

**PART 2 - CHIROPRACTORS v. ACUPUNCTURIST**

**EARLY CHIROPRACTORS - MONEY - INFORMATION AGE MEDICINE**

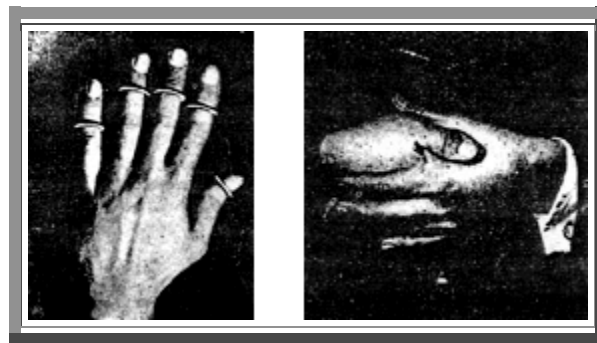
This is my second article dealing with the relationship between chiropractors, acupuncture and herbal medicine. In the last article I addressed a "Point-Counterpoint" article from "*Acupuncture Today*" in which Dr. Amaro, the chiropractor/acupuncturist, and Mr. Moloney, the Executive Director of the American Association of Oriental Medicine had debated the relationship between chiropractors (and MD's) and acupuncturists. (See fn.1) I indicated:

1. I agreed with Dr. Amaro's statement that there is a "turf war" going on between chiropractors and acupuncturists – **money, power** and **prestige** are at stake. (I added that rather than just being about "acupuncture", it is about market share, control over billions of dollars in sales of herbal medicines, etc.) Indeed, the very survival of practicing chiropractors is at stake.
2. Those acupuncture organizations (or the AMA, the ICA, ACA, etc.) who claim to be defending "patient welfare" are usually seeking to feather their own nests.
3. A **patient's right to choose** must be preserved and enhanced.
4. Traditional Chinese Medicine (**TCM**) is a valuable addition to the world's healing enterprise. But the use of needles (be they acupuncture, hypodermic or from a cactus bush) is not within the exclusive domain of **TCM**. Nor is the Chinese theory of the "meridian" and/or Qi (Chi) an exclusive explanation for the body's ability to self-regulate. **TCM** is not an exclusive approach to herbal medicine. In fact, **TCM** practitioners are moving away from their tradition -single herbs- to complex formulas. Is this in their scope Mr. Moloney? Additional data (non-allopathic) must be considered, developed and made available to, and for, patients, including:
  - a) The energy, Chi, information "balancing" techniques taught by Dr. Amaro. He teaches a system which is based upon a more contemporary (arguably advanced) application of the **TCM** 5-element theory than is taught in more traditional **TCM** programs;
  - b) The neurological models being developed in Anglo/American medicine which use, in part, theoretical models that have been espoused by chiropractors for over 100 years; and
  - c) The "**functional medicine**" model emerging within the German naturopathic (MD) community. This type of medical practice includes not only the use of needles (dry and "wet" – injections) to affect the body's **regulatory matrix (system)**, but also makes extensive use of homeopathic, herbal and allopathic medicines. I will leave the allopathic medicine aspects to others.

I will focus here primarily on the "turf war" (**money**) and the importance of the **functional medicine** model. One could say much about the A.K. model for acupuncture. Space will not permit that here. Before looking ahead it is important to look back to the history of chiropractic and its relationship with acupuncture and functional, naturopathic, medicine.

### Early Chiropractors & TCM

According to Walter I. Wardwell's great book (fn.1) on the history of chiropractic, J. Shelby Riley started the "New England College of Chiropractic" in 1912. Dr. Riley emphasized a theoretical model he referred to as "Zone Therapy". The following picture, which comes from a re-published version of Dr. Riley's 1924 "**Zone Reflex**" book (fn.2) should speak volumes to all acupuncturists. Dr. Riley is shown massaging what would be, according to **TCM**, Large Intestine 4 (the Hoku point) and demonstrating a technique for the mechanical compression at the 6 main meridians of the upper extremities. Dr. Riley was demonstrating a treatment for abdominal pain in massaging L.I. 4. Space does not permit me to go further with the information from Dr. Riley's book. It is important to note, however, that Benedict Lust, the purported founder of naturopathy in the United States, wrote **in 1918** that Dr. Riley's "'Zone therapy was an early forerunner of acupressure . . .'" (fn. 3)



Adapted from *Zone Therapy*. J.S. Riley, *Zone Reflex and Translation Diet Hydro-Therapy and Swedish Massage*, First Ed. 1926, reprinted 1961 by Health Research, Pomeroy, Wash. p. 11.

