Information for the WFC Round Table Discussion Regarding Chiropractic Medicine and Chiropractic Pharmacotherapy:

Dear President Flynn and Secretariat General Chapman-Smith:

I am sorry that we did not connect via my previous email to Mr. Chapman-Smith regarding the possibility to "skype" into the roundtable discussion. ***So I wish to thank you for the opportunity to share this emailed information with the attendees of the round table event regarding the issue of chiropractic pharmacotherapy within chiropractic practices.***

I am sorry that I could not attend the conference. As I mentioned to Mr. Chapman-Smith at the ACA House of Delegates meeting, as an officer of the my State Association, I must be in attendance at the Spring License Renewal Seminar the Saturday and Sunday immediately preceding your round table discussion.

Regarding the matter at hand, there has been an exceedingly large amount of either disinformation regarding this matter and/or a tremendous amount of misunderstanding (some unintentional and some intentional because of belief systems). As the chiropractic physician within the United States that has been teaching the injectable nutrients/homeopathics coursework for 20 years now, I may have the one of the most "seasoned" informed opinions on this issue.

The following may be somewhat lengthy, but essential.

I will start with parts of the final speech of our former ACA's Chairman of the Board of Governors, Dr. George McClelland regarding the matter that you are discussing today, and intersperse my remarks in red:

……I would like to address one other of the ACA's principles mentioned in the Master Plan Definitions. Chiropractic is a drug-free, nonsurgical science and, as such, does not include pharmaceuticals or incisive surgery. Now, while this principle has an attached caveat that allows duly licensed and trained chiropractors to provide common domain procedures, that are applicable under local law, we, as members of the Association, are frequently quoted as being anti-drug, anti-surgery.

We say this at the same time that we provide 500 mg of Vitamin C per dose to our patients with upper respiratory problems, 150 mg of Vitamin B6 for bursitis or tendonitis, Glucosamine and Chondroitin for degenerative joints, bovine enzymes for inflammation, as well as other botanicals, oriental herbs, homeopathic remedies, etc. to benefit our patients. In doing so, are we truly drug-free? **Great question… And the answer is no we are not. Applying any nutriceutical above RDA in an effort to achieve a pharmacologic response, regardless of the**

route of administration, for the specific purpose of addressing a target-specific health condition, is considered a "drug" therapy. This is okay however, because in a significant number of clinical instances, the nutriceutical interventions have less side-effects and perform equal to or better than the current pharmacological regimens. This is especially true when these agents are applied perenterally (via injection).

Let me address this issue from another point of view. Why do you suppose that nurses, optometrists, psychologists, naturopaths, etc. are seeking medication prescription privileges? Have these long-standing professions suddenly developed new beliefs in medication and new needs to prescribe it? Or have they come to realize that medications are so common in our society that not being able to discuss or manage their use with our patients takes away a significant ability, responsibility, and privilege in the evaluation and care that we are able to give? Have these professionals come to realize that the prescribing of medications is something so basic in our society that it is just something a healthcare provider, or especially a doctor, does? Have they come to realize that the prescription of medication, even on a limited basis, conveys a cultural authority that is common to all who call themselves doctor? **Very insightful… and something that I have been saying for years. Lets look at the naturopathic medical doctors within the United States, especially in those States where they have acquired prescriptive authority rights. Those NMD's now have the authority to utilize a very broad formulary (a list of medications) legally within their practices. Dr. Pizzorno, NMD who is sort of the "God Father" of naturopathic medicine in the U.S. fought the inclusion of pharmaceuticals hard for years. However, when he discovered that the NMD's in Arizona had not significantly changed their practice habits even with the inclusion of the rights to prescriptive medications; still utilized their natural medicine substitutes; discovered that significant increased numbers of patients were pursuing NMD services because these well-informed health care consumers were searching for a provider that would pursue the most conservative and biologically compatible treatment options to address their health concerns and would only offer a prescriptive drug if they did not have an "equal to or better answer" on the natural medicine side of the fence; AND the fact that the NMD's cultural authority had significantly improved in those States where they have attained that authority; then Pizzorno changed his mind and has been the biggest**

supporter of expanded rights within Naturopathic medicine. We could certainly take a play out of their "playbook" and out maneuver them because we are licensed in all 50 States…. They aren't.

