher convince a group of patients they are receiving a chiropractic adjustment without actually giving them one? Such a control group is necessary if the chiropractor is to be certain his treatment is more than a psychological aid.

In the meantime, many still look to Suh for a breakthrough. So far he says his work has shown that spinal nerve roots are extremely sensitive to pressure, lending credence to the chiropractic theory that misalignments of the spine disrupt the normal functioning of the nervous system. He also has developed a computerized model of the spine.

"To say why it works, we have to establish we know more about spinal subluxations than any other people in the world," Suh says. "Clinically, there is no question about it. But what is really happening in the body?"

Suh's project, however, is on the ropes. Without a federal grant, he has cut back his staff and curtailed most of his activity. The ICA has supported the project financially from the start, but does not have much money to give. The ACA has chosen to channel its research money to chiropractic colleges. Suh attributes the ACA decision partially to chiropractic's incessant internal bickering. "They don't want to be a sideshow," he says.

Adding to his aggravation is a healthy stack of hate mail compiled over the years from persons who "accused me of helping quackery."

"If I knew these political problems from the beginning, I would have never done this research," he says.

# Courtroom clout

*Once they were defendants,  
now they're expert witnesses*

**B**ooks about bones and nerves have to share shelf space with law volumes these days in the library of Dr. Charles Gerleman's chiropractic clinic in Milan.

Chiropractic, a profession that has striven for public acceptance, has found a surprising niche in the courtroom, a place chiropractors used to go to be convicted of practicing medicine without a license.

Personal injury lawsuits and workers' compensation hearings have put the chiropractor's work in the spotlight, and Gerleman is one of those who is capitalizing on the turnabout.

"It has got to be anymore that we're on the same level as doctors when we go to court," Gerleman said.

Most lawyers contacted by the Quad-City Times say they are not reluctant to have a chiropractor testify.

"You cannot give less weight to a chiropractor vs. a medical doctor just because he's a chiropractor," Harrison Kavensky, a Rock Island lawyer who is widely known for handling personal injury cases, said.

"Back 25 years ago, the lawyer felt a little less comfortable if the expert testimony in a case was solely by a chiropractor because chiropractors were not that generally accepted by the public."

"Today if the issue came up, I would say there would be at least four of the 12 jurors who either have been treated by a chiropractor personally or a member of their family has been treated by a chiropractor or they know someone who has been treated by a chiropractor."

Scott County Attorney William Davis, who also maintains a private practice in Davenport, said some lawyers believe chiropractors make better witnesses than physicians. "Chiropractors can testify on a more personal basis. They seem to know the patient better than a medical doctor."

Other lawyers, however, take a dim view of chiropractic testimony, especially if they are defending insurance companies. One, who asked not to be identified, described some chiropractors as "hired guns" out to win unjustifiably large awards.

"There's no doubt in my mind a chiropractor will spend more time preparing for his testimony than a medical doctor," the lawyer said. "I also view it as more of a performance than a medical statement."

Kavensky, who also has defended cases in which a chiropractor testifies for the plaintiff, said industry and insurance

companies fear the cost of continued chiropractic care.

"The one prejudice that still exists among insurance companies and industry is a general feeling that chiropractic care is a never-ending care, and they'll be paying the bill forever without any improvement," Kavensky said. "But I think you find on the whole your chiropractors today will treat as long as they have to, and they'll state if the patient is recovered so they no longer need treatment."

Nationally known trial lawyer Melvin M. Belli was one of the first to trumpet the chiropractor's courtroom standing.

In a 1973 article in "The Digest of Chiropractic Economics," Belli wrote that "as far as the courts and judges are concerned, the chiropractor has arrived." He's more recognized in the law for his professional capacity than perhaps in any other field!

Courses at Palmer College of Chiropractic prepare the chiropractic student for his potential role in the courts.

Dr. Phillip E. George, a professor of ethics, jurisprudence and forensics at Palmer, said his students receive training in personal injury cases, workers' compensation and malpractice as well as contract law. They are told how to write a legal narrative for a lawyer and view a videotape of George giving testimony for a deposition.

George estimates in his 23 years as a chiropractor he has testified in "hun-

*'It has got to be any-  
more that we're on the  
same level as doctors  
when we go to court.'*

dreds" of cases. Although he sometimes received hostile reactions when he first began testifying, today he finds mostly acceptance, he said.

"Chiropractic testimony has proven to be very effective in courts of the land in certain types of spinal injury cases," he said.

Lawyers in the Quad-Cities say generally a patient injured in a traffic or other accident first goes to the chiropractor and then to the lawyer.

Some area chiropractors are not reluctant to seek out personal injury



cases or workers' compensation cases through advertising.

Advertisements asking "Have You Had An On-The-Job Injury?" or "Whiplash?" urge injured citizens to seek chiropractic care.

Gerleman said he avoids using advertisements to seek injury cases. He treats victims of "about a couple of hundred" traffic accidents a year, but during his 14 years of practice, he has given depositions just 30 to 40 times and testified in court once.

"I don't want that kind of traffic. I have what I consider a respectable practice. Those kinds of advertisements tend to attract people who are out to get something for nothing."

The growth of chiropractic testimony in the courts has led to courses on "how to" attract the personal injury and workers' compensation patient.

Peter G. Fernandez, a St. Petersburg, Fla., chiropractor, recommends in his book "1001 Ways to Attract New Patients" that chiropractors regularly have lunch with lawyers, advertise on television, radio and newspapers, and tell patients they are interested in expanding this facet of their practice.

Dr. Ron Halstead, a Granite City, Ill., chiropractor who gives seminars on testifying, estimates his office has 40 new

patients a month from lawyer referrals. "Personal injury is a wide open field for chiropractic. We are the best-suited

*'Chiropractors can testify on a more personal basis. They seem to know the patient better than a medical doctor.'*

for musculoskeletal problems," Halstead told chiropractors at a Fort Worth, Tex., practice-building seminar.

Noting that personal injury is "probably the most lucrative area you can practice," Halstead said most chiropractors will have to testify in court only twice a year.

He also said they can use the witness stand to promote chiropractic.

"I think that's where we'll elevate chiropractic," Halstead said. "I think that's where it will come into its own."

— Kris Jensen

## Many make big bucks

I was Careers Day at Palmer College, and a group of prospective students touring the campus had stopped to learn about the chiropractic assistant's program.

When they were asked if they had any questions, the first guy with his hand up cut right to the heart of things. "How much money do they make?" he asked.

Minutes later inside Palmer Auditorium, Dr. Gary Street, a young southern Illinois chiropractor, was no less blunt in his speech, "My Life in Chiropractic."

A career in chiropractic can make available a "slice of the good life," Street said, noting that some successful chiropractors earn \$300,000-plus.