Dr. Keating, the chiropractic historian from L.A.C.C., has made the point that D.D. Palmer, after he left Palmer College and started moving around the country, took with him what he called his "traveling library". A major portion of this library was books on oriental philosophy and, I believe, oriental medicine. Historical precedent is not only interesting it is of great significance in a courtroom. It is not only important to recognize the relationship between early chiropractic and acupuncture but also the relationship of some early chiropractors with naturopathy and "**functional medicine**".

As previously mentioned, Benedict Lust, is the purported father of "naturopathy" in the United States. Perhaps so, but let's go a little further. Dr. Lust, whatever else he might have done, founded the American School of Naturopathy and Chiropractic in New York in 1907. He asserted that he had studied with, and learned what he termed naturopathy from, Father Sebastian Kneipp in Germany in 1896. (fn. 4) Father Kneipp did not use the term naturopathy.

Father Kneipp, in the book "*Nature Doctors*", is called the "The World's Most Famous Nature Doctor". (fn. 5) He lived in Germany from 1824 to 1897. Dr. John F. Howard, the founder of National

Chiropractic College in 1906, was a Mormon missionary to Germany from 1895 to 1898 and while there studied the form of hydrotherapy and natural healing developed by Father Kneipp.

Even before starting National Chiropractic College, Dr. Howard was using Father Kneipp's methods in his own practice. (fn. 6) Personally, I am not particularly interested in whether Lust or Howard should be given primacy for having introduced "naturopathy" to the United States. [Clearly, Lust first used the actual term naturopathy. He purchased the right to use the term from Dr. Sophie Scheel, a homeopath. (fn. 7)] In any event, the early history of chiropractic and naturopathy are inexorably intertwined and this fact has great significance for the practice rights of chiropractors as I have previously written in this publication. (See "Chiropractic Articles" pages.) Let us now return to the subject of **money**.

### Money

Allopathic, homeopathic, chiropractic, naturopathic, ayurvedic, traditional Chinese medical education are all costly; an allopathic education is by far the most costly for reasons referred to under **Industrial World View** point 7 (full-time faculty and hospital-based education) below. The question becomes how are these costs to be born, and by whom?

In order to understand the present economics of "medical" education and practice we have to start with the era from around 1905 to just after the Second World War. In 1905, there was no Blue Cross, governmental support of medicine or guaranteed student loans. The history to follow has been developed from books by Starr (fn. 8), Brown (fn. 9), Coulter (fn. 10/11), the autobiography of Frederick T. Gates (fn. 12) who was **the power** at the Rockefeller Foundation and the "Flexner Report" of 1910 (fn. 13).

The Carnegie and Rockefeller Foundations and the drug companies (such as Parke-Davis and Eli Lilly, each founded in 1876, etc. Coulter, p. 403. - fn.1) were the major financial forces behind the development of mainstream medicine. (I will not detail the drug company involvement here other than to say that the advertising of drug manufacturers in mainstream medical journals was a major economic factor in the development of that branch of medicine. Of course, one cannot ignore the present importance of the pharmaceutical/academic-medicine/governmental triad.) These entities, along with the AMA, gained a monopoly over mainstream medical education and practice. Frederick T. Gates (The power at the early Rockefeller Foundation) was the prime architect of this process. He, and his colleagues, started with certain preconceptions, postulates, and prejudices that shaped their world view which has been termed **The Industrial World View** (Brown, p. 129):

