

# ATTADALE CHIROPRACTIC NEWS BRIEF



## Celebrating the Difference.

Many/most patients who are new to chiropractic, share a history of medical diagnosis for the identical symptoms that later, prompted them to consult a chiropractor.

Their reasons for switching to chiropractic may include an unsatisfactory medical outcome and/or a perceived risk of, or having suffered actual, medical harm.

Both the public and our journals portray chiropractic as if, chiropractic patients have a single key symptom such as low back pain (LBP), neck pain or headache. Those symptoms are common to most of our patients. However, almost 100% of patients have additional symptoms, of which some later prove to be subluxation related.

Decades ago, having noted 52 symptoms mentioned by patients, I included those symptoms into a questionnaire for new patients. Years later, we analysed 1,000 consecutive questionnaires discovering that on average individual new patients had 8 symptoms.

Virtually, all new patients have both multiple symptoms and multi-level subluxations.

A symptom may be subluxation related when it occurs coincidentally to the presence of subluxation and is alleviated coincidentally to that subluxation being adjusted. Repetition makes that relationship more certain.

A patient's current set of subluxation related symptoms form her/his subluxation related syndrome.

Switching patients from being "out of adjustment" to being "in adjustment" is a common reality among our patients and an every day part of a chiropractor's practice. Keeping "in adjustment" effectively assists patients to avoid recurrent subluxation related symptoms.

With close scrutiny it would be unusual in my day-to-day practice to have two patients with an exactly identical syndrome, or for the same patient to retain an exactly identical syndrome over years or decades.

Disruption to the wide-ranging influence of the nervous system by multiple subluxations at different levels of the spine, may give rise to an extraordinary array of seemingly unrelated symptoms. For example, a subluxation related syndrome may involve vague thinking, poor short-term memory, headaches, shoulder-arm pain, mid-thoracic ache associated with indigestion, LBP, irritability, fatigue and a weakened bladder sphincter.

Pause to imagine the difference between chiropractic and medical management of those symptoms. As a chiropractor, I would locate and adjust multiple subluxations in the hope adjustments will restore normal relationships at various levels of the spine and nervous system.

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Patients who share a history of failed medical treatment for the identical symptoms that later prompted them to consult the chiropractor, tell of medical management of their individual symptoms while the influence of their subluxations was never medically acknowledged.

For those patients who have had months or years of failed medical treatment whether or not they have subluxation related symptoms will be demonstrated coincidental to having their subluxations adjusted. For patients who experience a marked reduction in long term symptoms coincidental to chiropractic care the outcome evidences the validity of chiropractic.

Let me hark back to new chiropractic patients. Many of these virtual strangers to chiropractic share a skepticism based upon common disinformation about chiropractic. Over the initial few weeks of experiencing chiropractic care most patients feel benefits from having their subluxations located and adjusted, for them chiropractic is self-validating.

The experience of feeling the changes, when “out of adjustment” as compared to when “in adjustment”, creates an understanding common to many chiropractic patients that those who have never been adjusted do not have. To really know this aspect of chiropractic a person needs to experience that difference.

My privilege, over decades, of providing many thousands of adjustments and sharing with thousands of patients what differences they experience when “in adjustment” or “out of adjustment” evidenced the reality of chiropractic.

Medicine, its literature and the medically oriented health insurance industry only recognise “medical disorders”. There is no medical recognition of patients being either “in adjustment” or “out of adjustment”, of what chiropractors refer to as subluxations, subluxation related disorders or subluxation related syndromes. The fact that many chiropractors spend their career, switching patients from being subluxated to being “in adjustment” is ignored.

It invites confusion to try to fit the large square peg of subluxation related syndromes into the precise small round hole of medical diagnosis. Just as a carpenter would not use a hammer to saw wood, conventional medical diagnosis is not the right tool to diagnose subluxation related syndromes.

Chiropractic patients now share in the concept of a trial period, of comparing entrance symptoms to the symptoms, if any, at the end of the trial period. As they learn about the diverse influence of subluxations their concept of chiropractic goes from picturing it as one single key symptom such as LBP, neck pain and/or headache to recognising a wide range of subluxation related symptoms.

I feel privileged to share patient outcomes, to read their forms, to discuss the changes, to gain a greater insight into the efficacy of chiropractic. Collectively, for me that has been an amazing experience.

When I hear or read about so called medical “experts” rejecting chiropractic, I wonder how many chiropractic experiences of the foregoing nature they have had.

The government’s Orwellian use of the term “health care” for the illness industry is a world away from the perspective of the aspect of locating and adjusting subluxations as a part of caring for and maintaining health.

**Medicine is distinctly  
poles apart from  
Chiropractic, celebrate  
the difference!**