Chiropractors can have nice homes and cars and other things that most people just dream about, he promised. He said his own practice was lucrative enough that he had collected several antique autos and had taken up motorized hang gliding.

The almighty dollar plays a big role in chiropractic, though perhaps no bigger role than in any other profession. And in health care, there are plenty of dollars to be made.

Because of the abundance of chiropractors in the Quad-Cities, nobody has one of the mammoth practices about which Street spoke. Many area chiropractors, however, have very successful practices estimated to be in the \$100,000 range.

Dr. Dennis Stierwalt, a Davenport chiropractor, is frank about his original reasons for enrolling at Palmer right out of high school.

"I thought they made a lot of money," Stierwalt said. If others were being honest, he added, they probably would say the same thing.

In that regard, Stierwalt does not see beginning chiropractic students as being any different from those entering other studies. It is hard to expect somebody that age to have a "strong need to heal the sick," he said. Altruistic motives jell during the professional's training, he added.

The average chiropractor has a gross income of \$65,000 annually, a good 40 percent of which he will pay out in practice expenses, according to studies performed by chiropractic organizations.

Many chiropractors, however, are making big money.

At a Texas practice-building seminar, a large roomful of chiropractors shared a good laugh by reading aloud an article from a medical publication. The article

listed the average working hours and salaries of different medical specialties.

"Here we are making more money than they are and working fewer hours," observed Dr. Ronald Halstead of Granite City, Ill.

"Somebody asked me, doctor, why didn't you become a medical doctor?" recalled Halstead, who claims an \$800,000 gross income and boasts he has paid no income taxes since 1973. "How many times has somebody asked you that? I tell them, 'I thought about it, but I didn't think I could stand the cut in income.'"

### For love or money

Bettendorf chiropractor Lon Wilken thinks he sees the means by which the long-standing strife between the medical and chiropractic professions will be curtailed — the old pocketbook.

"Eventually, we're not going to get them politically," Wilken says. "We're going to get them economically."

When surgeons and other medical specialists open a new practice in the Quad-Cities these days, Wilken notes, they are beginning to send their announcements to local chiropractors.

"It is a matter of finances," he explains.

As chiropractors fill the role of family doctor for more and more people, medical specialists will need to cooperate with chiropractors or lose out on an important source of referrals.

### Taxes help foot the bill

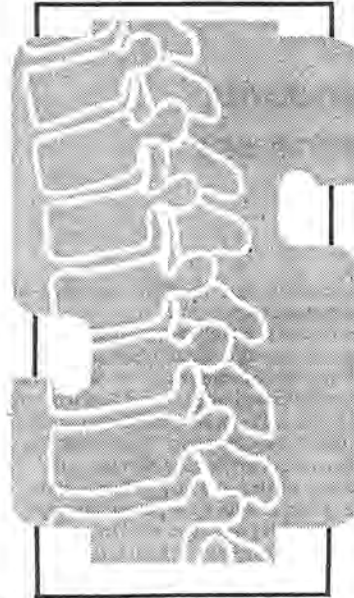
Tax money pays for some people to visit their chiropractor.

The elderly can receive chiropractic care through Medicare. The poor can turn to Medicaid. Government workers can look to their insurance plans and workers' compensation programs. All involve taxpayers' money.

During 1980, Illinois chiropractors received \$5.9 million in reimbursements from the federal government under Medicare, according to U.S. Department of Health and Human Services statistics. Medicare payments to chiropractors in Iowa that year totaled \$1.6 million and will reach close to \$2 million this year.

Illinois Medicaid payments to chiropractors were only \$155,000 during the 1980 fiscal year. Iowa chiropractors received nearly a half million dollars under Medicaid in the most recent fiscal year.

Administration of the two programs



differs from state to state, but federal law provides reimbursement only for manual manipulation of the spine to correct "subluxations shown by X-ray to exist." The government will not pay for the X-rays, a source of many complaints from chiropractors. There are limitations on the conditions covered.

Illinois Gov. James R. Thompson proposed cutting chiropractors out of his state's Medicaid program last year as a budget-paring measure, partly because of the lack of interest demonstrated in the program. Illinois chiropractors are allowed just \$8 dollars per visit reimbursement, hardly worth all the extra paperwork, many of them say. But chiropractors headed off the move in the legislature. In a similar attempt to trim its budget, the Iowa Department of Social Services has proposed cutting out chiropractors.

The amount of money that goes to chiropractors is minuscule when compared to medical doctors and osteopaths. The largest payment to a single medical provider in Iowa during the 1981 fiscal year was \$424,000, while the largest to any chiropractor was just \$26,000.

### Some policies cover

Private insurance also has become an important part of the chiropractic scene. More than 700 insurance companies will now pay chiropractic claims, according to the American Chiropractic Association, and chiropractors say coverage of workers in the Quad-Cities is good.

Between the government programs and insurance, Rock Island chiropractor William Holmberg estimates 75 percent of his practice is third-party payment.

But Blue Shield of Iowa, the state's most prominent group insurer, will not pay for chiropractic services. Iowa chiropractors are campaigning for "insurance equality" laws that would treat

them on par with medical doctors and osteopaths.

The Quad-Cities' foremost employer, Deere and Co., treats chiropractic care the same as medical care under its health benefits program. Deere will pay for X-rays and lab fees for employees and their families plus \$2 per office call for the employee only.

Chiropractors are not included, however, in Deere's health maintenance organization, the Quad-City Health Plan, nor are there any plans for them to be. HMOs have been viewed suspiciously by chiropractors in some areas of the country as a means to eliminate them, but local chiropractors say they have not been hurt by the Deere HMO.

### Chiros: a useful tool

Back injuries can be a gravy train for chiropractors in a community such as the Quad-Cities where so many people are involved in heavy industry.

Many cases involve workers' compensation claims, an area in which the profession has received a boost because of several studies, some of them independently performed, that showed that injured employees who went to a chiropractor were back on the job sooner and at lower cost than those who had seen a medical doctor.

These studies can not be taken as an indication of chiropractic outperforming medicine, because the patients who saw each of the two physician groups did not necessarily have similar conditions. But the research has caught the interest of officials in both government and the private sector.

Ken Mahr, who handles workers' compensation for Fireman's Fund Insurance Companies in Bettendorf, says he has "come to the positive belief that chiropractors have their place in the treatment of an individual."

He says his company's experience is that chiropractic manipulation of back strain will result in employees returning to work sooner than if they did nothing. He says he cannot compare their work to that of medical doctors.

"The chiropractor, as any doctor, is a useful tool," Mahr says. "But you wouldn't want to pick up a screwdriver when you need a saw."

Not all of those who work with workers' comp feel so kindly about chiropractors.

