

Chiropractic Wellness Center of Macomb Email Practice Member Newsletter

This newsletter is provided courtesy of Karl R.O.S. Johnson, D.C., L.C.P. (Hon.)

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**“Chiropractic”
The world’s largest
all natural healthcare
delivery system.**

Chiropractic...

More Than Just a Fix for Back Pain

The primary objective of chiropractic is to locate specific interference to the natural (innate) healing system of the body and to correct or reduce that interference (which is caused by subluxations – misaligned vertebrae). When the body is free of subluxations, a person is better able to express health, heal, and live to his or her fullest potential. It must be understood that chiropractic is not a "treatment" for any specific health condition – it is a method by which a Doctor of Chiropractic locates and corrects subluxations thus allowing the nervous system to communicate properly and efficiently with virtually every cell in the body. Many people misunderstand chiropractic's role in healthcare. Commonly, people think that the only time a visit to the chiropractor is necessary is when back problems or pain occurs. Imagine the frame of your car being bent, you may not feel it when you drive, but the toll of the wear and tear on your tires could ultimately be disastrous. Chiropractic seeks to restore health and help a person to express their own innate potential for life in all areas - physical, emotional, social, etc. Isn't it time that you made sure that "all systems are go" in your most precious commodity – your health?

Patient Question of the Month... Why don't chiropractors treat patients with drugs?

Chiropractors are doctors that are dedicated to finding the cause of less than optimal health, and their goal is not the treatment of symptoms, therefore, chiropractors have no use for drugs in their practices. That's not to say that there isn't a time and place for them in medical emergencies or certain disease processes. Chiropractors feel that the body comes equipped with all of the tools necessary to restore health so there is no need for dangerous drugs.

We live in a drug-oriented society, and eventually we will pay the price. Chiropractors appreciate the fact that if nature was smart enough to create the universe, set the laws of nature in order, create a power in each of us that was able to create our entire body in just 280 days...it didn't just happen to forget to put antibiotics, vaccines, and other drugs into our blood stream. Some drugs extend the life of people who would otherwise die, but most drugs do nothing more than interfere with the body's normal function and heal on it's own. Drugs rarely fix the cause of decreased health, they usually only mask symptoms. Chiropractors envision a society where people experience health at such a level that they don't need to turn to the little pills in the bottle.

What is Sciatica?

Other than the spinal cord itself, the sciatic nerve is the thickest and longest nerve in the body. It begins in the lower back and travels down the back of the leg. "Sciatica" is the word that is used when this nerve is inflamed. The pain of sciatica can be severe and constant, or it may come and go depending on activity or weather changes. This is commonly called a "pinched nerve", although it is rarely truly pinched. The pain of sciatica is confusing because it is felt in the leg, but it is caused by the spine. Many patients with sciatica have little or no back pain, but a brief exam of the spine can quickly reveal the problem.

The conventional treatment for sciatic nerve pain has always been bed rest and painkillers, and in severe cases surgery. Modern research has shown this is not the most effective course of treatment, and surgery is now discouraged. Even the bed rest part of the treatment has been shown to worsen the problem if done for more than two or three days. Studies have shown that the most effective treatment is chiropractic adjustments along with a gentle exercise program.

In many cases, pressure on the sciatic nerve arises from the spine. A common cause of this pressure is a subluxation - word that means "minor dislocation" and is used by chiropractors to describe a joint that does not move properly. If the joint does not work properly, it becomes troublesome to all the other parts in the area including the muscles, discs, and nerves.

For many patients, the muscle pain is the worst, and they have a "common backache". With others, the joints themselves are stressed; they wear out prematurely and cause the symptoms of arthritis. For some reason, those with sciatica have more nerve irritation than joint or muscle pain, and their pain radiates into the leg.

