

Do you want to join  
a philosophy group?

- All around the country there has been a renewed interest in chiropractic philosophy.
- All around the country there has been upset over recent political moves in New Mexico and within the CCE.
- The philosophy pockets in various states and cities have provided grass roots support to keep chiropractic protected.
- If you are interested in attending a philosophy group to support each other and chiropractic contact Lyn at [psca@birch.net](mailto:psca@birch.net)

Inside this issue:

Chiropractic Adjustments and Blood Flow	1
Alternative Choices	1
Chiropractic philosophy group starting	1
Book Yourself Solid	2
Three Thoughts for Serving More	2
Expanding the Scope of Chiropractic	2
Dates of Interest/Seminars	2

# The Tone of Chiropractic



Volume 2, Number 1

March 2011

## The Science of Chiropractic: Autonomic Connections

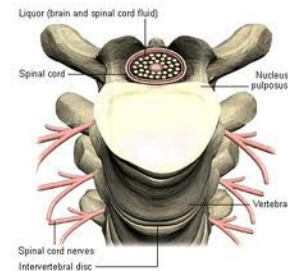
Chiropractic is a philosophy, science and art according to those who founded and developed the profession. Science is based on a philosophy of some sort and is driven by curiosity. It tries to answer the “how” question so we can adapt better. In the case of chiropractic, our science seeks to understand how life happens. This may involve studying how a subluxation in the spine occurs, how the subluxation interferes with the nerve system, how the subluxation might affect life functions and how a subluxation might be adjusted.

Many chiropractors limit their practice to the treatment of muscular aches and pains, moans and groans. However, the chiropractor who studies and understands the nerve system realizes that as a nerve exits the spine some fibers transmit information to muscles while others bring life giving information to the organs lying deeper in the body. It is this network of nerves, the autonomic nerve system that makes blood flow to organs possible.

Forster (1), Janse (2), Illi (3) and Homewood (4) wrote about the relationship between the adjustment of subluxations in the thoracic spine and proper organ function in 1921, 1947, 1951 and 1973, respectively. Wickes (5) reported on a sample of twenty people who experienced an increase in systolic blood pressure in the lower

extremity when subluxation was corrected at first lumbar. Subluxation theory maintains that the adjustment either clears afferent bombardment to the spinal cord or stimulates somatosympathetic reflex.

A good nerve supply is needed for proper blood pressure and flow in the legs and feet. The subjects in Wickes’ study were 20 – 32 years of age. Are there folks in your community that would benefit from a good nerve supply?



1. Forster A, Principles and practice of spinal adjustment, 2<sup>nd</sup> ed, Chicago: National Publishing Association, 1923:255.
2. Janse J, Houser R, Wells B, Chiropractic Principles and technic, Chicago: National College of Chiropractic, 1947:235.
3. Illi F, The vertebral column: life-line of the body, Chicago: National College of Chiropractic, 1951:183-184.
4. Homewood A, The neurodynamics of vertebral subluxation, 2<sup>nd</sup> ed, Thornhill, Ontario: Chiropractic Publishers, 1973:236.
5. Wickes D, Effects of thoracolumbar spinal manipulation on arterial flow in the lower extremity, JMPT, Vol 3, No 1, March 1980.

## Thinking Leads to Alternative Choices

In 1993 a study by Eisenberg published in the New England Journal of Medicine reported that 34% of adults in the USA used at least one unconventional form of health care. This type of health care is defined as those practices “neither taught widely in U.S. medical schools nor generally available in U.S. hospitals”. Chiropractic was on the list of unconventional choices.

What really intrigued the research team was the fact that Americans made 425 million visits to alternative providers and **paid out of pocket**.

Good science should create new questions and that is what happened. A group of researchers at the Stanford Center for Research in Disease Prevention at the Stanford University School of Medi-

cine wanted to know why folks were making these choices.

Results published in JAMA May 20, 1998, revealed that people did not make this choice because they were dissatisfied with conventional medical care but largely because they find these health care alternatives to be **more congruent** with their **own values, beliefs, and philosophical orientations** towards health and life.

Chiropractic is often referred to as “alternative medicine”, but this is not the case. Chiropractic does not have the same objective as medicine. What we as chiropractors do is offer people an **alternative way of thinking** about life, health and healing. Teach this all week long, every week.

