

# Medical Manipulation or Chiropractic Adjusting?

by Tedd Koren, D.C.

**C**HIROPRACTIC CAN BE PRACTICED EITHER EMPIRICALLY OR mechanistically. How could that be? Why is it important?

Chiropractic's approach to healthcare is similar to the empirical approach of classical homeopathy, classical osteopathy and other "holistic" healthcare systems.

That approach, to balance or harmonize the individual within him/herself and to balance or harmonize the individual to his/her Source (soul, spirit, Tao, God), is the goal of the chiropractic adjustment

The Triune of Life, chiropractic's philosophical "heart and soul," describes how matter, force (energy) and intelligence (consciousness) interact to create life and health. The goal of chiropractic is to permit intelligence to communicate through physical matter via the intermediary of force.

In homeopathy and osteopathy, we find an almost identical terminology and goal. Samuel Hahnemann (discoverer of homeopathy) and Andrew Taylor Still (discoverer of osteopathy) considered disease to be an incoordination between mind, energy and body.

## Discovering and Releasing Obstructions/ Subluxations

In more modern times, Robert Becker, MD, an orthopedic surgeon, wrote with chiropractic insight when he said: "The healer's job has always been to release something not understood, to remove obstructions...between the sick patient and the force of life driving obscurely towards wholeness...."<sup>1</sup>

Care must be personalized to the individual; a person's subluxation(s) or obstruction(s) must be located and corrected. How does this relate to how chiropractic is practiced today?

Sadly, it does not relate to how many DC's practice. Too many DC's think the subluxation is where the pain is. For example, has this ever happened to you? New patient with low back pain who has been to other DC's is asked by his new chiropractor, "What did your last chiropractor do for you?"

"He cracked my lower back."

"Did he check or adjust your neck?"

"No, just my lower back."

Obviously, that DC wasn't taught that the lumbar and cervicals (and cranials) are all connected and affect each other. Did this patient leave his last DC's office with his cervical (and other) subluxations uncorrected? Probably.

## The Flying Seven

When I heard about the "flying seven," I pictured a trapeze act, like the "Flying Walendas," doing weird things above a



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safety net. Instead, it has to do with chiropractors doing weird things without much of a safety net.

The flying seven is another name for "diversified" or "pop and pray" adjusting. Three "cracks" on the thoracics (upper, middle and lower), lumbar roll—left and right (that's two), cervical break—left and right (that's two). Total = Seven.

For this you have to go to school for four years? For the record, I'm not writing from some high horse; I used to practice like this.

Can you get results from pop and pray? You can, especially on new patients, because you're breaking up long-standing stress patterns. But the subluxations often come back; the adjustments don't hold.

That's why there's always something to "crack," even a few hours later. And, if there's a hot disc, ear infection, migraine or some other problem—you really don't know....

The flying seven is quick and easy. Sometimes it really can do great things, but it has great limitations as well.

It's financially rewarding, because patients keep coming back. But it's beginning to backfire. You know the joke, "How many chiropractors does it take to change a light bulb?" Answer: "Just one but you have to go back fifty times." Many people say it's no joke and would rather swallow a pill at home than drag themselves in for care over and over.

## A Dying Profession?

The preceding is one reason the percentage of the population seeing DC's is decreasing and the number of students in chiropractic schools has fallen. The CCE and national boards are another part of the problem. They have forced up the cost of education so that new DC's are \$100,000 or more in debt upon graduation. Even worse, the CCE, et al., has medicalized chiropractic education. Because of all the medical subjects the CCE requires, there is less time for chiropractic; in some schools, philosophy, the most important aspect of any healthcare profession, isn't even taught. Students graduate thinking they are limited to being back and neck pain doctors; they vaccinate their kids, take drugs....

The only thing saving chiropractic from extinction is that medical care is so dangerous and ineffective. Chiropractic remains a viable alternative—for now.

## Medical Manipulation

The CCE, national boards and similar groups need to get back to their roots. DC's need to get away from medical manipulation and get back to chiropractic adjustments. Giving (more or less) the same adjustment to every patient each time they come in—same segments, flying seven, pop and pray—is medical manipulation, little more than a glorified aspirin.

If your procedures are really working, the patient will not have the same subluxations each time you see them. Deeper subluxations may surface, retracing will appear, body structure and other objective changes will occur. The patients will heal physically and emotionally and release deep obstructions preventing them from properly connecting to their Source.

## Terminology

Where to begin? First, let's start with our terminology. Chiropractic corrects subluxations; it does not "treat" conditions. When we refer to what we do as a "treatment," we are using medical terminology. We analyze and "adjust" or "correct" causes with chiropractic care. The medical profession diagnoses and treats symptoms. We have a unique profession; our terminology is unique.

## Is Your Care Consistent with Your Philosophy?

Our adjusting techniques must be consistent with our philosophy. Mechanistic procedures are not able to fully reveal the potential of chiropractic's vitalistic approach to connecting the patient to his/her Source.

Our chiropractic techniques must, likewise, remain unique, respecting empirical or vitalistic philosophy, with the goal of locating subluxations and correcting them, wherever they may be.

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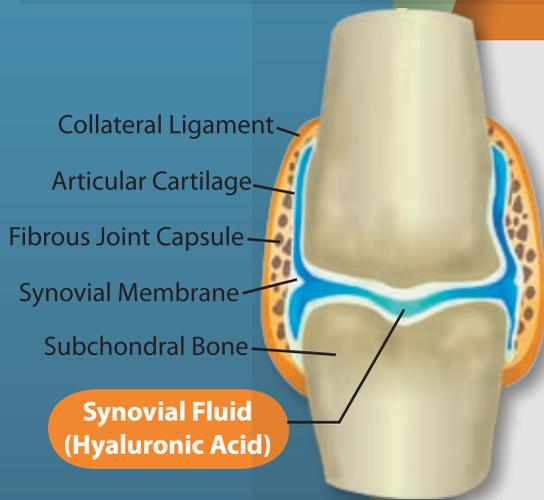
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1. Becker RO and Seldon G. *The Body Electric*. NY: William Morrow and Company, Inc. 1985;29.

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