Deere and Co., for instance, refuses to pay chiropractors under workers' compensation. A Deere spokesman refused to discuss the company's reasoning.

And the official who handles workers' compensation for one of Iowa's largest employers, while asking to remain unidentified, says he works to steer employees with claims away from chiropractors.

"We're starting to see more and more chiropractors' bills with charges for special pillows, arch supports, vitamins and laboratory tests," he complains as he produces bills of more than \$1,000 piled up in just under a couple months of chiropractic treatment.

"Workers' comp is the green light to these guys."

# We pause for this brief commercial message

**B.** J. Palmer used to say, "Early to bed, early to rise, work like hell and advertise." Many chiropractors have taken him at his word over the years, establishing their profession as perhaps THE most advertised.

They advertise in the yellow pages of the phone book, in newspapers, on radio and television. They send out newsletters and buy millions of little pamphlets that adorn their offices.

Some of them buy preprinted "columns" from outside firms, stick their photo at the top and publish them as if they had done the writing themselves.

Others advertise "Chiropractic Information Bureaus" where a prospective patient can call for advice. The phone numbers just happen to ring in the office of individual chiropractors who naturally

advise the patients to come see them. Another common ploy is to advertise, "We accept insurance." Most everybody accepts insurance, of course, but the question is whether the insurance company will pay for chiropractic care. Some will, and some won't.

Still, most chiropractors do not advertise. And they are not very happy about those who do.

For the most part, the arguments over advertising in the chiropractic profession are not any different from the arguments other doctors and lawyers have about the subject.

Some say it is unprofessional. They say it demeans the profession for any of its members to promote themselves. Those who advertise say they are just trying to educate the public to be aware of their services.

Most chiropractic advertising in the

Quad-Cities is pretty conservative — none of the free X-rays and extravagant practices that chiropractors sometimes use, stuff that Palmer College President Dr. Jerome McAndrews says would make you "drop to your knees and weep."

Some, however, complain about the area's number one advertiser, Dr. T.J. Kennedy.

Kennedy, whose ads and commercials typically offer free spinal examinations, says he couldn't have got his practice off the ground when he moved here from northwest Iowa a little over a year ago if he had not advertised.

"We have to communicate we're here, the types of problems we work with, and just make contact with these people," Kennedy says.

Fifty percent of those who answer his ads have never been to a chiropractor, he says, which he takes as an indication that

somebody has not been doing an adequate job of informing people about the value of chiropractic.

"I think they're doing a disservice to the public by not advertising," he adds. Other chiropractors say their profession is forced to advertise because it does not get the "free public relations" the medical profession has received over the years through such television programs as "Marcus Welby, M.D.," and "Ben Casey."

Dr. Wayne H. Zemelka is a Palmer College faculty member trying to upgrade the standard of chiropractic advertising. He says some of it is "atrocious."

"It's the entrepreneurs in the field that give us that image," Zemelka says. "You're not selling something like soap. You're selling a service. That's what we have to get across to these students."

## 'Money boys'

### Guerrilla tactics, Rolls Royces and a million-dollar practice

**T**alking excitedly on the telephone, a local chiropractor was encouraging a soon-to-graduate Palmer College student to join Clinic Masters, one of the many organizations that teach chiropractors how to make more money.

"They've got guys making \$600,000 a year, and they're working on the first million-dollar practice," he said enthusiastically. "They've even worked out on paper how it could be done."

The Million-Dollar Practice. Chiropractic literature is full of talk about it and other material rewards, and full of folks who say they can make them happen.

One of them is Dr. Flavian Santaviceca, a Florida chiropractor.

Posed alongside his new Rolls Royce for a magazine ad, Santaviceca smiles and beckons any chiropractor "who wants to achieve financial independence."

Many chiropractors want that financial independence so much they are willing to pay Santaviceca and others like him a great deal of money to teach them how. At last report, Santaviceca was charging \$30,000. In the profession, these teachers are known as "practice builders." They teach chiropractors how to see more patients and make bigger profits.

Their influence is so strong that one chiropractor recently warned his colleagues of a coming confrontation between the "Money Boys" and the "Health Boys" as the profession finally comes face to face with the fact that most chiropractic seminars lure their enrollees with promises of making bigger bucks rather than making better doctors.

A typical ad for the most popular chiropractic practice builder, the Parker

School for Professional Success, displays a letter from Dr. Charles T. Guarisco of Morgan City, La. Guarisco told the magazine's readers that in his first 10 months of practice after graduating from Palmer College, he grossed \$100,000 by applying what he had learned from a Parker seminar.

Guarisco added: "In 1980 I not only achieved my goal to purchase an Excaltor automobile, but I ended the year at over \$300,000 gross income. Not bad for a solo practitioner with a four-day work week."

Some of the practice builders charge large fees for a lifetime contract, while others just offer regular seminars with no long-term commitment.


One of the latter, the Wes Trout Living Principles Program, charged \$300 for a chiropractor to attend his weekend seminar. Trout, whose speakers have included Davenport chiropractor Dr. J. Larry Troxell, teaches many principles, among them "prosperity attitudes."

"By applying the Laws of Life as taught at Living Principles, the majority who attend double, triple and some even quadruple their practices and income," Trout promises.

George McAndrews, a Chicago lawyer with close ties to chiropractic, says the practice-building organizations were born as "almost a survival kit for chiropractors," who were trying to open practices in the face of opposition from the medical community.

"They taught what were all too often guerrilla tactics, survival tactics, not probably acceptable from a pure, rose-colored view of professionalism," McAndrews says.

The practice builders developed courses and textbooks, step-by-step tips on



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- 100% commitment
- 100% dedication
- 100% perseverance
- 100% determination
- 100% courage
- 100% faith
- 100% hope
- 100% charity
- 100% kindness
- 100% gentleness
- 100% patience
- 100% self-control
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how to handle patients from the moment they call on the telephone to the time they leave the office, most designed to convince them they need chiropractic care and get them to pay for it.

"Some of the things I find in the textbooks come fairly close to making an economic target of the patient," McAndrews acknowledges.

One passage from Georgia-based practice builder Sid Williams suggests what the receptionist should do if somebody calls when the doctor is out of town: "Never tell the patient the doctor is 'out of town on vacation, attending a convention, taking a few days rest.'" Even if the chiropractor is taking a world tour, the receptionist should tell the patient that "Dr. Williams, along with several other chiropractors, is on a chiropractic research project that is taking them to 40 different countries around the world."

Williams, a Palmer graduate with a strong following from his seminars, has used his income and his contacts to open chiropractic's fastest-growing college outside Atlanta.

McAndrews thinks much of the practice-building is disappearing quickly because chiropractic's leadership "has finally gotten up enough courage to train their criticism" at the objectionable practices. No such disappearance is evident to many other observers of the profession, however.