The symptoms of sciatica vary, and the severity of the pain that a person feels will depend on how badly the nerve is irritated. If the nerve is slightly irritated, the first symptom may be a "pins and needles" sensation that comes and goes. As the irritation worsens, the feeling may become constant. Pain, often a burning pain, is a sign of

even more irritation. If the problem goes untreated, weakness of the leg comes next. When the irritation is at its worst there is a loss of reflex, strength, and true numbness. In some cases of sciatica, the discs that rest between the bones of the back rupture, and a part of the disc actually hits the nerve. This is the most severe (and least

common) type of sciatica. Sometimes the disc slowly gets reabsorbed, but in a few cases surgery is needed to remove the part of the disc that is hitting the nerve. Routinely, these cases went to surgery, but several studies have shown that chiropractic can relieve the pain without surgery.

Chiropractic adjustments can be very effective in the treatment of sciatic pain. It is recommended that a thorough exam by a chiropractor be performed before contemplating any surgical procedure as treatment for sciatica.

IT'S YOUR BODY.

Did you know that the human body is made up of 206 bones and nearly 700 muscles? Chiropractic is the ideal method of healthcare for keeping all of those parts working in harmony and functioning at optimal levels.

To make your appointment with Dr. Johnson call
810.731.8840 or 810.726-KIDS

NEWS YOU CAN USE TO SAFEGUARD YOUR HEALTH

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In The Interest of Safeguarding Your Health,

Karl R.C.S. Johnson, D.C., L.C.P. (Honor)

In this issue:

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Severe Neck Problems After Unsuccessful Spinal Surgery Helped With Chiropractic

In the September 2001 issue of the peer reviewed, "Journal of Manipulative and Physiological Therapeutics" comes a case report study titled, "Chiropractic care of a patient with vertebral subluxations and unsuccessful surgery of the cervical spine". This was a report of a 55-year-old man who had neck pain along with radiating pain down both arms after unsuccessful cervical (neck) spine surgery.

The man's history was similar to many seen in chiropractic offices. While responding to an auto accident during an ice storm, the 55 year old



highway patrolman slipped getting out of his car and fell backward, landing on his upper back and

neck After a few days he began to experience pain in his neck. Two months later he consulted a medical doctor, who referred him to a neurologist. During the neurological examination, the patient experienced a seizure that eventually led to a diagnosis of a tumor of the adrenal gland. Several weeks later, the patient had surgery to excise the tumor which resulted in temporary relief of the neck pain.



He returned to work, and 6 weeks after surgery he began to experience neck pain again, which he described as "sharp," along with pain, numbness, and tingling in both arms. His condition worsened for about 6 to 7 months and he was referred to a neurosurgeon. The patient eventually consented to neck surgery, and an anterior cervical discectomy (disc removal) was performed.

When he returned to the surgeon for a post-surgery check-up and had continuing complaints, he then asked when the surgeon wanted to see him again. The reply was, "I never want to see you again." This answer was devastating for the patient, and he

assumed that he was destined to live with these problems for life.

Approximately 3½ years after surgery, the patient started chiropractic care. The chiropractic care began and after receiving the first set of adjustments, the patient indicated that his ability to raise his left arm had increased by 50% and that his neck pain and arm complaints were also relieved. He was astonished and excited by the results of the care he received. Within 2 weeks of starting care he was able to fully abduct his left arm and to loop his belt to his pants. A year after the onset of chiropractic care, the patient was working on his small ranch performing various odd jobs and has, on occasion, had some problems because of over activity. This documented and published case is not unfamiliar to chiropractors world wide. The unique aspect of this case is the fact that it was published in a peer reviewed scientific journal. The authors of the study summed this situation up with the following; "This is the first description in the indexed literature of the chiropractic care of a patient with vertebral and sacroiliac subluxations with a history of unsuccessful cervical discectomy of the cervical spine. In our experience, allopathic (medical) practitioners usually do not offer patients the option of chiropractic care before surgery. Perhaps more rarely is chiropractic care considered a viable option in instances of unsuccessful surgical care." It is obvious from this study that chiropractic should have been considered first.



World Health Organization Warns Against 'Just In Case' Antibiotic Use for Anthrax

In a Reuters Health, October 31, 2001 release is a warning from the United Nations' World Health Organization (WHO) against taking antibiotics without any need. In the wake of recent Anthrax reports more people have been taking the popular antibiotic Cipro without any real need for it. The warning is against the blanket use of antibiotics as a defense against anthrax, saying it could do more harm than good.

