



*Dynamic Chiropractic* – September 26, 1990, Vol. 08, Issue 20

## **Myofascial Victims of the John Wayne Syndrome**

By John Lowe, MA, DC

Robert S. Mendelsohn, M.D. once said that we are in the Dark Ages of medicine.<sup>1</sup> His view is supported by a surplus of dismal facts. The Yale-New Haven Hospital Study, for example, shows that allopathic medicine is responsible for the premature deaths of some 3,000 Americans per week -- 1,000 from unnecessary surgery and 2,000 from reactions to prescription drugs.<sup>2</sup> And there are many studies showing that those who put themselves into the hands of M.D.s run a high risk of injury or death.<sup>3,4,5,6</sup> The major means by which the medic maims and kills is prescription drugs. Illich wrote, "Among murderous institutional torts, only modern malnutrition injures more people than iatrogenic disease in its various manifestations."<sup>7</sup> When the medic takes an interest in a clinical condition, some victims of that condition are destined to die through their doctor prompted drug use.

Recently, medics have been studying what they now refer to as fibromyalgia (synonymous with chronic myofascial pain syndromes). Their accelerated interest in this area is shown by recent titles in their literature, such as "Fibromyalgic Syndrome: An Emerging But Controversial Condition."<sup>8</sup> They've found what they think is a new health disorder to work on. And -- as reliably as the pusher on the street -- they've rushed in to pander drugs to the victims.

Under controlled conditions, however, drugs have been shown to not work. In 1986, for example, well-known rheumatological researchers came to conclusions about the uselessness of drugs for this condition. Robert Bennett said, "There is a growing consensus that except for modulating sleep, drugs have little to offer in the management of fibrositis (his word at that time for myofascial syndromes)."<sup>9</sup> Fredrick Wolfe concluded: "Taken as a whole, the pharmacotherapies were rated as ineffective by more than 45 percent of patients. Of interest, rest and relaxation as well as other life style modifications were most effective. Chiropractic treatment was also rated among the most effective measures."<sup>10</sup> Medical professor I. Jon Russell was possibly unaware of chiropractic's effectiveness when he said in 1989, " ... We still don't know the ideal therapy, certainly not the chemical therapy, for fibrositis syndrome."<sup>11</sup>

In essence, drugs don't work. Nevertheless, at the First International Symposium on Myofascial Pain and Fibromyalgia, the same I. Jon Russell presented an idea that smacks of the Joseph Mengele in the Modern Medic. Close to the conclusion of his lecture, Russell said: "I think one of my most important points is that we should be willing to explore treatments that do have some potential toxicity because this is a disease that badly affects the patient who suffers from it."<sup>12</sup> His recommendation may seem innocuous. But the horror hidden in it comes to light when one considers the adverse effects of the drugs already prescribed for these patients. These effects, which Russell might consider non-toxic, range from dry mouth to death.<sup>13,14,15</sup>

Russell went on to say, "We should not blame our patients when they don't respond to treatment; it's not necessarily their fault." He showed a slide of one person physically assaulting another. "Here is a danger," he said in jest, "From the standpoint of the physician: the sufferer who frustrates a keen therapist by failing to improve is always in danger of meeting primitive human behavior disguised as treatment." When the audience laughed, Russell said, "I can tell by your response that I don't really need to elaborate on that."<sup>16</sup>

This, however, is no joking matter. To subject the nonresponsive myofascial patient to "drugs with potential for toxicity" is (like anger and physical assault) primitive human behavior in its most virulent form.

I call this sort of behavior the "John Wayne Syndrome." If turning the door knob won't open the door, the tendency of many people is to try to kick the door down. A more intelligent course of action would be to pick the lock or work the pins out of the hinges. Frustration doesn't have to lead to violence; we can accomplish most goals through thoughtful analysis and gentle, calculated actions.<sup>17</sup> This maxim applies either to escaping from a locked closet or helping patients who don't respond to our favorite treatment.

The John Wayne Syndrome is especially inappropriate for severely afflicted myofascial patients. They are seemingly "locked" cases, but the answer isn't to chemically kick them open. The solution is to work with them gently and patiently, coaxing and encouraging them, yet actively directing both them and their constricted myofascia.<sup>18</sup> We must induce these patients to take an active role in their own therapeutic rescue: They must improve their lifestyles and, of supreme importance, they must reject the "potentially toxic" pills, powders and potions that medics will want them to purchase and consume.<sup>19,20,21</sup> All this requires much communication, carefully applied therapies, and a strong program of patient education. It requires intelligence and sophistication. Russell's approach is neither intelligent nor sophisticated. What I hear him saying is, "Relatively non-toxic drugs haven't worked, so pull the toxicity throttle and give it to 'em!"

Historically, medical practice has consisted of diverse forms of the John Wayne Syndrome. Consider the variety of health problems that haven't responded well to mildly abusive medical techniques, and witness the caustic, and even death-inducing alternatives the medics have brought into force: medics bleeding sick patients to death, medics injecting poisonous metals into arthritic patients, pediatricians cutting holes in the eardrums of children whose pharyngeal lymph tissue is swollen, psychiatrists shocking depressed patients into convulsions and coma, surgeons cutting out women's ovaries and uteri as a bizarre deviance of "preventive medicine" against cancer. Myofascial patients are the latest victims of this mayhem that masquerades as medical practice.

Patients with chronic, severe myofascial pain syndromes are weak and vulnerable. For them, it's the worst time to be taxed by toxic drugs, and therefore the best time to stay away from medics -- especially the likes of I. Jon Russell. It's our humanitarian responsibility as D.C.s to inform these patients that the medic and his drug bag are a danger. He'll try to induce them to use drugs -- not because they work, but because they are the only therapeutic tool he has been taught to use. Such patient education is a vital step toward helping these victims before the medics complicate their already devastating problems. If we fail to do this, we may never know (as in the case of the medics' cancer patients) what exactly did these victims in -- the disease or their medics' John Wayne Syndrome?

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Editor's Note:

Dr. Lowe will be conducting his next Myofascial seminar in Dallas, Texas, on September 22-23. You may register by dialing 1-800- 327-2289.

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