

**CHIROPRACTIC
AND
ULCERS/DIGESTIVE
DISORDERS**

Welcome To Great Health!

You are joining millions of others who have taken control of their health with chiropractic care. Chiropractic offers a natural, drug-free way to not only regain your health, but also to maintain it.

We're glad you are taking the time to learn more about the incredible science, art and philosophy chiropractic provides. We want you to benefit greatly from the next several pages, so let's explain the contents.

You will be examining literature from both the popular press as well as that of medical literature. While we don't expect you to be well versed in the medical terminology, we do believe that you deserve the information at your fingertips. The doctor will be happy to discuss any of the articles with you.

You may notice articles designed to inform you about the potential side effects of certain medication. There will also be medical literature that supports chiropractic as a possible means of helping your body to regain health. In addition, you will review survey material praising chiropractors for their efforts. Lastly, you will note a Family and Friend Health Profile. We suggest that you complete this form and return it to your chiropractor as soon as possible.

Remember, the more you know about your health, the healthier you will be. The sooner your doctor of chiropractic examines you the sooner you can be on the road to good health. The longer you wait for help the worst the condition becomes. Delays will only hurt you more and cost you more!

The Role of Chiropractic in Good Health

Although chiropractors work primarily upon the spine, their goal is to improve the health of your entire body.

A chiropractor is a specialist that works diligently to detect and correct vertebral subluxations. Vertebral subluxations occur when the spinal column has become "misaligned." This misalignment produces interference in your nervous system. Your nervous system is responsible for controlling every function of your body.

Henry Windsor M.D. noted in the Medical Times that he found a nearly 100% correlation between "minor curvatures" of the vertebrae and diseases of the internal organs. His findings were indeed profound.

A chiropractic adjustment is the means by which your D.C. (Doctor of Chiropractic) corrects vertebral subluxation. Regardless of age or physical condition, everyone needs a nervous system free of interference.

Please review the following pages and learn about the benefits of chiropractic care for you and your entire family...

Overuse of antacids risky, doctors say

CHICAGO (AP) — Swilling antacid or gobbling tablets for your upset stomach could cost you your life.

Fourteen deaths, 31 hospitalizations and four cases of disability linked to magnesium poisoning have been reported since 1968, researchers from the Food and Drug Administration reported in the August issue of the American Medical Association's Archives of Family Medicine.

"Maalox and Mylanta — people just drink them like water," said Dr. Man C. Fung, lead author of the report. "They don't even think about it."

Consumers and doctors often underestimate the danger and may not recognize the symptoms of magnesium poisoning from overuse of antacids and other medications, wrote Fung and Drs. Michael Weintraub and Debra L. Bowen.

Symptoms can include clumsiness, weakness, paralysis, drowsiness, confusion and coma.

Magnesium is an important nutrient in foods and in drinking water. It is common in over-the-counter antacids,

laxatives and pain relievers.

Taken as directed, such products are safe, Fung said by telephone from the University of Pennsylvania Cancer Center, where he is now on staff.

Excessive use, though, especially by susceptible people, can lead to magnesium poisoning, he said. Susceptible people include the elderly, longtime diabetics, people who have had digestive surgery and anyone taking medications that slow the digestive system, such as narcotics and some antidepressants.

Elderly people are susceptible because their kidneys, which rid the body of magnesium, are not as efficient. Longtime diabetics sometimes suffer nerve damage to the bowel.

Relatively high levels of magnesium are found in many laxatives containing citrate of magnesia, milk of magnesia and Epsom salts, the researchers said.

Many antacids contain lower but still significant amounts of magnesium, including, in many cases, Maalox, Mylanta, Gaviscon, Di-Gel, Gelusil and Roloids, the researchers said.

DID YOU KNOW?

**"EVERY FUNCTION OF THE HUMAN
BODY IS UNDER CONTROL OF THE
NERVOUS SYSTEM."**

- Grays Anatomy, 29th edition, p.4

MEDICAL LITERATURE ABSTRACTS

J.A.M.A. Nov. 15, 1958

Pathogenetic Importance of the Thoracic Portion of the Vertebral Column. H. Kamieth. Arch. orthop. u. Unfall-Chir. 49:585-606 (No. 6) 1958 (In German) [Munich, Germany].

