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## **Why Should I Learn "Meridian Therapy"?**

By John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC

I've said this before, and I say it again: I feel so privileged to have graduated from a chiropractic college with a strong philosophical background (Cleveland Kansas City, 1969).

Even though I did not appreciate what I was learning at the time, I felt the students at some of the other less philosophical and, what I thought, more academic schools, had a much better handle at dealing with the woes of mankind.

Many of my classmates, in fact most, were in chiropractic college because they suffered as children with asthma, severe allergies, hayfever, the after effects of poliomyelitis, and a host of disease and visceral conditions which were extremely helped or alleviated by their family chiropractor.

When I graduated from college, I never gave it a second thought that chiropractic could not effectively treat a long list of conditions which were normally thought to be in the domain of the medical physician.

After returning from a stint in the service where my chiropractic degree carried less clout than a B.A. in liberal arts, I merrily set out in my little practice. Not realizing I could not treat anything other than minor musculoskeletal conditions, I proceeded to adjust adults, teens, and children who suffered from a variety of somatovisceral problems. The response experienced with the vast majority of those conditions was startling to the uninitiated, but to me it was expected. Someone failed to tell me chiropractic was taboo in anything other than minor musculoskeletal conditions. "Ye gads," had I only known I never would have attempted to help someone with anything more than a sore back or neck. Then, on the other hand, I wouldn't have changed the course of history of thousands of patients and their families.

Recently on the nationally aired program "20-20" the chiropractic profession was examined. Yes, there were some very favorable comments made by some very respected physicians about the effectiveness of chiropractic and the chiropractor interviewed was certainly a tribute to the profession. But as quickly as my

excitement heightened, it was deflated. The tone and mood changed to bring out the important message that chiropractors should not treat "asthma" and, in fact, should not treat anything other than minor musculoskeletal conditions. In fact, a chiropractor should not treat a seemingly minor musculoskeletal low back problem if symptoms are present in the leg. Thank God for all those patients when I wasn't aware of that.

Well, it appears the "new breed" of chiropractor which is quickly emerging is exactly what the medical profession is eager for us to produce. Sure, chiropractors can handle the routine minor muscular aches but are forbidden to touch anything which would require the expertise of a physical therapist or medical practitioner.

It saddens me to realize the philosophy of chiropractic has been so altered that we can even hear from a member of our own profession on national television that DCs have no business treating anything somatovisceral. I can only think of the thousands of cases in my own file cabinets, not to mention the hundreds of thousands of cases throughout the short history of this profession, which have been successfully treated and lives extended and saved due to manipulation of the spine by chiropractors.

It appears the prevailing attitude among the chiropractic students that I have spoken to likewise regard chiropractic as simply musculoskeletal. It's a fact that most insurance companies will not consider a claim by a DC unless it carries a musculoskeletal diagnosis. Chiropractic students in general, as well as recent graduates, when asked how they would handle a certain somatovisceral problem, quickly say "refer." It does not even occur to them that chiropractic could even remotely be of benefit, even with the intervention of a medical physician.

I am sorely afraid that the 1990s will certainly spawn a "new breed" of chiropractor and the practice of chiropractic will be forever altered. But as I have said before, if the current DCs were only to see 20 percent of the population with minor musculoskeletal problems, we would all have waiting-list practices for months. Financially, that wouldn't be all that bad. In the meantime, the patients that used to see DCs for a host of problems, for which our profession was built, will see the acupuncturists instead. The "LA" (licensed acupuncturists) or "CA" (certified acupuncturists) will manipulate the spine and joints and prescribe nutritional therapy to aid their patient. They will flourish.

One must realize there are currently more recognized acupuncture colleges which rival our chiropractic colleges, in just three states, than there are currently chiropractic colleges in the world.

As chiropractic becomes more and more regarded as a simple procedure for simple backache and acupuncture/meridian therapy becomes more respected, and it's practitioners begin to see more and more of our patients, the need to understand meridian therapy escalates. As my programs in meridian therapy and Asian healing attract more and more of "the new breed" of chiropractors and chiropractic students, who are so excited to learn they can actually do something positive for more than just musculoskeletal conditions, I am shocked beyond belief they don't already realize that.

Even if, and it looks as if it is, the chiropractic profession's soul is sold and its heart ripped out, at least you can always add meridian therapy to your armamentarium to help all of those patients you could not touch before. Asian healing methods are held in the highest regard by the public at large. It is too bad we, as a profession, do not realize manipulation of the spine is one of the big four methods of Asian healing.

Obviously I am not addressing all chiropractic colleges; however, unfortunately, I do address most. I pray our chiropractic educators and leaders will observe the developing trend and at least let our students know that not too long ago, chiropractors were amazingly effective with conditions other than musculoskeletal. Our history, at the very least, deserves that.

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Click [here](#) for more information about John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC.



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