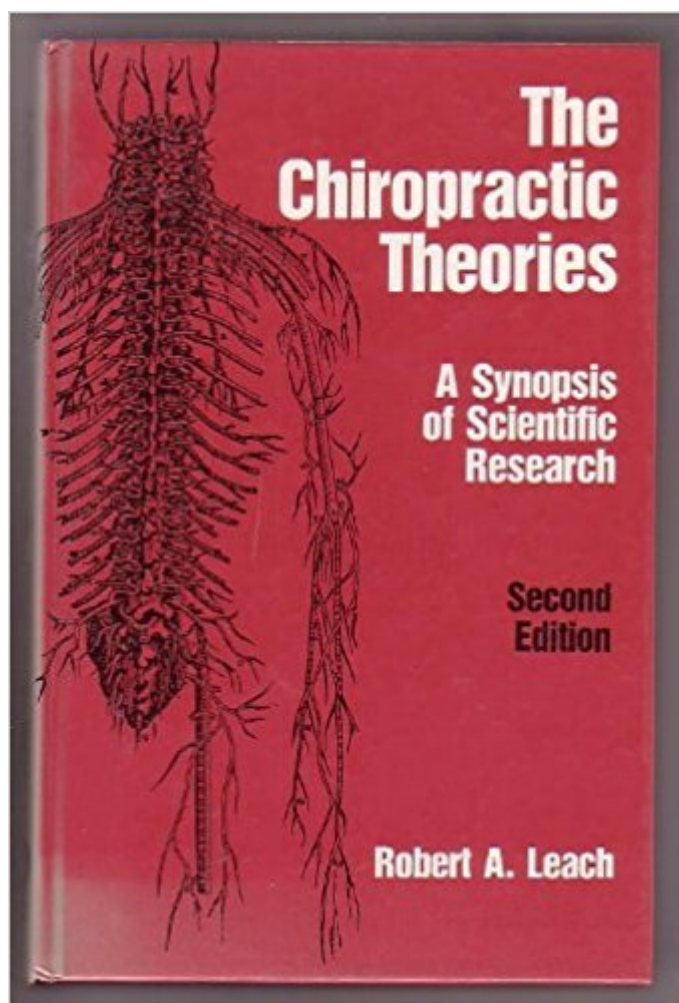


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The Chiropractic Theories: A Synopsis Of Scientific Research



Synopsis

This comprehensive and up-to-date reference of chiropractic theories supplies the methodology protocol and terminology used in chiropractic research. It includes topics, such as vertebral subluxation complex; facilitation; and segmental dysfunction and reviews research on chiropractic manipulation of controversial areas such as essential hypertension; bowel and bladder dysfunction; dysmenorrhea; and asthma. The book also provides understanding of chiropractic science and keys to its development. Regardless of whether one is treating conditions with chiropractic care or administering adjustments to improve overall health of the patient, it is important for students to know the strength and limitation of knowledge for treatment of patients with these diverse conditions. This edition includes new chapters on segmental dysfunction hypothesis; soft/hard outcome measures of dysfunction; facilitation hypothesis; developing chiropractic scientist/practitioners. It also has a new focus on clinical applications aimed at the practitioner. Each of the chapters has been revised and six chapters and two appendices added, as well as new information on technology. This text includes background information on chiropractic philosophy theory and history, critical for understanding what professionals must do to benefit from chiropractic science. It acts as the basis reference for entrance exams, National Board of Chiropractic Examiners - Part II test of Chiropractic principles. --This text refers to an out of print or unavailable edition of this title.

