

Drugs, Chiropractic and Boiled Frogs by Dr. Christopher Kent

There is general agreement throughout chiropractic that we are a drugless profession. The [Association of Chiropractic Colleges Paradigm](#), adopted by most major chiropractic organizations including the ACA, ICA, WCA, and WFC, **states emphatically:** "Chiropractic is a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery."¹ Yet there is an insidious movement within our profession to incorporate the use of prescription drugs, including injectables, in patient care.

Threatening Our Drugless Status

Over 20 years ago, Oklahoma authorized intramuscular and intravenous injection of "nutritional agents." What training was required? "The first injectable nutrient course consisted of approximately four hours of instruction, going through a 'hands-on' portion in which the chiropractic physician-in-attendance would take a syringe and needle, draw up a cc of B₁₂, and inject it into an orange." Today, the training required is a mere 24 hours for a vastly expanded scope of practice, which includes "treatment for shock (emergency procedures); PICC catheter lines; intramuscular and intravenous protocols; and oral protocols. The protocols taught include: trigger point injections; neural therapy; intravenous protocols for adult-onset asthma (a sulfur detox pathway problem usually secondary to a molybdenum deficiency); adjuvant nutritional IVs for the cancer patient; and treating persistent, nonresponsive subluxation complex, a result of axonal transport defect, due to heavy metal and/or volatile organic compound poisoning of the nerve."²⁻⁴ You read correctly: an injection for subluxation complex. (This is not a parody. I couldn't make this up.)

By the way, in case you are wondering what a PICC line is, [here is a definition](#): "A PICC line is, by definition and per its acronym, a peripherally inserted central catheter. It is long, slender, small, flexible tube that is inserted into a peripheral vein, typically in the upper arm, and advanced until the catheter tip terminates in a large vein in the chest near the heart to obtain intravenous access. It is similar to other central lines as it terminates into a large vessel near the heart."⁵

As an example of how this slippery slope went far beyond B₁₂ shots, one Oklahoma DC's [Web site offerings](#) include prolotherapy, weight-loss injections, fat-burner injections, chelation, and bioidentical hormone replacement.⁶ If you're not familiar with prolotherapy, it is the injection of irritants into ligaments to treat pain. Prolotherapy carries significant risks: "After prolotherapy, these could include increased pain, numbness (very rarely even permanent numbness), infection, abscess, allergic reaction to medications injected, weakness, temporary or even permanent paralysis, headache, pneumothorax (collapse of the lung), dizziness, nausea and even death."⁷

Will the DCs who offer prolotherapy have performed dozens of these procedures under expert guidance in a hospital, or rotated through an emergency room where anaphylactic reactions, joint infections, etc., were treated? Or will a lecture about it in a hotel room be adequate?

All of this may seem like old news. However, the movement has expanded far beyond a handful of Oklahoma DCs. [New Mexico recently passed legislation](#) enabling DCs with 90 hours of training to use prescription drugs, including injections, that are listed in a formulary.⁸ There are already plans to expand the existing formulary to include "a variety of substances that are injected into joints and connective tissue to treat joint pain and weakness ... Other drugs on the proposed list include nonsteroidal anti-inflammatory drugs, such as ibuprofen, and a muscle relaxer, cyclobenzaprine. Also listed are hormones, such as progesterone and testosterone ... In February 2009, lawmakers added new language that limited oversight of the medical and pharmacy boards to dangerous drugs or controlled substances and injected drugs."

The DCs in New Mexico continue to push the envelope. "The New Mexico Board of Chiropractic Examiners and the Board of Pharmacy also are negotiating a list of intravenous drugs to add to the proposal. Members of both boards had no estimate on when the list would be ready and did not discuss what it might include. 'Eventually, we hope to expand into a larger array of prescription drugs,' said Dr. Leslie Schmidt, an Albuquerque chiropractor and chairman of the Board of Chiropractic Examiners. 'We're going to have needle injectables and IV drugs.'"⁹

So, Why Not Drugs in Chiropractic?

1. It would be contrary to the historic and widely accepted identity of the profession to add drug treatment to our scope of practice
2. I know of no accredited chiropractic colleges that provide instruction on the use of prescription drugs, including injections of homeopathic medications, hormones, prolotherapy agents, etc. A couple have offered postgraduate courses in injectable nutrients (as authorized in Oklahoma), local anesthetics (as authorized in Oregon), and a 90-hour course in New Mexico.
3. To my knowledge, no chiropractic college clinic employs injectable homeopathic remedies, injectable nutrients, and other legend drugs in the care of outpatients in the student clinic. Furthermore, students have no hospital rotations and practical training in dealing with anaphylactic reactions and other adverse effects. A small, radical group, **the American Academy of Chiropractic Physicians**, has promoted the expansion of chiropractic practice to include "botanical, nutritional, and homeopathic medicines, articular manipulation and other medicines and therapeutics." This organization has offered a \$2,500-\$3,500 course over extended weekends leading to "Advanced Practice in Chiropractic Medicine (APCM-C)" certification. They appear to be a promoting a nationwide effort to change the scope of chiropractic practice to include drugs.
4. Some have proposed a "tiering" of the profession. There would be "advanced" chiropractors, and those who were merely "chopped liver." Legislation could empower state boards to either allow any DC to practice in these potentially dangerous areas with little or no training, or require APCM-C certification (or something similar). This would lead to a financial windfall for the college(s) offering the courses or degree program. However, it would lead to two (or more) classes of chiropractors, causing a level of splintering and divisiveness the intensity of which we have never experienced.
5. Homeopathic medicine is highly controversial. Furthermore, only three states separately license homeopathic physicians (Arizona, Connecticut and Nevada). They require that an applicant hold a medical degree, complete residency training, and have specialty training in homeopathy. All homeopathic injectables and some oral products are prescription drugs. To have marginally trained DCs practicing an entirely different system of medicine is not in the best interests of the profession or the patient community.
6. Such an expansion in the scope of chiropractic practice could result in an increase in professional liability insurance premiums.
7. The public image of the profession would suffer, as DCs could become perceived as third-rate medical practitioners, sometimes using very questionable drugs and medicines.
8. Chiropractors would become part of the iatrogenic drug problem. Chiropractic's impressive safety record could become a thing of the past.

Those who think this is all the work of a small, fringe element should realize that the **American Chiropractic Association's** House of Delegates **approved a resolution in 2009** "supporting the National Board of Chiropractic Examiners' plan to create certification for an expanded practice chiropractic physician."¹⁰

"They say that if you put a frog into a pot of boiling water, it will leap out right away to escape the danger. But if you put a frog in a kettle filled with water that is cool and pleasant, and then you gradually heat the kettle until it starts boiling, the frog will not become aware of the threat until it is too late. The frog's survival instincts are geared toward detecting sudden changes."¹¹ Our profession is now being subjected to a **"boiled frog" approach**. It should be obvious to any casual observer that chiropractic as we know it is still under siege by those within and without. What are you going to do about it?

References

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