Dr. James E. Reese, president of the International Chiropractors Association, set chiropractic tongues wagging last summer when he became one of the first within the profession to denounce the influence of the practice builders.

Writing in his association's professional journal, Reese took swipes at all

the major chiropractic practice builders.

"What does it mean to be a successful health care practitioner?" Reese wrote. "If I don't own a Rolls-Royce, am I letting my profession down? Do I need or want a medallion for serving my patients? Are gadgets or gimmicks appropriate for a profession? Do I have to allow an entrepreneur to 'advertise' my income to feel like a big wheel?"

Although he did not name anybody, nobody inside the profession missed his allusions to Santavicca's Rolls-Royce pose, Clinic Masters' medallions (color-coded to indicate the chiropractor's income bracket), Parker's oft-quoted reference to teaching the use of gadgets and gimmicks, and just about everybody's use of testimonials from chiropractors who quote their monthly income.

Reese has been one of the few to speak out. The colleges have been extremely reluctant to say anything because the practice builders are among their biggest contributors. Both Santavicca and Parker are among Palmer's loyal alumni.

The practice builders, who sometimes refer to themselves as practice management consultants, have varying reputations within the profession. One of the most disliked is Clinic Masters, a Kansas City-based group whose clients generally do a lot of advertising. Some derisively refer to it as "Colonic Masters."

Several local chiropractors are associated with Clinic Masters. Their ads and commercials, offering free spinal examinations and contour analyses, are a regular feature of Quad-City newspapers and radio.

According to Dr. Stephen Barrett, a

Pennsylvania psychiatrist who is regarded as America's foremost chiropractic critic, Clinic Masters' fee for a program of seminars and ongoing consultation is \$20,000 — \$100 initially and the rest payable as income rises.

Barrett, who has made a sideline out of keeping tabs on chiropractors through his Lehigh Valley Committee Against Health Fraud, notes the topics of two Clinic Masters seminars have been "How to Increase Insurance Business \$100,000 or More A Year" and "How to Achieve the 'Optimum Gettable' With Every Patient."

One of its local clients, Dr. T.J. Kennedy of Moline, defends Clinic Masters as having "done more for chiropractic care than any other organization."

Kennedy refuses to explain what facets of his practice are part of Clinic Masters teachings, noting his contract with them prohibits him from divulging such information. One of the traits of Kennedy's practice, however, is extensive use of therapies other than the traditional chiropractic adjustment, a characteristic commonly attributed to Clinic Masters. Most of Kennedy's patients receive at least one of these extras, for which they pay an additional charge.

Kennedy also recommends his patients sign up for a "package of care" in which he determines the number of visits they probably will need and offers them several payment options. One of these offers a discount if the patient agrees to pay for the entire package ahead of time.

Kennedy would not be more specific, and Clinic Masters would not allow a Times reporter to visit a weekend seminar.

Like Kennedy and Clinic Masters,

each of the practice builders have their defenders. And the clients clearly believe they are doing nothing unethical, certainly nothing other professions don't do also, they say.

The most commonly voiced defense is that they are only finding ways to provide better care to more patients — it just so happens they make more money that way.

They also say that chiropractic colleges, like most professional schools, fail to teach their students much about how to get along in the business world. They say they are just filling this void.

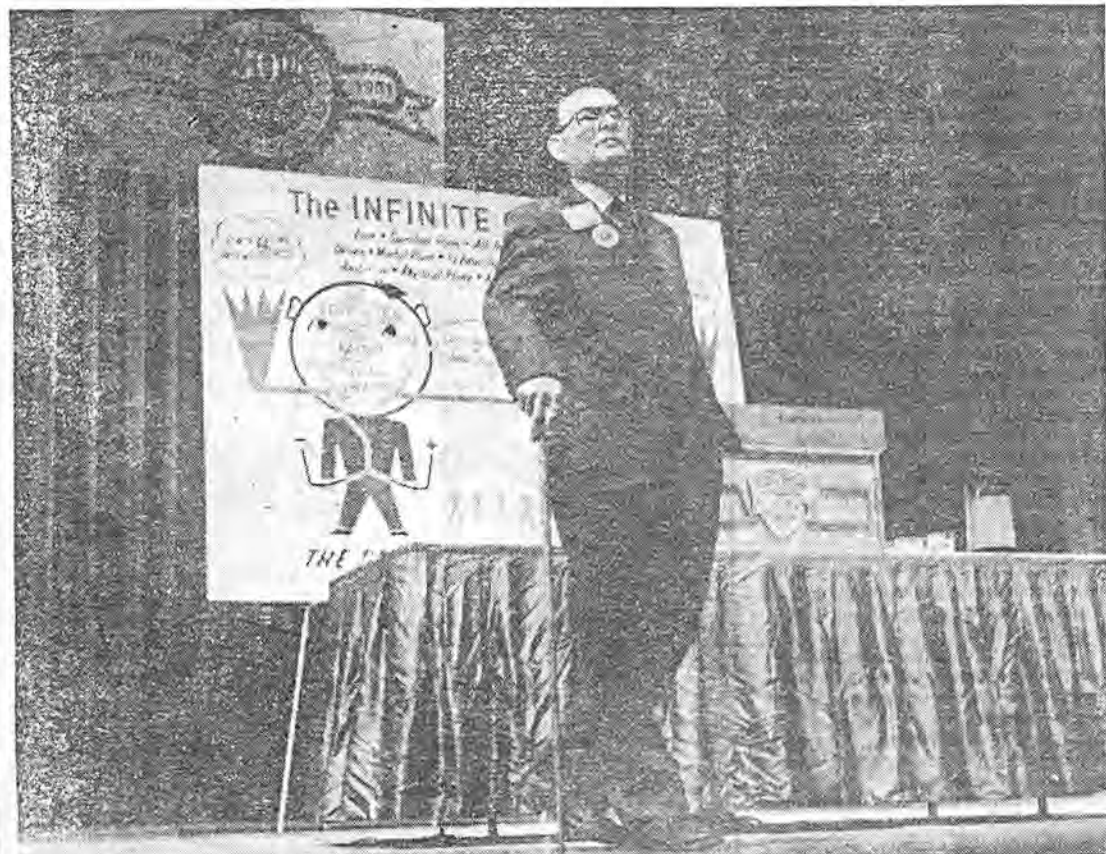
Medicine also engages in practice-building, but "does it with class," McAndrews says. A spokesman for the American Medical Association steams at the suggestion, arguing that the many "practice management" courses that medical doctors attend to improve their business procedures are a far cry from the chiropractic practice-building courses that use methods similar to "those sleazy dancing schools."

