

A Patient's Point of View

BY WILLIAM D. ESTEB



Most chiropractors use a variety of means to explain subluxation, nerve interference and the nature of true health. However, many overlook the fact that patients already have explanations or "theories" about the nature of health. These culturally-induced and often long-held beliefs are often at odds with the "chiropractic lifestyle" many chiropractors hope their patients will embrace.

Since patients rarely begin chiropractic care with the objective of abandoning their beliefs or making changes in their lifestyle, most overtures fall on polite but deaf ears. They see the chiropractor as a spinal specialist, hampered by the inability to prescribe medication, who must instead, rely on a slower, low-tech approach to pain relief. Somehow, in an era of widespread drug advertising on television, an ice pack doesn't provide the psychological relief or assurance they were hoping for.

Overlook the following widely-held patient beliefs and patients will politely nod at your postural and orthopedic exam findings, but they won't stay beyond symptomatic relief:

1. Health is how you feel. Like sprinkling Parmesan cheese on a plateful of spaghetti, most chiropractors pepper their patient conversations with the word "health." Even though the patient makes eye-contact and seems to embrace your explanation, they're thinking health is about feeling good, looking good, eating the right foods, being at the correct weight or something entirely different!

Action step: During your orientation, report or bedside patient explanations ask a simple question: "When I use the word health, what does that mean to you?" And then take notes! If you have any inclination to urge your patients to enjoy the benefits of nonsymptomatic-wellness-preventive-supportive care, you'll need to know this critical piece of information. Help patients understand why vomiting, fevers, coughing and sneezing are signs of health.

2. Blood versus nerves. This is so basic that most chiropractors overlook this crucial distinction. Most patients see health issues as a blood-based problem. Virtually all mainstream health care issues are detected through blood tests. Health care topics in the news such as HIV, vitamins, cholesterol, hypertension, vaccinations, flu shots, antihistamines and countless others deal with aspects of blood or the circulatory system.

Action step: Be sure to explain how the nervous system controls the circulatory system! Resting heart rate? Nervous system. Blood pressure? Nervous system. Help every patient understand that like pain or other symptoms, blood chemistry and other aspects of their blood are often effects of other problems. These "vital signs" may be easy to understand, but they aren't good indicators of good health.

3. The fear of germs. By the time a patient limps into your office, they've been taught by fastidious mothers or the antibacterial soap commercials that being healthy is about killing as many germs as possible.

Killing germs feels proactive. Most patients become disoriented when they lose such a convenient enemy. The notion of living in harmony with germs and fortifying ones resistance to them conflicts with the macho "us against them" mentality.

Action Step: Help patients acknowledge the connection between the immune system and the nervous system. Compare the threat of germs to a farmer who needs the exact combination of temperature, sunlight, moisture and soil conditions for the seeds he's planted to "germ"-in-ate.

4. The mind/body disconnect. Most patients have divorced their minds from their bodies. At a time when more and more health care professionals are "discovering" the mind/body connection, most patients are oblivious to the effects of their thoughts, water intake, food choices and physical exercise on their overall health. They rarely notice the texture of their bowel movements. They lose track of the frequency, color or odor of their urine. They don't know how to "read" the color of their mucus when they blow their nose. Bottom line? Patients don't know how to listen to their body.

Action step: Show your patients how to record a journal of their fluid intake, dietary choices and physical activity. Help them to pay attention to the subtle clues that can help reunite the patient's mind with their body.

5. Health recovery as an event. All processes occur over time. Yet, for most patients, regaining their health is seen as an

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BARNES—CHILDREN & SLEEP

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are designed that way. But what is considered a normal wake-sleep pattern for an infant or toddler? For the first few months, babies should sleep between fourteen and eighteen hours per day. This amount of sleep is accomplished similar to a normal feeding pattern of small frequent feedings and small frequent naps. Most infants seldom sleep more than three to four hours at a time. (See Table 1 for greater detail on expected sleep normal for different ages.)

By 4 months of age, most infants have developed a pattern of sleeping at night and waking during the day. And by 6 months, most infants are sleeping for at least 5 hours at a stretch. By the age of two years, toddlers should be sleeping a total of 12 hours, which includes a daytime nap(s) somewhere in between. Parents should be mindful that each child differs from the other in their sleep patterns. Some children take frequent naps while others nap very little.⁶

What about the child who "never" sleeps?

There are a myriad of reasons why Johnny is not sleeping as expected. Dr. B. J. Palmer's original ideas that all states of disease are the product of trauma, toxin or thought can be easily applied to the sleepless child. The most common reasons for a child's sleep inability are listed in Table 2.

In the end, we can be sure that chiropractic care is promising for the child who "can't sleep." Chiropractors who endeavor to understand the reasons for poor sleep

The 3 T's of a Child's Inability to Sleep

TRAUMA — Subluxation, gas, colic or physical discomfort, hunger

TOXIN — Allergies, commonly occurring after the introduction of a new food. The introduction of caffeine-containing food into the child's diet. Medication.

THOUGHT — Anxiety or stress, change in routine or environment

patterns, help educate parents about what to expect from their child and continue to provide quality care to both child and parent, will undoubtedly be successful. It is my hope that this article will provide an avenue of information toward that end.

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