Additionally, as we look at integrating chiropractic into the existing healthcare system, would it help these doctors to have at least limited prescription rights? **You bet!!!** While we know that all interventions have certain risks, including those we use or recommend every day, should we consider the prescription of Tylenol and aspirin as radical or conservative management of our patients with pain and inflammation?

I would ask you, here at a time when all other health professions are looking at expanding their scope and capacity to treat their patients, are we doing our profession and our patients a disservice by trying to contain or relatively diminish the growth of our scope of practice? Even the Institute for Alternative Futures, in its recent publication, The Future of Chiropractic Revisited: 2005 to 2015 (Dr. Clem Bezold), in its Scenario 3: Evidence Based Collaboration, which was the preferred Scenario in the survey (79%), recommended using some drugs and that chiropractic must look to a broader focus and scope of practice in the future. **In fact, Dr. Bezold was invited to speak at the ACA House of Delegates/NCLC meeting in 2002. Understand that this individual is hired by "Fortune 500 Companies" to look at trends and make recommendations to that business so that they remain relevant and continue to have a successful business ten years down the road. During that meeting he stated, "…… that chiropractic must get the authority to medications or partner with another discipline that can provide them for us." Those were comments pertaining to the "Visionary Scenario" that the HOD went on to take an unofficial vote on and was noted to be the most popular in the House.**

So let's look at what Dr. Bezold stated.

If we were to partner with another discipline to provide us with the prescription medications for our patients when we felt that it might be appropriate, we would still be a "restricted-licensed" provider/physician (a physician without prescriptive authority) and

therefore could still be discriminated against by insurance companies within the United States such as Trigon Blue-Cross / Blue-Sheild whereby their lead attorney, Howard Feller stated that, "….the judges' ruling reaffirms our position that we can pay providers such as chiropractors less for same and similar services….". In other words, since we do not have prescriptive authority and are consequently a limited/restricted licensed provider in the eyes of the insurance world, we will continue to be discriminated against.

Now lets look at the other end of Bezold's comment where he stated that we need to get the authority for ourselves. I am relatively certain that he was probably looking at the matter in a way that would have emulated the osteopathic evolution to prescriptive authority rights whereby they "turned over" the educational process to the allopathic physicians and/or allopathic pharmacologists. So…. They were taught allopathic pharmacology. That route, in my opinion, is unacceptable.

In New Mexico for example (and certainly within the coursework that I teach regarding the injectable nutrients/homeopathics) the traditional 200 – 250 drugs that the WHO (World Health Organization) states are required for basic primary care are taught by the post-graduate department of a chiropractic college…. But here is where our uniquely chiropractic conservative influence was preserved and maintained…. All of the natural medicine substitutes were concurrently taught within the same chiropractic pharmacotherapy educational training. This would be (and is…) a far better approach to the training of chiropractic physicians in the use of prescriptive drugs which would allow our beloved discipline to attain "plenary license" status (an unrestricted license) yet maintain our traditional conservative nature, much like the NMD's.

Should the issue of prescribing medications, even on a limited basis, be a question of purity of the profession or is it really a question of parity with the other healing arts? As the ACA progresses into the 21st Century, should we be considering a principle that disapproves of the indiscriminate and inappropriate use of potentially harmful medications, as opposed to calling ourselves drug-free? **Absolutely!! When we see the tremendous damage done by polypharmacy (patients who are on a number of prescription drugs, sometimes 10 to 15**

different drugs), would someone tell me the health care discipline who has a shot at correcting that "madness" of four million adverse reactions per year and countless deaths???? By virtue of having prescriptive authority, we would also be able to remove our patients from the unnecessary prescription drugs and place them on the natural medicine substitutes along with good chiropractic adjustments, just like I am currently doing within my multi-discipline practice.

That ends the comments from the former ACA Chairman of the Board along with my remarks to his points.