Some of the biggest practice builders these days are in dentistry, the chiropractors say. They should know. Chiropractors invited dentist Duane A. Schmidt of Cedar Rapids, Iowa, to speak at a big convention they held this fall at Disneyland.

The class description for one of Schmidt's sessions promised he would teach chiropractors to "choose the selling words that close the sale."

"Sales myths will be dispelled and simple sales techniques put into words that attack the jugular," the promoters promised.

Schmidt's topic: "Struggling Along On A Million Dollars A Year."



Dr. James Parker lectures at his Ft. Worth practice-building seminar. (Times photo by Mark Brown)

## Dr. Jim

**F**ORT WORTH, TEXAS — His name is James W. Parker. They call him Dr. Jim. Some say D.D. Palmer discovered chiropractic, B.J. Palmer developed it, and Dr. Jim developed the chiropractor.

For the past 30 years, Parker has been developing thousands of chiropractors through his practice-building seminars, weekend conventions at which he and his associates give instruction in the finer points of their profession — most of which Parker relates to making more money.

At 60 years of age and not much more than 5 feet tall, Dr. Jim is a giant in his profession, the original chiropractic practice builder, so popular his followers line up at \$10 a pop to have their photos taken with him.

He is chiropractic's success philosopher, cut from the mold of a Dale Carnegie or Norman Vincent Peale, a tireless perfectionist, millionaire and self-



described horse trader who once ditched offices he maintained in Rock Island and Geneseo, Ill., to return to his native Texas and build his fortune — initially in private practice but more recently as chiropractic's guru of positive thinking.

A 1946 graduate of Palmer College, Parker is listed in the school catalog as a guest lecturer for its continuing education faculty. He received the school's D.D.

***'I'm going to teach you how to be, how to act, and therefore, how to have.'***

Palmer Scientific Award in 1976.

"I am going to teach you how to be, how to act, and therefore, how to have," he tells the 2,200 chiropractors, spouses and assistants, a small turnout by Parker standards, who have made the trip to Fort Worth.

He teaches his listeners how to find prospective patients, how to convince them they need chiropractic care, how to collect their money and how to keep them coming back. He has taught chiropractors how to survive and prosper. Mostly, though, he teaches them how to believe in chiropractic and sell it.

Parker people like to think of themselves as a "postgraduate educational institution" for the chiropractor. Detractors, however, have portrayed Parker as the Artful Dodger, teaching chiropractors nifty con-man techniques.

Parker opened his doors this September to a Quad-City Times reporter, giving him carte blanche to attend a weekend of seminars. The Times found neither a lofty educational institution nor a den of thieves. More than anything, the Times found, a Parker seminar is a cross between a sales meeting and religious revival, encouraging chiropractors to believe in their product and spread its gospel with good salesmanship.

Parker admits he may have toned down a little since the time nearly 20 years ago when a medical doctor sneaked into a Parker seminar posing as a chiropractor, later stinging the chiropractic profession with a published account of his experiences.

"I think that my emphasis has toned down so far as my anger at the medical hierarchy to inbreed their members to hate chiropractic and chiropractors," Parker said in a 1:30 a.m. interview after the last night of the seminars, the only time he could find to talk. "I created strong ways to counteract that attitude."

At the heart of his teachings is a belief that just about everybody is in need of chiropractic care, and that good chiropractic care requires a long succession of visits.

"If you're an adult past the age of 3, and you haven't had chiropractic care, you need chiropractic care," one seminar audience was told by Dr. David Singer, a New Jersey chiropractor who boasts that he will gross between \$900,000 and \$1,000,000 this year.

"You know why I don't have any trouble telling people to come in for chiropractic care?" he added. "I'm so damn turned on to chiropractic that I count vertebrae in my sleep."

A little later, Sioux Center, Iowa, chiropractor Dr. Bruce Hagen expanded on

the theme. He told a seminar class about the Hagen Rigor Mortis Program.

"Every person needs chiropractic care until rigor mortis sets in," explained the highly successful Palmer alumnus, noting his typical patient will make 57 office visits.

"Chiropractic is no cure-all," Parker said. "But the principle of chiropractic is more right and gets more results than anything else. Chiropractic at its worst gets more real substantial results than medicine at its best."

About 60 percent of the chiropractors practicing in the United States have heard Parker share this message during at least one of his sessions, according to Parker's staff. Most of those who attend come back for more. For chiropractic students getting ready to open a practice, it is something of a pilgrimage, almost a part of their educational program, said Dr. Bill Brown, Parker's vice president for research.

Plaques with the inscription of the Parker Chiropractic Research Foundation are a common sight in the offices of Quad-Cities chiropractors, hanging as testimony to Dr. Jim's influence.

Exactly what relationship the Parker seminars have with research, though, is one of the more elusive aspects of the Fort Worth-based organization.

Brown admitted the organization has no connection with scientific research. Parker's research is involved with "doctor-patient relationships," he said.

Chiropractors are given sample press releases, which they are encouraged to send to their local news media. The press

***'You know why I don't have any trouble telling people to come in for chiropractic care? I'm so damn turned on to chiropractic that I count vertebrae in my sleep.'***

releases say that Dr. (fill in the blank) "participated in educational seminars providing information concerning the most recent research and developments in chiropractic care."

Actually, the doctor is more likely to have attended seminars with such titles as: "My Best Ways to Get New Patients," "How I Built A Large Successful Practice Quickly," "How My Associates and I Care for Over 1000 Patients Each Week," "How to Legitimately Avoid Income Tax," "How to Increase Your Practice and Attract Referrals with Applied Kinesiology."

Parker's attraction may be best revealed in the testimonial advertisements he places in chiropractic magazines, featuring chiropractors quoting their monthly income and how it has increased, often miraculously, since attending a Parker seminar.

The seminars are more subdued than

## Tips from Kerby



Kerby Landis

Dr. Kerby Landis, a Palmer graduate with a large practice in California, is one of the most popular Parker seminar speakers.

For chiropractors who have trouble translating Dr. Parker's sentiments into a plan of action, Landis has some concrete suggestions. Here are some of the tips he shared with chiropractors at the Fort Worth convention:

- Spend no more than three to five minutes with a patient on a routine office visit, seven to ten minutes for an initial examination, but concentrate totally on that patient while with him.

- Don't stop to chat and be the patient's buddy. Patients want a parental authority figure. It's easier to convince patients to come in regularly if they have the doctor on a pedestal.

- During consultation with the new patient, throw in a few knowing "Mmmms" and "MmmHmms," interspersed with big and small nods. This gives the patient the impression that you understand his problem. (For emphasis, Landis and his class practiced their "Mmmms" and "MmmHmms" out loud together.)

- When examining the patient, throw in an occasional "Uh-oh." This is good for patient management.

- Conduct the examination very rap-

idly. This gives the patient the impression of thoroughness.