1. The prestige of medicine and mainstream practitioners should be enhanced (in part, by reducing their numbers) so that the prospect of health and longevity would serve as an inducement for the movement of farm workers to the factory floor; (Brown, pp. 112-119)
2. The primary objective of medical practice is to maintain a healthy workforce; (Brown, p. 129)
3. Gates espoused that "Members of any society or social class whose existence is intimately tied to industrialism will find scientific medicine's explanation of health and disease (the body as a machine) more appealing than mystical belief systems"; (Brown, p. 119)
4. Western medicine should serve as an entry point for American "Big Business" into Third World markets; (Brown, pp. 122-130)

5. All "sectarians" - homeopaths and Western herbal medicine practitioners (eclectics), chiropractors and osteopaths should be driven out of practice (The Flexner Report goes so far as to assert that "chiropractors, ... are unconscionable quacks . . . the public prosecutor and grand jury are the proper agencies for dealing with them." This former prosecutor disagrees.);
6. Medicine should be based upon: a) Virchow's cell theory (Flexner, p. 65), b) Pasteur's germ theory, c) chemistry d) Claude Bernard's recommendation for animal experimentation (Coulter, in general) and e) Darwinian biology (Gates, p. 201 and other works, in general. The objective then becomes to "war" on the morbid agent.);
7. These factors necessitate full-time teaching faculty and hospital based training. [The "full-time" faculty concept was opposed by the homeopaths and eclectics who believed one could only be a real teacher of medicine by staying intimately involved with patient care. (Flexner and Coulter, in general.)]

But, how do you put this "agenda" into motion. The first step was to undertake an evaluation of the existing medical schools. This task was undertaken in 1910 by Abraham Flexner, the brother of the Simon Flexner who was the Executive Director of the Rockefeller Institute for Medical Research. The Rockefeller and Carnegie Foundations thereafter only financially supported those schools that fit the foregoing agenda and the homeopathic and herbal medicine schools (eclectics) were put out of business and an infrastructure for medical research and education was created that remains intact to this day. It must be noted, however, that John D. Rockefeller, the founder of the Rockefeller Foundation supported both homeopathy and chiropractic (Brown, pp. 109-111). Frederick T. Gates merely ignored Rockefeller's mandate. Gates, in his autobiography states that he had concluded that Samuel Hahnemann, the founder of homeopathy, was a "lunatic".

The federal government became the major economic force in medical research and education after World War II. But, the government merely continued the **Industrial World View** agenda, and used the same basic infrastructure, that had been developed by the drug companies, the AMA and the "Foundations" with the aid of the Flexner Report.

Where is the funding for non-allopathic medical education to come from in the future? Student tuition will continue to be a major factor. This, of course, places the schools under tremendous pressure to obtain students and can result in decisions that are dictated by "putting out the economic fires" as opposed to developing a long-term strategy. Personally, I think the decisions of L.A.C.C. and N.C.C. to start separate schools of acupuncture is an attempt to put out the fire caused by their losing students to acupuncture schools. How can they serve both paradigms? Very difficult, at best.

In the long run the chiropractic colleges need to develop new sources of funding, such as:

1. From the manufacturers of equipment (development contracts);
2. Sellers of herbal, homeopathic and nutritional substances (The German government, for example, has a program to match funds with manufacturers of homeopathic medicines who take their products into the Third World. Perhaps the Chinese has a similar program, in reverse.);
3. The **new information entrepreneurs** (I think some of them are equally well-heeled as John D. Rockefeller was when he funded the **Industrial World View** approach to medicine.);

#### 4. The federal government.

There must be a constant effort to advocate, educate and litigate the right to equal protection of the law relative to government funding. Frankly, however, it will not, and in my opinion should not, work without a biologically plausible model to present to the Congress, State Legislators and most particularly the courts. The **TCM** practitioners have such a model (clinically confirmed). Let's look at another model. This **functional medicine model** is merely an extension of the prime chiropractic principle of identifying and removing interference with the body's innate healing capacity - whatever science shows that to be.