Now, I would like to make some other points to assist in educating you, some of which come from the Palmer Beacon interview that they did with me about this subject last May:

For over 29 years now, chiropractic physicians have been researching and using injectable nutrients. It all started in 1981 in Oklahoma when a statute was codified into the chiropractic practice act that allowed appropriately trained and credentialed chiropractic physicians to administer vitamins, minerals, or other nutritional articles by oral or injectable procedures. Some of the injections that are able to be administered includes Vitamin B12, trigger point injections, and prolotherapy (a nonsurgical ligament reconstruction treatment that uses a dextrose (sugar water) solution injection to reduce chronic pain and stimulates the tissue to repair itself), among other therapies including intravenous applications.

Oral nutritional medicine interventions as practiced by a large percentage of chiropractic physicians across the United States, especially those Board Certified Chiropractic Nutritionists and the Board Certified Chiropractic Internists), are wonderful ancillary treatments for a variety of primary care conditions including chronic fatigue, fatty liver congestion, adult onset asthma, coronary and peripheral vascular disease, Crohn's, multiple sclerosis, lupus, and on and on. Of course, the nutritional medicine
interventions are always used in conjunction with the appropriate chiropractic adjustment. It is readily acknowledged however, that a large percentage of the population possesses a significantly compromised gastrointestinal tract. Dysbiosis, hypochlorhydria, endogenous enzyme deficiency, leaky gut, and other G.I. tract maladies, create an environment that may not be conducive to adequate absorption of critical nutrients that specifically target a number of the conditions listed in the preceding
paragraph, or to realize repair of damaged tissues/organs in the body. In these instances, it may be beneficial to "by-pass" the gut and place those critical nutrients into the system so that the body may take those "target-specific" compounds and effect repair.

Some of the nutritional medicines that we commonly use may include methylcobalamin (a form of B12 used in those patients with methylation pathway defects as found in autistic children and individuals with increased cardiovascular risks due to elevated levels of homocysteine) to calcium gluconate. From 8.4% free amino acids (needed for those patients who have been taking long-term, acid blocking drugs which are only supposed to be prescribed for a maximum of 14 days..... go figure....) to compounded agents such as colchicine (an nutritional extract of the

autumn crocus plant and used to bring down the incredible swelling and pain associated with acute discal herniation) and reduced Glutathione (that we use for a variety of reasons, not the least of which is to quench the free radical damage from "radiation induced burns" as in radiation therapy to the breast, along with ascorbates which is a type of vitamin C).

Consider one moment a young child who is vomiting and has diarrhea. The child's enzyme throat test is positive for influenza A. The child has been running a 104 degree fever for 2 days. The child is profoundly dehydrated and listless. Chiropractic adjustments to this patient is critical, however will do little for the profound (and perhaps, critical) dehydration and nutrient depletion that the child is experiencing. Intravenous lactated ringers, potassium chloride, magnesium sulfate, and especially sodium ascorbate (vitamin C) will rapidly help this child back to recovery. The vitamin C exerts the following influence on the child's immune system, including; increased immunoglobulins, increased complement factors, increased endogenous production of interferon, increased endogenous production of hydrogen peroxide (our immune system's first line of defense), and increased macrophage activity. Notice that we accomplish all of this, and we didn't use a harsh drug. The child gets past the critical emergency with good chiropractic adjustments and chiropractic injectable nutritional interventions.

Another example might be a persistent trigger point that just has not responded to traditional chiropractic adjustments, Graston, ultrasound, or a host of other techniques. Generally, injecting B12 into the core of the trigger point in a "retrograde" injection manner in at least 3 quadrants, will make very short work of the persistent trigger point and provide the patient with significant relief.

One more example may include using 50% dextrose to "pepper" a ligamentous attachment that may have become torn or sprained and is a significant pain producer and creating significant joint instability. This process is called "prolotherapy" and has been practiced for decades. Both of these clinical examples are a natural adjunct to our chiropractic care that we so carefully administer to our patients. You will notice that in the examples provided, we have used only nutritionally-based substances in the clinical interventions.