The authors made a roentgenologic study of the thoracic spine in 100 patients with roentgenologically proved ulcers of the stomach and duodenum. The group included 83 men and 17 women. Sixty-one men and 11 women had duodenal ulcers; 20 men and 3 women had gastric ulcers; and the other 5 patients had both gastric and duodenal ulcers. Answers were sought to the following questions: 1. What morphologic and functional changes can be observed in the thoracic portion of the vertebral column? 2. What connections exist between the morphologic changes and the disturbances in the static functions? 3. Is it possible that the morphologic and functional changes will act as pathogenetic factors? The majority of patients (86 of 100) had lateral curvature scoliosis of the thoracic portion of the vertebral column, which, however, was essentially postural, since it could be compensated by forward flexion in two-thirds of the male patients and in about one-half of the female patients. A tendency to gradual fixation of the postural scoliosis was demonstrated by its appearance when a roentgenogram was made with the patient in the supine position. The convexity of the scoliosis was toward the right side in 60 of the patients and toward the left side in 21 and the remaining 5 patients had an S-shaped scoliosis. The percentile distribution of right-sided and left-sided scolioses coincided with the percentages of duodenal and gastric ulcers. All the scolioses involved the vertebral segments corresponding to the stomach and duodenum, that is, T-6 to T-9. The scolioses were mild, some being so slight that they could hardly be differentiated from variations within the normal range.

Spasticity of the musculature of the back was present in all but 17 of the 100 patients. Moreover, almost 90% of all the patients had pathological changes on the intervertebral disks. These disk changes and their relationship to osteochondrosis of the vertebrae, to Schmorl's nodules, and to spondylitic processes are discussed. On the basis of diagrams the author explains the pressure, shifting, and rotational forces that are most important in the production of the functional changes in the intervertebral disks. Spatial infringement in the intervertebral disk canals seems to be of vital importance, and this contraction of the canals seems to be a complex process, in which morphologic and functional, as well as nerve root, changes may play a part. It has not been definitely proved whether these various space-infringing factors or disturbing influences act directly on the nerve roots or indirectly by way of stasis and edematous changes in the intervertebral disk canals. There is also a possibility that the ligamentous apparatus, as well as the disks at the nerve roots, play a part. Morphologicosteogenic changes seem to be less important than in functional-dynamic changes. At any rate processes in the vertebral column seemed to play a part in 90 of the 100 patients with peptic ulcers.

C. Treatment of back pain and sciatica:

- Epstein, J.A., et al. Sciatica caused by nerve root entrapment in the lateral recess: the superior facet syndrome. *J. Neurosurg.*, 1872, 36, 584-589. (Subluxations can cause sciatica.)
- Parsons, W.B. Cumming, J.D. Manipulation in back pain. *Can. Med. Assoc. J.*, 1958, 79, 103. (Disc syndrome cases showed 75% success with manipulation.)
- Glover, J.R., et al. Back pain, a randomized clinical trial of rotational manipulation of the trunk. *Brit. J. Ind. Med.*, 1984, 31, 59-64. (Chiropractic manipulation effective in back pain cases.)
- Cox, J.M., Shreiner, S. Chiropractic manipulation in low back pain and sciatica statistical data on the diagnosis, treatment, and response of 576 consecutive cases. *J. Manipul. Physiol. Ther.*, 1984, 7 (1), 1-11. (Average number of days to obtain maximum improvement was 43, number of visits 19.)
- Cox, J.M. Chiropractic statistical survey of 100 consecutive low back pain patients. *J. Manipul. Physiol Ther.*, 1983, 6(3), 117-128. (90 out of 100 patients with low back pain had excellent response to chiropractic manipulation, i.e., returned to work with no pain.)

D. Subluxations and related organ pathology:

The heart . . .