#### "Information Age" Medicine

To look ahead we must once again look back. The Flexner report cites Virchow's (1860's) cellular pathology theory as a key to the development of "Western medicine". It has been. Virchow asserted that disease starts in the individual cell. Claude Bernard, also in the 1860-70's, argued that Virchow was wrong and that disease starts as dysfunction within the body's regulatory system. Bernard described this as the nervous system. It is interesting to note how allopathy accepted Bernard's position with respect to animal experimentation but ignored his pathophysiological model. [See, "Industrial World View, number 6(d)" above.]

There is strong evidence that D.D. Palmer developed his idea of the importance of the nervous system from Bernard. (See fn.14) Whether he did or not is not the issue. The critical question is whether, and to what extent, the proposition, and its 19<sup>th</sup> Century application to the nervous system, are true. The principle is appropriate but the body's innate healing capacity involves more than just the nervous system; so science has now confirmed for us.

The California chiropractor Terrence Bennett, as early as the 1920's, defined the body's innate regulatory system as not only the nervous system but by also stating "**the arteriole, the capillary, the tissue space, the cell, the lymph capillary, which lies in this same area, and we have a functional unit which is common to all tissues in the body.**" Bennett was defining the same structure as has been identified by the German naturopaths practicing "**functional medicine**". (fn. 15).

The German naturopaths assert that "**organic diseases originate in dysfunctions of this (regulatory matrix) system and its connections throughout the organism.**" **This concept is compatible with the most basic chiropractic principle** of identifying and removing interference with the body's regulatory system. The data demands that the chiropractic principle be re-stated so that the principle is to identify and remove that interference wherever it exists by all means necessary other than the use of allopathic drugs or surgery. The chiropractic principle would include the use of dry needles.

The German model was not developed until the 1960's. Bennett defined the relevant tissue at least 30+ years before that. As a lawyer it strikes me as simply outrageous that the development of this functional medicine concept was delayed for over 30 years because the voice of chiropractors is not "heard" in our society. Unfortunately, many chiropractors themselves do not, and will not, listen to the evidence. That poses other legal problems that I will not address here.

How does this relate to chiropractors vs. acupuncturists? The **regulatory matrix** is, as Bennett contended, common to all parts of the body. It is the extracellular compartment; a single tissue that traverses the whole body from top to bottom. It generally runs parallel to the surface of the body but projects up to just below the surface of the skin at what have been histologically defined as Heine cylinders. That is, there are projections of extracellular tissue that turn, if you will, from the parallel plane and project perpendicularly towards the surface of the skin. Many of these projections have now been found to equate with the acupuncture points. There are, however, more Heine cylinders than there are traditional acupuncture points. The German naturopaths call the Heine cylinders or acupuncture points the "the window to the extracellular compartment".

One last, but most important point. Some, perhaps less traditional, practitioners of **TCM** have equated Qi (Chi) with energy. Indeed, much is said these days about "energy medicine". That concept has merit as far as I am concerned. **But, I hypothesize that "information" is the more critical aspect of the regulatory matrix control.** What is the difference? **Energy** relates to getting the job done, **information** to defining and regulating the way in which that is achieved. Both are important. But, clearly, the practitioners of **TCM** do not own the market place when it comes to these concepts. Indeed, one might argue this falls entirely outside their scope of practice. That takes us back to Dr. Amaro's central point in the article which triggered, in part, this two-part series of article: **There is a turf war going on.** Functional medicine is a broad concept that includes the principles of chiropractic, acupuncture, TCM, homeopathy or other "--pathies". It is a new frontier that demands to be explored, funded and fully recognized; especially, by chiropractors and some, or all, the chiropractic colleges. Functional medicine, at least as practiced by the German naturopaths, is not the whole story. Let's take another look at herbal, homeopathic and nutritional practice. (Dr. Bland calls his metabolic medicines functional medicine.)