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Customer Reviews

The book by Robert A. Leach, is an important source and reference work. Many today--who might

visit the local chiropractic doctor for relief of back pain--do not realize that chiropractic is based on solid neurological principles, research and clinical practice. The subluxation (or "subluxation complex"), despite the raucous complaints of detractors, absolutely is a clinical entity. Not always detectable on radiographs (x-ray films), it can be diagnostically noted by the changes observed or noted upon palpation of the spine, and by localized pain and associated characteristic symptomatology. Changes may include such things as local temperature elevation and erythema, decreased range of motion (R.O.M.), muscle spasm ipsilaterally with muscle stretch contralaterally, and by the presence of knotty trigger points. Typically, the affected vertebra will move much more easily in one direction of rotation, as contrasted with the opposite direction. In the latter, it will feel fixed or "locked" against movement, and the patient will feel an increase in pain upon both active and passive movement. The pain can range from mild to severe, depending on the degree of subluxation, and on the number of affected vertebral levels. Most all of us have experienced the torment of a "wry neck," in which two or more cervical vertebrae are subluxated in the same direction, say after sleeping in an difficult position in the presence of a draft. When a correction is applied, in the form of "manual manipulation" of the spine (or "chiropractic adjustment") this locking effect is disrupted (like breaking a "vicious cycle"), as there is a return to normal structural and physiological integrity of that level, and the pain abates. Incidentally, the chiropractic subluxation is closely equivalent to the "osteopathic spinal lesion," yet we hear very little about THIS problem not existing, or something which has been insufficiently researched and documented, while there is plenty of anti-chiropractic propoganda. Of course, today, most osteopathic doctors just practice regular medicine. This book examines some of the problems with nomenclature and definition of the subluxation, then goes to on to comprehensively, even elegantly, lay out the various theories that have been proposed through the history of chiropractic. There is much detail here, and the intelligent reader can readily see that there is more going on here than the old idea of a vertebra pressing on a nerve like a foot pressing on a garden hose. This book is a gem, and a joy to peruse or study. In my view, it should be on the bookshelf of all alternative practitioners--and certainly on those belonging to "bodyworker" practitioners, such as massage therapists, rolfers, Reichian therapists and acupuncturists (as well as chiropractic and osteopathic doctors). I do have a slight criticism of this book. Typically, a subluxation/somatic dysfunction is characterized by altered Somato-Visceral AND Viscero-Somatic reflexes, yet Dr. Leach focuses almost exclusively on the former. In my view, this is regrettable. NOTE 1: The Second Edition, oddly enough, is superior to the Third (and probably succeeding editions). These editions have eliminated much of the best content of the second, are somewhat apologetic in tone, and focus more on areas for future research, than

on chiropractic theories. Finding that my copy (Second Edition) had gone missing, I ordered a copy of the Third Edition...and found that I was very disappointed, when I received it. Within a week, I ordered a copy of the Second, and when it arrived, felt as though I had recovered an old friend. ;)NOTE 2: I have since changed my opinion...and value BOTH EDITIONS. I was taken aback for awhile...in that the author in later editions particularly employs the term "somatic dysfunction" instead of the older "subluxation complex." This rubbed me the wrong way for awhile (seemed almost a betrayal of the chiropractic tradition!) until I came to realize that there is some logic and appropriateness in the use of the new terminology. I now have no problem with the term "somatic dysfunction," and may even prefer that usage. The term "subluxation" is not exactly incorrect, but may be considered somewhat problematic in that it implies a structural problem, and something which may be viewed and diagnosed on x-ray films. Yet, many of us in chiropractic have come to see--through the years--that the problem we are describing is perhaps more a functional than structural disease entity (and is often difficult to detect on x-ray). It primarily constitutes a disruption or abnormality of normal nerve function and normal muscular action (and movement). Typically, it is NOT well characterized by the old descriptive phrase "bone out of place" (BOP), again, associated with the picture of an obstruction of the flow of a garden hose. Those of us assuming the new point of view consider the BOP paradigm to be somewhat archaic or quaint. In a crude way, it describes a problem frequently confronted by clinicians, but is probably "old hat."NOTE 3: "Foundations of Chiropractic Subluxation," by Gatterman is an excellent volume too.

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