There are literally 100's of these types of protocols for a spectrum of conditions that the primary care, chiropractic physician will see in his/her clinic. It is my best estimate that there have been over 3 million properly performed injections (intramuscular, mesotherapy, prolo, etc.) and tens of thousands of properly performed intravenous injections performed in the United States by appropriately trained DC’s.

In the AMI Model with BCBS in Chicago, those DC's did not have RX authority and still reduced medications by 55%. In several multi-discipline centers around the country, the RX reduction approaches 90% whereby natural medicine substitutes are both requested by savvy, conservative health consumers and rendered by legally authorized DC's.

Lastly, the question that I want to address is what do we do, or can we do about the other professions that are our competition who are climbing up the ladder in an effort to obtain prescriptive authority?

As I have seen the actions and advancement of the NMD's and the DPT's (doctors of physical therapy) within their educational models, one option that we have is that we can continue to fight them and play defense. But how long do we really think that we will be able to keep them "at bay" when they can demonstrate the advancement of their professions through the "educational process" within their "accredited institutions"? Any legislator can see that if the educational model for that discipline is bonafide, then the scope of practice authority will follow. We can do the same thing. Just as the Osteopaths in my home State of Oklahoma have amended their educational process and their scope of practice in 1921, 1941, 1975, 1983, 1989, and 1991 (and the NMD's and the DPT's are currently doing the same thing) we can too, and for all the right reasons (that means NOT DUPLICATING the manner in which the osteopaths did it as described above). Clearly, we must be visionary to out maneuver those disciplines who would place our beloved profession's survival in peril. Playing defense, in my opinion, is probably not the most effective game plan.

It will take some deliberate "minds" and determination to "remain in the game" of health care delivery. And since the health care consumer is desiring a) conservative care that is biologically compatible, b) wants to come off their drugs (which the DCs who are board certified in chiropractic pharmacotherapy would be able to legally do in those States where they attain that authority) and place their patients on natural medicine substitutes, while adjusting the patient appropriately, then "WE" should become the primary care provider of choice with particular expertise in regard to neuromusculoskeletal related conditions. Understand that the chiropractic adjustment is absolutely the foundation of our healing art…. It may not, however, be the ceiling.

Further, with the dangerous predictions regarding the current and projected decreases in primary care providers in the U.S., we have an incredible unique opportunity before us. We need to take this time to be ambitious and visionary.

So here is “my” Scenario 5 in my best “Dr. Clement Bezold – speak”:

Conservative Primary Care Provider of Choice and Wellness Care with Plenary License Status:

Chiropractic physicians maintain and acknowledge their neuromusculoskeletal foundation. They also acknowledge the CCEUS (Council on Chiropractic Education, United States) position that chiropractic schools train chiropractic physicians as conservative, primary care providers in which the NMS conditions are included. Schools begin offering a simultaneous, duel instruction on traditional and natural pharmacotherapy protocols and States obtain statutory authority for same. AMI/Chicago BCBS project that utilized Doctors of Chiropractic as gate-keepers revealed a decrease in 55% of prescription drugs. Numerous multi-discipline practices with DC’s and MD’s claim a decrease of up to 90% of allopathic prescription drugs, by utilizing natural medicine agents (botanicals, homeopathic agents, vitamins, minerals, etc.) in conjunction with the chiropractic adjustment. Therefore, Doctors of Chiropractic with prescriptive authority use prescription drugs only when a more conservative, biologically compatible treatment intervention is not available or not as effective. This fact makes the DC a much sought-out quality in a practitioner and propels the Doctor of Chiropractic into the primary care provider of choice role who treats neuromusculoskeletal disorders and most common primary care conditions. Chiropractic physicians also instruct patients in lifestyle, exercise, and dietary choices to promote wellness and delay onset of disease. By virtue of the achievement of the

"plenary license status" (an unrestricted license) of the chiropractic physician, long-standing discrimination issues disappear. Chiropractic utilization flourishes.

Thank you for your time and attention.

Respectfully submitted,

Michael Taylor, DC, DABCI
Instructor, Chiropractic Injection Courses
3808 E. 51st Street
Tulsa, OK. 74135
O: 918-749-3797
drtaylor@healinginc.net