- Cox, J.M., et al. Incidence of osteophytic lipping of the thoracic spine in coronary heart disease. Results of a pilot study *J.A.O.A.*, 1983, 82, 93-94. (Thoracic spine bone spurs/arthritis indicate accompanying coronary arteriosclerosis 85% of the time.)
- Smith, J.R., Kauntz, W.B. Deformities of the thoracic spine as a cause of anginoid pain. *Am. int. Med.*, 1942, 17, 604-617. (Bone spurs and arthritic changes in the thoracic spine can mimic angina pectoris.)
- Greenhoot, J. H. The effect of cervical cord injury on cardiac rhythm and conduction. *Am. Heart J.*, 1972, 83, 659-662. (Spinal subluxations can cause heart abnormalities in animals.)

The lungs and respiratory system . . .

- Davis, D. Respiratory manifestations of dorsal spine radiculitis simulating cardiac asthma. *Ann. Int. Med.*, 1950, 32, 954-959. (Thoracic subluxations can stimulate symptoms of cardiac asthma.)
- Odovan, D. The possible significance of scoliosis in causation of asthma. *Annals of Allergy*, 1951, Mar./Apr., 1984-219. (Nerve interference through spinal curvatures as a cause of asthma.)

The stomach . . .

- Beal, M.C. Palpatory testing for somatic dysfunction in patients with cardiovascular disease. *J.A.O.A.*, 1983, 82, 73-74. (Subluxations and fixations in the upper thoracic spine indicated 76% of the time the presence of gastrointestinal or cardiac position of the vertebral column. *Arch. Orthop. Untali-Chir.*, 1958, 19(6), 585-608. (90% of 100 thoracic scolioses with apices at T6-T9 exhibited duodenal ulcer symptoms.)

The gall bladder . . .

- Carnett, J.B. The simulation of gall bladder disease by intercostal neuralgia of the abdominal wall. *Ann. Surg.*, 1927, 86, 747-757. (Subluxations of T6-T10 can cause gall bladder symptoms.)

and October 1981 there was movement restriction at C0-1 and at the first rib on the left. In 1981 the gall bladder was removed. On 21 December 1989 she was hospitalized for burning pain in the left thorax, radiating into the left arm. One week earlier she had felt faint. Examination showed movement restriction at Th1-2 and Th4-5, with spasm of the scaleni and the subscapularis on the left. She was treated by mobilization of Th1-2 and 4-5, and by PIR of the scaleni and the left subscapularis. At control examination on 4 January 1990 she had been well over the Christmas holidays but again felt faint during the night of 3 January, followed by pain in the left thorax next day. The only finding was a trigger point in the subscapularis; after relaxation by gravity-induced PIR this pain subsided.

In this case there was first the typical 'cardiac pain pattern', improved by specific therapy; at control examination this pain was sustained only by spasm of the subscapularis.

Stomach and duodenum

As in heart disease, painful conditions in these organs are most likely to produce reflex changes in the locomotor system; for this reason, clinical experience of vertebrovisceral correlation is greatest in these conditions. The data given below are based on a group of 79 adolescents suffering from duodenal and/or gastric ulcer (Lewit and Rychlikova, 1975; Rychlikova and Lewit, 1976).

The following pattern was characteristic of disturbance in the locomotor system: blockage of thoracic segments between T4 and T7 with a clear maximum occurrence at T5/6; compared with a control group there was increased incidence of blockage in the craniocervical junction, but the most striking change was pelvic distortion (87% as compared with 14.4% in the healthy controls). There was increased muscle tension in the thoracic erector spinae in the segments T4-T9, again with the maximum at T5/6, and the same was true of hyperalgesic skin zones, the incidence of the latter being about half that of increased muscle tension. It is interesting that these changes were almost symmetrical, with a slight preponderance on the right; there was hardly any difference between the cases of gastric and of duodenal ulcer. Increased tension of the abdominal muscles, however, was more marked on the right.

In this group the intensity of reflex changes was clearly correlated to pain; where there was no pain, as in some cases after operation, the pattern did not present itself. It must be added that this pattern was found in young patients (15-22 years old); in older patients suffering from ulcers the incidence of pelvic distortion is much lower.