David Heymann, the head of the WHO communicable diseases program said antibiotics should be prescribed only when there was



reasonable cause to think a person had been in contact with anthrax. In an interview at the Geneva-based United Nations agency, Heymann said, "If you are not at risk, you do yourselves and others a disservice by demanding antibiotics". He continued, "The use of antibiotics as 'just in case' protection by people alarmed by reports that anthrax had been found in letters could leave them more susceptible to other unrelated infections.

The problem is that bacteria can become resistant to antibiotics very quickly and can then be passed from one person to another just like a virus. A major WHO concern has been the declining potency of some antibiotics such as penicillin, resulting from widespread overuse. For example, penicillin, can no longer be used against gonorrhea because strains of the sexually transmitted disease have evolved that are immune to the antibiotic.

Heymann concluded, "One has to remember there is a much greater chance of catching pneumonia than of contracting anthrax."

More People Using Non-Medical Care

From the September 4, 2001 issue of the Annals of Internal Medicine comes an article with the long title, "Perceptions about Complementary Therapies Relative to Conventional Therapies among Adults Who Use Both: Results from a National Survey". The survey conducted tests for the usage of what the researchers call "Complementary Medicine." It should be noted that the term



Complementary Medicine (also known as "CAM") usually means procedures that, in fact, are not medical procedures. The largest portion of this category of procedures is represented by chiropractic care. The study did not separate the different Complementary Medicine procedures statistically, but the findings were none the less interesting. Some of the statistics were:

- 79% of patients surveyed perceived the combination of CAM and conventional care to be superior than either form of care by itself.
- Of those that used CAM services and conventional medical services, 70% saw their conventional provider first, 15% saw their CAM provider first.
- Of those that used CAM services, 63% to 72% did not disclose that fact regarding at least one type of CAM service to their conventional medical provider.
- 81% of respondents reported that they had "total" or "a lot of" confidence in their CAM provider, while 77% had the same levels of confidence in their medical providers.

In the same publication one month earlier was an article discussing the same subject of CAM. In the conclusion of that article some profound statements were made. "Previously reported analyses of these data showed that more than one third of the U.S. population was currently using CAM therapy in the year of the interview (1997). Subsequent analyses of lifetime use and age at onset showed that 67.6% of respondents had used at least one CAM therapy in their lifetime." The article ended with, "Use of CAM therapies by a large proportion of the study sample is the result

of a secular trend that began at least a half century ago. This trend suggests a continuing demand for CAM therapies that will affect health care delivery for the foreseeable future.

Kids Get Psychiatric Drugs Too Often

The above headline is from the October 21, 2001 issue of the USA Today newspaper. The opening sentence from the article makes the statement, "Doctors are increasingly prescribing psychiatric drugs such as Ritalin and Prozac to preschoolers, despite questions about safety and effectiveness."



Child psychiatrist Glen Elliott of the University of California Medical School in San Francisco, spoke at the American Academy of Pediatrics meeting in San Francisco and said, "Every pressure I'm aware of is pushing toward more use of these pills in young kids, and the potential for problems is huge." He goes on to explain, "HMOs are encouraging quick diagnoses, working parents often can't be home to enforce structured behavior-improvement programs, and everyone seems to want quick fixes."

The concern about usage of these drugs has been growing following a recent report that showed that Ritalin use more than tripled in preschoolers between 1991 and 1995, and prescriptions for antidepressants doubled in that age group during the same period. Dr. Marsha Rappley, a pediatrician at Michigan State University's College of Human Medicine in East Lansing states that one of the concerns are side effects, which can range from mild to significant. Problems that can occur include headaches, stomach aches, sleep problems and loss of appetite. Additionally there is very little research on safety and effectiveness in kids under 4.

Dr. Elliott worries about the long-term dangers of prescribing drugs such as Prozac to small children. "Antidepressants change how brain chemicals work, and permanent changes might result from kids taking such drugs since we know a lot of brain development is still going on at this young age."