- With a tape recorder running, verbalize the findings from the examination. Be sure to tell the patient about the tape recorder, but don't bother transcribing the tape. Just record over it. Its main purpose is to keep the patient quiet during the examination, which makes sure no time is wasted. (One seminar participant asked if there were any need to actually use a tape. No need, agreed Landis. "It's kind of better, though, you know, in case they check.")

- Enter the room mortician-like when giving a report of findings to a new patient. Pause. Then hold the patient's hand instead of shaking it. In a sober tone of voice, tell the patient, "I'm really glad we took those X-rays." This gets the patient's attention.

- Commit the patient to an extended program of care before beginning treatment. If 30 visits will be necessary, schedule all 30 visits right then. If the patient balks, don't start treatment. Tell him, "I don't want to waste your time or money."

- Don't give the patient an adjustment on the first visit. Chiropractors who adjust on the first visit become symptom-treating doctors. When the patient's symptoms clear up, he will discontinue treatment.

the advertisements or the titles would indicate. Much of the advice is as lame as Hints from Heloise — how to shake hands or how to answer the telephone.

Parker's basic message is for the chiropractor to love his patients and let them know they are loved. He says he used to tell about 40 patients a day that he loved them. Monetary rewards will be sure to follow, he tells the chiropractors.

He puts great emphasis on the sometimes mystical chiropractic concept of Innate, with reminders that "Innate is never wrong" and "Innate will attract to you those people that you can help."

Many chiropractors follow his plan to the letter. Others take what they like and discard the rest. Many of chiropractic's other practice builders are disciples of Parker.

The people who work for him at the seminars, most of them dynamic speakers, have advice of their own, much of it contradictory. Some advise the chiropractor to spend no more than two to three minutes with a patient. Others have tips on keeping the patient quiet during an examination ("Tell them you're checking for a slipped disc.") Most of it is pointed at seeing as many patients as possible and handling them in the least

possible time.

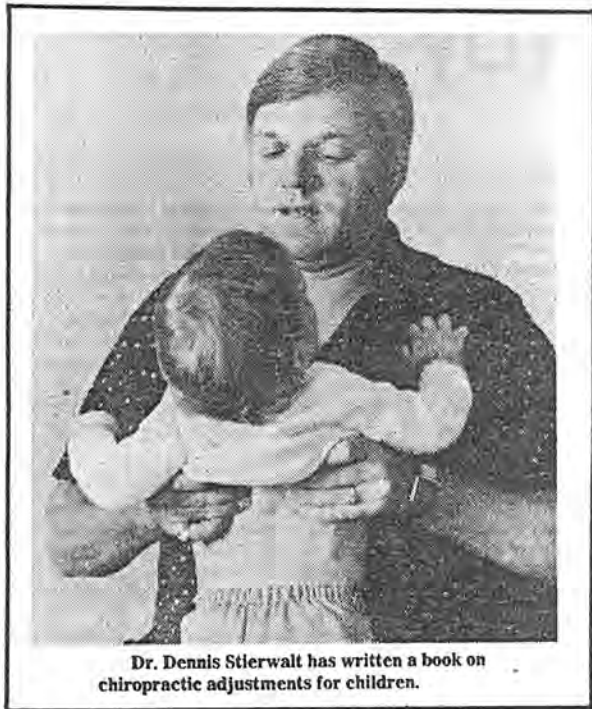
But Granite City, Ill., super-chiro Dr. Ron Halstead tells Parker students to stop thinking about numbers of patients. He would rather they think in terms of patient "values." He suggests figuring out a New Patient Value (NPV), which assigns a weighted value for each new patient.

For instance, a Medicare patient would have a much lower NPV than a workers' compensation patient, because the chiropractor will not be able to make as much money. Therefore, it is better to try to attract the more valuable workers' comp patients.

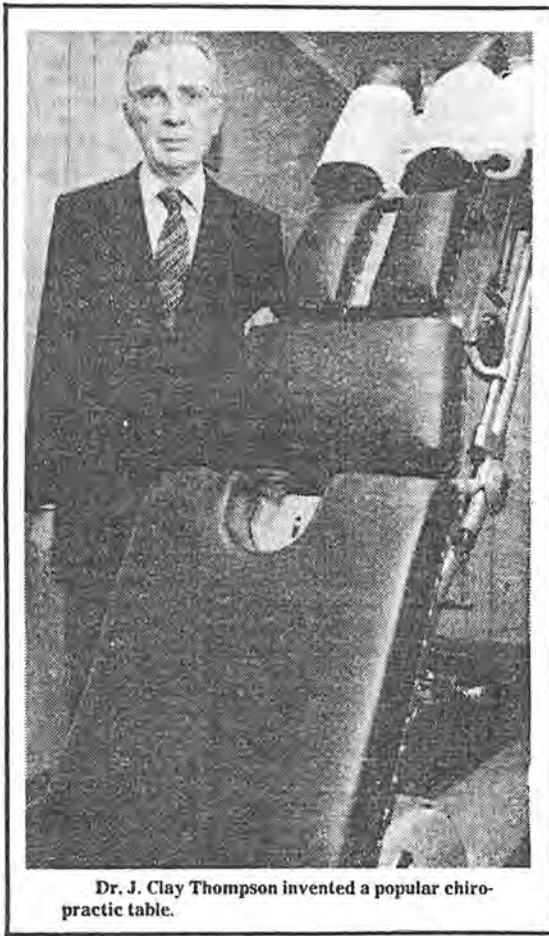
Parker supplements his advice with constant reminders that the doctor would do well to invest in some of the office materials and devices he sells on the side through a separate company, Share International, the "World's Largest Source of Chiropractic Supplies." Parker's wares are gathered in a special room during his seminars.

During the rest of the year, however, the chiropractor can turn to Share's supply catalog for everything from chiropractic designer jeans ("chiropractic" is stitched on the seat) to chiropractic Christmas cards, brochures, charts, jewelry and display spines.

# ★ Stars ★



Dr. Dennis Stierwall has written a book on chiropractic adjustments for children.



Dr. J. Clay Thompson invented a popular chiropractic table.



Dr. J. Larry Troxell hopes to build a chiropractic hospital outside his spacious clinic.

**D**r. J. Larry Troxell dreams of building a chiropractic hospital on a 14-acre site just west of Davenport.

It seems a big dream. Hospitals are all but nonexistent in the chiropractic world. Building one seems a major undertaking for one man. But Troxell, called "Dr. T" by his patients and associates, learned his chiropractic from Clarence Gonstead, a Wisconsin man who

thought big and became a chiropractic legend because of it. Troxell seems determined to carve a similar niche.

"It's hard to walk where nobody has walked before," he says thoughtfully from an examination room at the Linwood Road clinic, which he describes as Iowa's largest.

