

**Part 1 -- COMPARING PARADIGMS - DEFENDING FUNDAMENTAL PRINCIPLES**

It is a pleasure for me, David Prescott, to undertake writing a series of articles for the Dynamic Chiropractor with my colleague Edwin Grauke. Like me, Edwin Grauke practiced law before attending Texas Chiropractic College and like me he has experienced significant frustration at the disparate treatment of allopaths and chiropractors, especially within the legal system. Before embarking on this series of articles I wish to share some of the background of Dr. Grauke.

Dr. Grauke was, for several years, a house counsel for Conoco Oil Company. After leaving there he served as a chief civil trial attorney for the City of Houston, Texas and subsequently became a sitting trial judge for the city of Houston. Edwin Grauke and I have developed the following chart to highlight some of the differences between mainstream and alternative medicine. We hope to stimulate some strong reactions by this presentation and our subsequent articles. We will, in subsequent articles, enlarge on some of the points summarized in the chart. We intend to demonstrate that:

1. The practices outlined in the "Alternative Medicine" column are too complex and important to be treated as a sub-category under, and usurped by, conventional medicine;
2. "Conventional Medicine" is merely one school of medicine even though it has been granted such monopolistic power that it has often been conceived as encompassing all of the potential medical arts;
3. Practitioners within the alternative paradigm deserve, and should demand, equal protection of the law as to their practice and compensation rights and with respect to the governmental research funding stream;
4. Alternative practitioners cannot, however, expect, and will not likely obtain, the recognition of such rights without a clearly defined and scientifically plausible biological and medical paradigm;
5. Clearly defined means not only for communication to the general public but also as to the potential legal impact of the words chosen – words count;
6. Patients, and the general community, are best served when there are no monopolies in the market place of ideas and when patients are granted a legally protected right to choose treatment by qualified, licensed alternative practitioners.

We recognize the value of the evidence verifying the pharmacokinetics of botanicals, nutraceuticals and homeopathics and the evidence for the effectiveness of behavioral modification, detoxification procedures and the biology of belief. Unfortunately, laboratory and/or clinical proof of the effectiveness of many of these interventions has only been undertaken within the last 5 to 10 years by the biomedical establishment. Of course, funding has not, in the past, been generally available to chiropractors and others to undertake the needed laboratory and clinical evaluations of these types of therapies. We are prepared to litigate issues related to the right of chiropractors to include such therapies within their scope of practice and for funding with respect to needed research in these areas.

However, our focus in this series of articles will be on the concept of “self-regulation” through the maintenance of the functional capacity of, and removal of interference within, the “internal environment”. In effect we will show that the basic chiropractic principle that the body has the inherent

capacity to regulate and maintain itself in a state of health is biologically plausible and also scientifically and philosophically sound.

We will also be showing some of the more recent scientific evidence supporting this position and demonstrating treatment modalities developed in Europe based upon the application of this ancient, but expanding, paradigm. We will also address philosophical and scientific issues related to the question of life's capacity for "self-organization"; morphogenesis.