**PALMETTO STATE  
CHIROPRACTIC  
ASSOCIATION**

7001 St. Andrews Road  
# 314  
Columbia, SC 29212

Phone:  
803.661.7141  
E-mail:  
info@palmettostatechiropractic.  
com

**We're on the web  
palmettostatechiropractic.com**

**Dates of Interest:**

April 30—Dean DePice TLC Seminars at Sherman College

April 30—PSCA Board of Directors meeting

July 21—Dean DePice TLC Seminars with the PSCA in Columbia (one day Thursday seminar) \*see website for complete details

October 22-23—IRAPS  
A conference on vertebral subluxation held at Sherman College



**Book Yourself Solid: Your Foundation**

Okay, we have all watched the Academy Awards at least once in our life. Remember the red carpet? Remember the red velvet rope that keeps the fans from touching the Hollywood “elite”? That red velvet rope is there for a reason. It keeps the unwanted at a distance. Michael Port, in his book titled, “Book Yourself Solid”, says we all need a red velvet rope policy.

Now, we all know that everyone, every family needs regular chiropractic care, and it is ethical for a Chiropractor to offer his/her services to everyone, but lets be serious. Do you really want to see all types of people? Port says we need to fill our practices with folks who are either like us or who we like being around and serving. This will provide the financial rewards that will make it possible for us to **give** our services to those who may not be able to afford care.

Think about the person you are when you are performing optimally, when you are with people who energize and inspire you. That’s who you want to attract. Consequently, you need to drop the clients who don’t energize you. Risky? Yes. Rewarding? Yes. Ethical? Yes.

Exercise #1: Identify the types of clients you don’t want, consider which characteristics or behaviors you refuse to tolerate. What turns you off or shuts you down? What kinds of people should not be getting past the red velvet rope that protects you and your practice?

Exercise #2: Take a good hard look at your current clients. Be honest. Did any get past the red rope that should not have?

If you want to book yourself solid, it is important that you know **who you are**, and that involves creating the environment where you will do your best work.

**Yes, I want to serve more people with chiropractic:**

After doing the two exercises in the *Book Yourself Solid* article, take action, Dump the duds. Tell them they can be better served elsewhere. This will help you avoid conflict and you will be more focused.

We cannot have long life handed to us on a silver platter; it is of our own making and comes from a mode of living that conforms with the laws of life.

“When you love every minute of the work you do, you’ll do your **best** work.”

**Expanding the Scope of Chiropractic: The New Mexico Issue**

• Since its founding in 1895, chiropractic has always been different than medicine, something other than allopathy, a separate and distinct health care profession. PSCA clearly defines chiropractic as the location, analysis and correction of the vertebral subluxation to remove interference in the nerve system so that the innate intelligence of the body may be better expressed. Anything else is something else.

• The chiropractic profession’s ability to prevail in a 14-yr antitrust lawsuit against the American Medical Association (AMA) in the 80’s and to survive and prosper is due to adherence to its founding principles.

• It is true that chiropractic colleges have begun to incorporate medical practices and procedures in their curriculums and continue to do so at an alarming rate. This is probably the result of a multiplicity of factors, including the current economic atmosphere. However, the single greatest factor in the colleges’ shift to a more allopathic approach is pressure from the profession’s only accrediting agency, The Council on Chiropractic Education (CCE). Opposition to this movement has been voiced and recorded on dozens of occasions over the last 20 years, yet is almost completely ignored by the U.S. Department of Education.

• If ensuring the highest quality of care and public safety is the goal, it would seem a foregone

conclusion to leave the prescription and administration of dangerous drugs and other invasive procedures to the profession whose objective it is to diagnose and treat disease and whose education and residency programs are specifically designed to meet and enhance that objective (i.e., allopathic medicine).

• Chiropractors have maintained for years that physical therapists’ use of manipulation of the spine is not just encroachment on chiropractic’s scope of practice but that is categorically dangerous as PTs acquire their technique at “weekend seminars.” Yet, some chiropractors have no problem with taking a few courses in pharmacology and not only encroaching on the medical profession’s scope but completely abandoning chiropractic’s founding principles. Whether our profession is equally trained or can be trained to assume some medical protocols is not the issue. The question is why our profession assumes it can encroach on other established healthcare professions simply by taking advanced training.

It is therefore the position of the PSCA that the expansion of the scope of chiropractic practice to include practices and procedures which encroach into the realm and purpose of medical care is not in the best interest of the consumer public or the chiropractic profession itself.