Troxell's attitude is common among chiropractors.

"They're all trying to be stars," said

Thomas Blackett, then-public affairs director for the American Chiropractic Association. "They're trying to be pioneers. It's B.J.'s influence."

Though they tend toward overstatement, Blackett's comments are supported by a recent ad for a chiropractic practice-building seminar, the Parker School for Professional Success.

"The PSPS star-studded lineup is waiting for you in Fort Worth where it all began," the ad says. "Hitch your career-wagon to the star PSPS team. (Dr. Jim) has made thousands of stars, let him make you one. Dr. Jim Parker — the Super Star!"

Troxell is one of several Quad-City chiropractors who have achieved stardom of sorts. His monolithic clinic, complete with overnight rooms, a kitchen and small auditorium, hosts patients from throughout the Midwest. He says nobody in the Quad-Cities sees more patients.

Because of his success, he is in demand for speaking engagements across the country, he says. He has only recently returned from giving a talk in Japan.

Last year, one practice-building group billed Troxell as one of its main speakers at an upcoming seminar, touting him as "filled with ideas for office management and patient procurement — patient control."

Star status does not ensure chiropractors of the respect of their colleagues. Some Quad-City chiropractors dislike Troxell, citing his advertising practices. But stars get plenty of notoriety within the profession.

Chiropractic's stars fall into two general categories — innovators and money-makers. The innovators — those who

devise new treatment methods — often become money-makers, too, by passing along their knowledge to fellow chiropractors at a cost. Most of the money-makers, however, make their mark with large patient loads, then increase their status and income by teaching other chiropractors their secrets.

Troxell, a devoted follower of Gonstead's techniques, qualifies among many of his colleagues as a money-making star because of his patient load, though nobody puts him in the same class as the profession's elite — those grossing a half million dollars or more annually.

A local innovator who became a chiropractic star is Dr. J. Clay Thompson, a Bettendorf resident who retired from active practice seven years ago at 65. He still maintains a heavy transcontinental lecture circuit, including stops in Japan, where he is the honorary president of a small chiropractic college.

Thompson, a one-time confidante of B.J. Palmer, is the inventor of a chiropractic table and a technique that accompanies it. His table, one of which is on exhibit at the Smithsonian Institution in Washington, utilizes collapsible parts that give way when pressure is applied.

A slight-built man, Thompson devised the table to help him give chiropractic adjustments to patients who proved difficult for him to handle because of his size. Rather than support the patient when the chiropractor thrusts his hands into the patient's spine, a section of Thompson's table gives way. Theoretically, when the collapsible piece catches, the chiropractor's hands follow through and more easily complete the adjustment. Thompson says the table is based on Newton's laws of motion.

Thompson's table "takes the pressure off the doctor and pain out of the patient," he says proudly. Many chiropractors agree. More than 3,500 of his tables are in use.

Dr. Dennis D. Stierwall, another Davenport chiropractor who has developed into something of a star, also took the innovator route. While a member of the faculty at Palmer College, Stierwall wrote three chiropractic books, all of which are now widely used as texts.

One gives tips on how to give chiropractic treatments to children. Another teaches chiropractors how to give adjustments to parts of the body other than the spine, a technique known in the profession as extremity adjusting. Because of this work, he is recognized as an expert on sports injuries.

Another of those with many speaking commitments, Stierwall had only recently returned from a tour of chiropractic clinics in Italy, where he gave instruction in his specialties.

Professionally, Stierwall goes by his initials, D.D. Many chiropractors whose initials resemble those of D.D. or B.J. Palmer choose to do the same thing.

Chiropractic educators, such as Palmer College President Jerome McAndrews, also achieve star status of sorts, receiving speaking engagements from coast to coast.

Dr. Galen Price, Palmer's president from 1978 to 1979 and the first who did not carry the Palmer name, was a star for a while. Somewhat to his surprise, his glitter faded quickly and the lecture opportunities fizzled after he retired.

"I just tell them the same old thing — the chiropractic philosophy," Price says from his Davenport home. "And they want to hear something new."

# View from the table

*Quad-City Times reporter lies down on the job and tells what he sees*

**D**uring his usual muscle testing procedures, Dr. James Woods reached for what he said was a lead shield.

With me on my back, the Parkview chiropractor put the little black sheet of metal over my left ear and tried to pull down on my right arm, which per his instruction I was holding rigidly straight up. He could not budge the arm.

Then he put the shield over my other ear and tried again. My arm gave way. Woods chuckled.

He placed the shield over my mouth and again the arm gave way as he pulled on it.

Before I could remember whether it was lead or kryptonite that made Superman weak, Woods laid the shield aside and explained what he was doing.

"Your ears stick out from your head for a purpose," he said. "They act as antennae for nerve energy."

Something seemed to be amiss with how my right ear was receiving this "cosmic energy," Woods said. He pinched and pulled on my right ear for a few minutes, then tested again with the shield. He could no longer pull the arm down.

The problem with my mouth was not so simple. Woods said this nerve energy flows through the body and out of the mouth. The nerve energy had apparently become congested somewhere in my chest or stomach area, he said.

With a little more muscle testing, he determined the congestion was a result of my diaphragm working improperly. He squeezed a few spots and massaged a few more, then gave me a chiropractic spinal adjustment, and sure enough, the arm remained strong the next time he tested it.

A lot of people would be astounded if this episode had happened to them in a doctor's office. After a month of visiting chiropractors, however, I was hardly surprised. My threshold of astonishment had reached new levels.

For this special section, I became the patient of several Quad-City chiropractors. Never having been to a chiropractor before, I felt I needed a first-hand look at what goes on inside a chiropractor's office.

When I visited these chiropractors, I clearly stated on their new patient questionnaires that I was a reporter for the Quad-City Times. I did not tell them I was preparing these stories on chiropractic. I did not tell them I had seen other chiropractors. I presented them the honest facts about my personal health. I did not make up any symptoms.

Dozens of office visits and hundreds of Quad-City Times dollars later, I had collected a drawerful of pills, a \$45 pair of arch supports, several doses of X-ray plus plenty of anecdotes and observations.

Some of those stories have been related elsewhere in this special section, perhaps the most memorable being the chiropractor who used a potato and magnets to figure out I needed to buy some of his pills. But there are others worth telling.

One morning I sat down with a chi-



Mark Brown... both legs shorter than the other

ropractor who had written a report about my health based on his examination. One of his findings was that my right leg was shorter than my left. That afternoon I went to another chiropractor who found my left leg shorter than my right.