## ALTERNATIVE &/or COMPLIMENTARY PARADIGMS

ELEMENTS	CONVENTIONAL MEDICINE	ALTERNATIVE MEDICINE
Perspective on alternative Medicine	Alternative Therapies are to be Ultimately Evaluated by, Absorbed into, and Monopolized by, Mainstream (Allopathic) Medicine [See, Wilk v. A.M.A. (1987) 671 F. Supp. 1465]	There are Biologically Plausible Alternative Paradigm(s) which have Historically Been Separately Licensed. The Practice Perspective within These Paradigms Is Too Important and Complex to be Properly Developed Unless The Practitioners Remain Autonomous and Receive Equal Protection of the Law
Major Schools	"ALLOPATHY" Paradigm - Rudolph Virchow (1858) Osteopathy (Modern) Chiropractic (Biomechanical (BM) Approach) Naturopathy (Contemporary U.S.)	"FUNCTIONAL MEDICINE" Paradigm - Claude Bernard – France (1861) Chiropractic [Palmer –Howard– Bennett (1920s)] Szent-Györgyi (Nobel Prize – 1937) Pischinger (1940s) – Harold Saxton Burr (1972) Naturopathy - Homeopathy, TCM, Etc.
Teaching Perspective	Focus on Hospital Care & Training in a Hospital Setting	Focus on Ambulatory Care & Training in a Clinic Setting
Philosophy	Rationalistic - Materialistic Reductionistic Life is a Product of Random Chance "Objective" Knowledge	Vitalistic &/or Teleological - Empirical Irreducible Complexity Life is the Product of an Intelligent Process "Participatory" Knowledge
<u>Primary</u> Research Methodology	Primary Emphasis on Basic & Laboratory Sciences and Laboratory/Animal Experimentation	Increased Emphasis on Clinical Experience (Empiricism – That which Works - Clinical Case Studies, Outcomes Research)
Site of <u>Primary</u> Interest	<b>CELLS &amp; GENES</b> Localized Morphologic Changes <b>"Extracellular Fluid"</b> (There is an Increasing Interest in the Body as a Functional Unit – Focused on Chemistry) BM Chiropractic - Nerves & Related Tissues	<b>THE "INTERNAL ENVIRONMENT"</b> Energy/Information Phenomena <b>"Regulatory (extracellular) Matrix"</b> Innate Regulatory Mechanism(s) Nerves & Electrodynamics – Fluid - Meridians Whole Person
<u>Primary</u> Scientific Focus	Chemistry Cellular/Gene Receptor Sites Isolated Phenomena	Bio-electrodynamics - Bio-communication Resonance (Vibratory) Phenomena "Fields"
Diagnostic <u>Orientation</u> & Procedures	"Diagnosis" Controls & Dictates Treatment. Identifying a Cluster of Symptoms and Correlating Them with a Named Disease or Condition BM Chiropractic Emphasis - Physical Rehab.	Clinical Outcomes Orient Treatment. Identifying Interference within the "Internal Environment" – the Body's Innate Regulatory System(s). Relating Symptoms to Previously Recognized Patterns & Processes
Treatment <u>Emphasis</u>	Utilize "Drugs" &/or Natural Medicines to Oppose Disease, Condition or State and also to Oppose Disease by Means of Surgery &/or Non-Surgical Biomechanical Procedures	Use Mechanical Means & Biological Medicines to Preserve & Remove Interference within the Internal Environment, to Detoxify, to Support & Enhance the Innate Functional Capacity and to Heal. Motivate Behavioral Modification And Activate the Biology of Belief
Drugs &/or (Natural) Medicines	Western, Established, Medicine seeks to Identify and Isolate an Active, Chemical, Ingredient. It Starts with an Assumption that the Active Ingredient is a Separate Part. It Then Seeks to Produce, or Re-produce, That Element and to Patent it (& Life Itself) as a Medicine. The Operation of Drugs is Primarily Directed Towards Chemical, Cellular Receptor Sites - Recently Genes	Alternative Medicine Looks at Natural Substances as a Whole. There is a Synergistic (energy/informational) Aspect to Natural Substances that Should be Retained and Enhanced (Complex Formulae) for Medicinal Purposes. (Homeopathics - Herbs - Nutraceuticals) Medicines are Recognized as Acting Chemically and also as Energy/Information/Resonance Phenomena
BASIC CONCEPTS	OPPOSE SYMPTOMS & DISEASE	CORRECT PHYSIO-REGULATORY DYSFUNCTION WORK WITH NATURE

## EXTRACELLULAR SPACE

You will note in the chart that the word “extracellular” appears in both paradigms. There is, however, a huge difference between the allopathic concept of the extracellular compartment serving as a transportation system for nutrients, hormones, etc. and the concept of that compartment being, in and of itself, a regulatory matrix – the “internal environment”. This issue will be a focus of our attention in Part 2 of this series.

## WORDS COUNT

“It depends on what ‘is’, is”. Love him, hate him or be ambivalent towards him, but take his lesson to heart. President Clinton taught the general community a lesson all lawyers already knew; words count. Words used in one circumstance, perhaps appropriately or due to necessity, can come back to haunt one in another setting. In addition, one must not only take care with one’s own use of words but must also keep a wary eye on the use being made of words by one’s actual, or potential, competitor or adversary.

The allopaths, and those supporting them, always use words to enhance their image and marketing strategy and to also manipulate or create cultural bias. In addition, and perhaps with the greatest potential impact, they use words with due regard to their legal significance. Alternative practitioners must do likewise and, in addition, must combat the linguistic strategies that have assisted allopaths in obtaining undue dominance in the health care market place.