For clinical practice it is useful to remember that reflex changes are a useful criterion of the severity of the disease, and if we find this pattern in patients who do not complain of abdominal symptoms, the

stomach and duodenum should be examined. This is particularly suspect if the patient wakes at night with pain between the shoulder blades (hunger pain in duodenal ulcer).

Liver and gall bladder

As pain has a prominent role in affections of the liver and especially of the gall bladder, reflex changes must be expected. According to Rychlikova (1974) the segments most frequently affected are T6-8. Frequent radiation of pain into the shoulder is borne out by HAZ in the C4 dermatome and increased tension in the upper part of the trapezius on the right. There is also increased tension in the thoracic erector spinae, more on the right than on the left. For differential diagnosis with psoas spasm, see below. On the other hand, Tilscher *et al.* (1977), studying 30 patients with hepatitis, found movement restriction in the segments T8-T10 in 20 cases and (interestingly) restricted rotation of the right hip in 15.

Abdominal viscera can have a very detrimental effect on pain syndromes in the upper extremities, via the phrenic nerve (Zbojan, 1988), particularly in conditions without gross pathology, such as 'indigestion' caused by faulty diet or bad eating habits (eating too fast, cold drinks early in the morning, irregular meals, etc.), which may cause no major disease but only dysfunction of the viscera. This may suffice to provoke referred pain and trigger points in the upper extremities, shoulder girdle, head and neck. Improved eating habits and a hot (but not too hot) drink at appropriate times may greatly alleviate such conditions.

L. O. (1906) suffered from the age of 50 from chronic lumbar pain radiating to both legs, pain between the shoulder-blades and restricted movement of the head. We found pelvic distortion, which was treated, and muscle imbalance which required remedial exercise. Some years later the patient was treated for gall bladder trouble; his lumbar pain increased after spa treatment. When he came for examination he was suffering from an acute gall bladder attack, so that remedial exercise was out of the question. There was a broad HAZ on the right chest wall, which we treated by massage, and a painful spinous process in the lower thoracic region (probably Th12) which was treated by manipulation. Pain disappeared almost at once. The patient remained in our care for 4 years, during which gall bladder colic did not recur.

The kidneys

Apart from the pain directly associated with a diseased kidney, pain in the lumbar region (back pain) is also found in this condition. A thorough analysis of reflex changes in the locomotor system in kidney disease has been made by Metz *et al.* (1980) and Metz (1986). In 206 cases of chronic kidney

New Survey Rates Chiropractors

Exactly how effective is chiropractic care when measured against traditional medical treatment? According to *Prevention*, which claims to be America's leading health magazine, "... clearly, chiropractors are doing something right."

Prevention has been widely criticized in the past for ignoring or trivializing alternative methods of health care, and for promoting the "pill

for every ill" approach to medical problems. The October 1989 issue of the magazine contains the results of an exclusive survey on chiropractic care. *Prevention* commissioned the survey in an attempt to determine if people who go to chiropractors find the relief they are looking for. Based on the answers from people who had seen a chiropractor at least once, the survey proved to be an impressive show of support for the profession: three out of four people polled said that chiropractors were successful in correcting their health problems. On the whole, chiropractic patients realized greater relief from pain, were happy with the number of visits required and found chiropractors friendlier and more supportive than medical doctors.

Although some patients were aware that chiropractic care was effective in correcting the causes of migraine headaches, neck pains, whiplash injuries, scoliosis, allergies and chronic fatigue, most still sought help for back problems. The *Prevention* survey was another step in documenting the positive results that can be achieved through chiropractic care. According to the magazine:

- seventy-six percent said they would go back to a chiropractor, the majority of which would do so "without a second thought";
- nearly sixty percent of those who noticed a difference felt they received more lifestyle counseling, more advice on exercising and more nutritional information from their chiropractor than from a medical doctor;
- three times more respondents said their chiropractors are friendlier and more concerned about their patients than medical doctors;
- three-quarters of respondents selected their chiropractor based on recommendations from friends, relatives or neighbors, while fourteen percent let their fingers do the walking through the telephone yellow pages or made their selections based on advertisements. Only five percent were referred by a medical doctor. ■