There was the time one chiropractor put an X-ray of my neck on his viewbox, switched on the light and exclaimed, "Oh, wow, you must have been in an accident at some time." He explained I had a "compression fracture" of my fifth cervical vertebra. I could not recall any accident and could not really see anything on the X-ray. Nor did any other chiropractor ever diagnose the same problem. It all reminded me of how practice-building courses teach chiropractors key phrases that help get the patient's attention.

There was the efficient office proce-

dures of Moline chiropractor Dr. Dennis Luebbe, who with his receptionist's able assistance could bounce from room to room, giving patients their adjustments and sending them on their way again in just a few minutes.

Luebbe, who shares his office lobby with two hypnotists and a "certified colon therapist," would have his patients listen to a tape recording of him explaining chiropractic care before he would enter the room and tell the results of their examination, performed on a previous visit.

Over the course of my chiropractic treatment, I was told I was suffering from several ailments I hadn't known about before. Dr. Harlow Wells of Coal Valley told me I had a hiatal hernia, which he quickly corrected. If I had gone to the Mayo Clinic for an operation on

this hiatal hernia, he said, it would have cost me \$7,000.

Nobody else found a hiatal hernia, but several found what they called ileocecal valve syndrome. Ileocecal valve syndrome is apparently very common because chiropractors have pamphlets printed up that explain it.

Another new one was ocular lock, which Woods popped on me after returning from a weekend seminar. Using the same muscle-testing procedures, Woods had me roll my eyes to the side, then up and finally up and to the side. Up and to the side was too much, and my arm gave way. Symptoms of ocular lock, according to Woods, include getting sleepy while reading or finding that you can't remember what you just read. He corrected the problem by adjusting the bones in my skull.

To save the company a little money, I started my chiropractic rounds by answering advertisements for free spinal examinations. This did not give me a representative cross-section of chiropractors because the ones advertising the free exams turned out to be clients of a certain practice-building organization that many other chiropractors despise.

Part of these free exams were contour analysis photos. These contour analyses confirmed what I already had suspected. I look better with my shirt on. In addition to discarding my shirt, one chiropractor opted for an R-rated bare butt picture. I chalked it up as one more disagreement between chiropractors about the proper way to do something. Anyway, the photos make great conversation pieces.

I did not follow through for treatment with all the chiropractors I visited for examinations. All but one insisted on X-rays before proceeding with treatment, and I didn't want that much X-ray. As it was, I was X-rayed many times and never was outfitted with the protective shields that chiropractic schools are teaching their students to use.

All the chiropractors insisted I was a "chiropractic case." Some of them had exceedingly well-polished explanations of why I would be advised to become their patient. One of the best reminded me of the memorized pitch you can get from a life insurance salesman.

They also insisted they would be sure to refer me to a medical doctor if they found it necessary. Only one ever found it necessary, and that was after I had paid him nearly \$200. He also was the only chiropractor ever to take my blood pressure, use a stethoscope or analyze a urine specimen. He says he has plans to enter medical school.

For the most part, however, I found them to be nice people who seemed genuinely interested in my health and in putting to work a body of knowledge I did not possess.

But did they help me, you may be asking?

And all I can say is that the asthma I've had since I was a kid was less a factor in my life this summer and fall than it had ever been. Then again, it was also the first summer I took up jogging.

Some of the first advice we got when we set out to write this special section was to read a book called "Chiropractic in New Zealand." We laughed. Why would we want to read about chiropractic in a country more than 7,000 miles away when we were interested in what was going on in our own community?

The answer, as we soon learned, was that this New Zealand report had something nice to say about chiropractors. For an independent investigative body, this was a rarity, maybe even a first.

A commission of inquiry had decided that chiropractors perform a valuable service, that spinal manipulation is safe and effective in relieving musculoskeletal symptoms and that chiropractors should be accepted as partners by organized health care.

The exhaustive report, we found, seemed well-researched and fairly presented. Those who prepared it admitted that before beginning their study they knew precious little about chiropractic, had never undergone treatment and figured it was pretty much a sham.

After two years of delving, they appeared to be converts. Even though this had happened in New Zealand, we were impressed and not a little surprised. We had only recently digested everything U.S. sources had to say about the subject, all of it contrary to the findings of the New Zealand folks.

Among the most notable were the writings of Dr. Stephen Barrett, a Pennsylvania psychiatrist who keeps tabs on chiropractors and jabs them every chance he gets.

Barrett's well-documented reports on chiropractic painted the picture of a profession filled with dangerous and money-hungry snake oil salesmen. With his psychiatrist's outlook, Barrett sees chiropractors as "delusional" — they think they are real doctors.

"As far as I can tell," he wrote, "chiropractors are unable to agree among themselves about whether to diagnose, how to diagnose, what to treat, how to treat, when to treat, when not to treat, how long to treat, when to make a referral, when to take an X-ray, how to take an X-ray, how to read an X-ray or how their treatments work. It is hardly surprising that most physicians want nothing to do with chiropractors."

Barrett also would prefer the public have nothing to do with chiropractors.

For many months, we wrestled with these two divergent viewpoints and tried to find The Truth — who was right and who was wrong.

At the risk of being wishy-washy, we

would like to suggest that, in many respects, The Truth is both. We hope the previous 35 pages bear this out.

As Barrett suggests, chiropractic in this country and in this community is a profession replete with confusion. Chiropractors are in amazing disagreement about what they should be doing and how they should be doing it. Nearing the completion of their first century of existence, chiropractors still can offer no scientifically documented explanation for many of the treatments for which Americans will pay \$1.3 billion this year. Many of them hold themselves out to be the best option for most any ailment known to mankind.

Chiropractic also has more than its fair share of mavericks, dabbling in anything and everything they decide "works." It is inundated by an entrepreneurial spirit that undermines professionalism. And its undisciplined character ensures that cleaning things up will be a long and difficult process.

But as the New Zealand folks suggest, chiropractors clearly perform a valuable service. Millions of Americans entrusted their health care to them last year and received enough help that millions more will do so this year.

Chiropractors are now licensed in every state and reimbursed through private insurance policies and government welfare programs, not because of some mysterious political power, but because ordinary people believed in them and argued for them.

Although chiropractors have not scientifically demonstrated how their spinal adjustments provide relief, there is a great body of clinical evidence that indicates they do indeed help.

Now comes the juncture where we are supposed to tell you the moral to our story, some divine wisdom that will help you justify having read this whole thing.

Early in our research, we asked one of the most dedicated chiropractic patients we encountered whether she had ever tried to convince her husband to see her chiropractor. No way, she told us.

"It's just like church," she said. "If you want to go to church, you'll go to church. If you don't, nothing anybody says can change your mind."

That's the way it is with chiropractors. Everybody seems to be either for 'em or against 'em. As you might have guessed, we're not going to tell you to choose sides.

We hope, however, that we have made chiropractic's believers more aware of its weaknesses and the disbelievers more aware of its strengths.