## CHIROPRACTORS & MEDICINE

We realize some chiropractors will strongly object to our “alternative paradigm”, in part, because of the use of the word “medicine”. The proposition that “chiropractors don’t practice medicine” was part of a strategy of professional self-preservation during the early part of the 20<sup>th</sup> Century and is no longer necessary, or appropriate. Simply put, the allopaths hoodwinked not only the general public but those who continue to sound the “we don’t practice medicine” refrain. Allopaths usurped the use of the terms “medicine” and “physician” in the early part of the 20<sup>th</sup> Century.

Let’s look at a little history. One cannot understand the present use of the word “medicine” without going back to the 19<sup>th</sup> Century. There were three main groups of practitioners during the second half of the 19<sup>th</sup> Century: allopaths, homeopaths and eclectics; eclectics practiced primarily herbal medicine. At the time of the founding of the American Medical Association in 1847 allopaths were referred to as “regulars”. By the turn of the 20<sup>th</sup> Century, MD’s had dropped the adjective allopathy and called their type of practice “scientific medicine”. By the time of the passage of the chiropractic laws in the 50 states, all descriptors had been dropped relative to MD’s and they were referred to as simply practicing “medicine”.

The changes in the nomenclature relative to MD’s did not, however, change the substance of their type of practice which was defined in a 1998 “memorandum” of the Association of American Medical Colleges as follows:

“The field of alternative and complementary medicine encompasses a vast number of approaches to health care. These practices are currently considered ‘alternative’ because they have not been adopted by mainstream medicine. Cultural, social, economic, and/or scientific perspectives are responsible for their relatively peripheral position in the arena

of health care options. While some of these approaches are similar in concept to allopathy, the primary mechanism of conventional western medicine, others represent entirely different approaches to health, both in theory and in practice.

In order to appreciate the extent and nature of the field of complementary and alternative medicine it is useful to understand the basic tenets of allopathy. The term is derived from the Greek roots 'all' meaning opposite, and 'pathos' meaning disease, suffering, or feeling. In essence, the primary method of Western medicine is to oppose disease. For example, in the case of a headache, an initial approach is to relieve pain."

Words count; the appropriate position for chiropractors to take is that "chiropractors do not practice allopathic medicine".

### CHIROPRACTORS - PHYSICIANS

We will use California as an example of the issue related to the use of the term "physician". The California Medical Practice Act of 1907 provided for three categories of licensees: "medicine and surgery" (MDs), "osteopathy" and "any other system or mode of treating the sick and afflicted". From 1907 on, the AMA and CMA were in a full-court press to capture the market place. They instigated a change in their license title under the Medical Practice Act of 1913 and caused it to be changed to "physicians and surgeons". By the previously referenced maneuver of dropping the word regular or scientific from their definition and by capturing the use of the word "physician", the allopaths moved a long way towards their objective of monopolistic control over health care.

The word physician is derived from the Greek word "physis". The word physis is, in Garrison's "History of Medicine" (original copyright, 1913), variously defined as "an invisible power", (p. 21) as human "nature" (Id. at 99) and as "order" (id.). It is at least ironic that not only California, but many states, have granted allopaths the exclusive use of the term derived from the concept of an "invisible power"; an idea which, at an institutional level, they fundamentally deny. Even more ironic is the fact that the only chiropractors who object to their fellow chiropractors using the term physician are those who constantly tout the existence of such a force. The times are ripe for a reconsideration of the allopathic monopoly and the word games that have contributed to their position of dominance.

### WORDS AND SUBSTANCE

Words without substance cannot sustain one's position in the market place, in the legislatures across the country or in the courtroom. We will, in subsequent articles enlarge on some of the substantive principles identified in the foregoing chart. But, we will, as suggested, keep our eye on the legal consequences of the substantive propositions. To repeat, substance and the words chosen to express that substance, must be considered together.

### FUTURE ARTICLES

As previously indicated, we will, in future articles in this series, focus on only some of the issues raised in the foregoing chart. The titles for the upcoming articles will give you the idea of where we are heading.

Part 2 – The History & Concept of the "Internal Environment – Self-Regulation Paradigm"

Part 3 – Clinical Applications of the “Internal Environment – Self-Regulation Paradigm”

Part 4 – Expanding the “Internal Environment – Self-Regulation Paradigm”

Part 5 – Philosophy – A Teleological and Empirical Perspective

Part 6 – Exclusion & Prosecution of “Biological and Medical Heretics” –1634 to 2000