### **Herbal, Homeopathic & Nutritional Practice**

For those who wish to prescribe single herbal remedies based upon whether they are intended to "drain fire" or "regulate Qi" I say more power to you. Such is the way of **TCM** and its value must be recognized and defended. The German's have developed the technology to measure the body's response to herbal, homeopathic, allopathic and nutritional substances. This too, needs to be recognized and defended. Of course, there is more to it than that. Herbs, homeopathics, nutritional (orthomolecular) substances can be used along with Western diagnostic categories on a strictly clinical basis. Again, this needs to be recognized and defended. Space does not now permit expansion of these points.

### **SOME CONCLUSIONS**

The acupuncture needle is not within the exclusive domain of TCM. The right of other practitioners to use the acupuncture needle must be recognized and protected. Patient's do, however, need to be able to recognize the varieties of practitioners from whom they may receive such services. This is not a substantive problem but one of terminology. I will not presume to provide the answer. But, at least one category is "traditional acupuncture".

The chiropractic colleges that have started separate schools of acupuncture are going to find it extremely difficult to serve two paradigms. I hope they will, in the long run, turn to science and accept, and expand, the regulatory matrix ("energy/information") paradigm.

The primary chiropractic principle should be redefined to include identifying and removing interference with the body's inherent regulatory system whatever science has, and will hereafter, show that to be; we now know that it is, at least in part, the whole "regulatory matrix". (fn.1)

A variety of empirically based approaches to the delivery of herbal, homeopathic and metabolic (nutritional) factors must also be recognized, improved and supported by all practitioners; even if they do not choose to utilize those approaches in their own practices.

The emerging "energy/information paradigm" provides an appropriate vehicle with which to approach the new information elite. Somebody will do it. Will it include your practice group? Each individual chiropractor, and other practitioner, should become involved in these matters. "The price of freedom (and practice rights) is eternal vigilance".

Chiropractors must educate, advocate and litigate for their practice rights and to preserve, and expand, their own heritage.

### **California Addendum**

Much of what I have said in these two articles is presently irrelevant to you. Your right to use needles, and other practice rights, have been **wrongfully** taken from you as a result of your present scope of practice rule (Rule 302). If you would like further information about this matter please check the web site listed in fn. 1 and go to "Main Page" ® "Site Map" ® "Scope of Practice".

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1. W.I. Wardwell, *Chiropractic, History and Evolution of a New Profession*, Mosby Year Book, 1992, p.122.
  2. J.S. Riley, *Zone Reflex and Translation Diet Hydro-Therapy and Swedish Massage*, First Ed. 1926, reprinted 1961 - Health Research, Pomeroy, Wash. p. 11.
  3. J. Pizzorno, M.T. Murray, *A Textbook of Natural Medicine*, Bastyr Univ. Publications, 1994 Section 1:HistNM, p.16.
  4. F. Kirshfeld, W. Boyle, *Nature Doctors*, Buckeye Naturopathic Press, 1994, p. 185.
  5. Id., p. 73.
  6. R.P. Beideman, *In the Making of a Profession*, The National College of Chiropractic, Natl. Coll. of Chiro., 1995.
  7. "Nature Doctors", fn. 4, p. 190.
  8. P. Starr, *The Social Transformation of American Medicine, The Rise of a Sovereign Profession and the Making of a Vast Industry*, Basic Books, 1982.
  9. E.R. Brown, *Rockefeller Medicine Men, Medicine & Capitalism in America*, Univ. of Cal. Press, 1979.
  10. H.L. Coulter, *Divided Legacy, A History of Schism in Medical Thought, Vol. II*, Wehawken Book Co.,1977.
  11. H.L. Coulter, *Divided legacy, Science and Ethics in American Medicine, 1800-1914*, North Atlantic Books, 1982.
  12. F.T. Gates, *Chapters of My Life*, The Free Press, 1977.

13. A. Flexner, *Medical Education in the United States and Canada*, The Classics of Medicine Library, 1990, p. 158.
14. P.L. Gaucher-Peslherbe, *Chiropractic: Early Concepts in Their Historical Settings*, Natl. Chiropractic College, 1993.
15. R. Martin, *Dynamics of Correction of Abnormal Function, Lectures of T.J. Bennett, D.C.*, privately published, Sierra Madre, California, 1977.