U.S. House of Representatives Passes Bill to Provide Chiropractic to U.S. Military Veterans

This legislative initiative was the product of many years of discussion, negotiations and education and came only after numerous attempts by the chiropractic profession and the Congress to persuade the U.S. Department of Veterans Affairs (DVA) to develop and implement a meaningful chiropractic program on their own. The bill now moves to the U.S. Senate for consideration and action. Some of the highlights of the bill include:

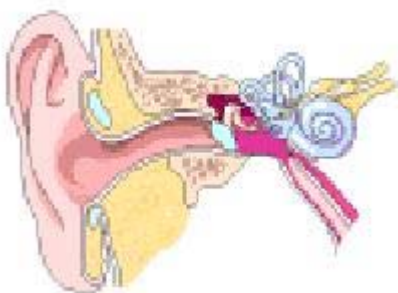


- The establishment of on-going, regular chiropractic care as a routine benefit at all DVA facilities.
- The establishment of a chiropractic oversight committee to assist in the rapid implementation of full chiropractic availability within the DVA.

- A mandatory schedule for deploying in-facility doctors of chiropractic at all DVA medical centers, adding on-site practitioners at 30 sites per year until all locations have in-facility coverage. The first 30 sites are to be identified within sixty days of final passage of the bill.
- The securing of "primary care provider status" for DCs so that all eligible veterans can have direct access to chiropractic care without the need for a referral from a medical doctor.
- The appointment of a senior doctor of chiropractic to serve as a Director of Chiropractic Services within the DVA. This key individual would be directly responsible to the Secretary for Veterans Affairs and thus able to by-pass a historically hostile and obstructionist medical bureaucracy.
- The establishment of an effective program of training and education to inform and orient other providers and beneficiaries as to the important role and availability of chiropractic services within the DVA.

Should Watchful Waiting Be Used More Often for Acute Otitis Media?

Are antibiotics really needed for ear infections? An article from the October 2001 issue of the Archives of Internal Medicine suggests otherwise. According to the article the medical profession is facing a situation where the antibiotics they have relied on in the past are becoming less effective, prompting physicians around the world to consider alternatives. One of the alternatives is ear surgery called myringotomy, an operation where the child is strapped to a papoose board and held down. Myringotomy is an operation in which a small cut is made in the ear drum to relieve pressure caused by pus or fluid in the middle ear. A small tube may then be placed in the cut to allow fluid to drain from the ear and air to pass inside. The tube usually falls out on its own in about a year and the cut heals. While myringotomy is done on both adults and children, it is done most often on children. In fact, it is the most common operation done on children. Myringotomy is not without potential serious complications. The disturbing part of the report raises the question of effectiveness, "Perhaps the most important question is whether myringotomy is an effective treatment for acute otitis media. The available evidence (1 randomized controlled trial and 1 case series) suggests probably not." The researchers go on to question, "How safe is myringotomy? What other costs are there? The operation's psychological effects of being held down and strapped to a papoose board are not described."



The researcher noted that otitis media is a spontaneously remitting disease. This means that in most cases it clears up by itself. They also noted that other populations have already adopted a watchful-waiting strategy. The result was that nothing catastrophic happened. The Netherlands already has a policy of supportive treatment only and using antibiotics and/or myringotomy for less

than 5% of diagnosed cases of acute otitis media. In that country a study showed that more than 90% of nearly 5000 children recovered within a few days.

The option that these researchers are suggesting is "watchful-waiting". They suggest, "Perhaps we need to offer the alternative of watchful waiting more often for acute otitis media, rather than marginally effective antibiotics (which cause bacterial antibiotic resistance) or the fearsome procedure of myringotomy."

Chiropractors have long talked about the benefits of chiropractic care for children with otitis media. One study in 1998 of 401 children showed marked improvement for the children with otitis media who received chiropractic care.

We all know someone who could benefit from knowing about chiropractic. We ask you to please forward this email newsletter to everyone you feel could benefit from it. Please let us know when you forward this copy and also what you think of this issue by sending us an email at the address we have listed above. If you feel you have received this newsletter in error please email us and let us know. Thank you.