

AN INTERVIEW WITH AUSTRALIAN SPINAL RESEARCH FOUNDATION PRESIDENT, DR BRIAN KELLY

At a recent Australian Spinal Research Foundation board meeting, Dr Brian Kelly announced that this would be his last term as president of the Research Foundation. Dr Kelly has been on the board of the ASRF for over ten years, and has been President for the last six years. In this time he has overseen massive change, and has also taken on the role of President of the New Zealand College of Chiropractic. Brian is married to Vikki, and together they have three children, Nicholas, Madeline, and Grace.

ASRF: Brian, as a fellow Board member, I must say that we all regard you a bit like a light bulb in the shape of an exclamation mark! So, what is your vision for Chiropractic, and where does your amazing 'DRIVE' come from?

Dr Kelly: We have the potential to change so many lives, and yet as a profession we have not realized this potential. I think of all the "ordinary" people whose lives have been transformed by chiropractic, and know we need to increase this number to have an effect on the health, wellbeing and productivity of a nation.

ASRF: Brian, how long have you been involved with the Australian Spinal Research Foundation?

Dr Kelly: In my student days in the 1980's I remember reading an ASRF newsletter that had reference to a bedding project. At the time I thought what does this have to do with chiropractic? So I phoned John Hinwood to discuss. Since that time the bedtest project has been a cornerstone of funding chiropractic research. It was (and still is), a very visionary project.

ASRF: What was it that first drew you to being on the ASRF Board?

Dr Kelly: Great minds on the Board, and a vehicle to serve the profession by contributing to the body of knowledge. Research is vital!

ASRF: How old were you when you became President? Was it an advantage, or a disadvantage, to be so young when you started?

Dr Kelly: I am not sure age is relevant. The key skills are passion, a high work ethic, integrity and the ability to get the job done.

ASRF: Has your level of involvement with the ASRF been a worthwhile experience? For instance, has it helped or hindered your own chiropractic practice? What would you suggest to other young chiropractors who are wondering about getting involved?

Dr Kelly: I don't know that it directly affected my practice, however it has increased my passion and drive for chiropractic, opened many doors and given me new skills to do new things. I believe it essential that chiropractors are involved in their profession on some level. The ASRF would suit many people who have never actually thought about it.

ASRF: Tell us about your family, and how it's going for you as 'Kiwis'. Is it good to be 'home'? How does New Zealand life differ for the family compared to your last incarnation in the leafy suburbs of Melbourne?

Dr Kelly: The NZ lifestyle is different. We live on land with horses, however I am away most weekends and travel a lot so it is a great place for my kids to grow up.



ASRF: Have you any favourite books, films, or quotes? What about role models in life, generally?

Dr Kelly: Some of my greatest mentors are chiropractors I met and spent time with as a student.

ASRF: Are the All Blacks really the best rugby team in the world? Have you adjusted any?

Dr Kelly: We have an All Black in our practice, however it isn't the greatest game for the spine.

ASRF: What are you going to concentrate on in the next few years, now that you're handing over the reins?

Dr Kelly: I am continuing to build a world class chiropractic college where our mission is to graduate chiropractic leaders committed to the highest standards of professional excellence in the art, science and philosophy of chiropractic.

Pass it on!

Please share this Newsletter with your Team and your Patients

ASRF: If you look at the ASRF now, and look back 10 years to when you were first on the Board, what are the most fundamental differences that you see?

Dr Kelly: The distinction that our role is not to fund ALL chiropractic research. This has been criticised by a minority at times, however we made a Board decision a few years ago that the research we were going to fund needed to meet certain criteria. This includes research that was distinctly unique to chiropractic rather than other research, which whilst valuable, may relate more to other professions. The Board elected that research was to be within the chiropractic paradigm, did not have to always be reductionistic and that we could look at health outcomes. We are committed to understand the subluxation and the effect on the nervous system and wellbeing. This clarification of our research agenda is extremely exciting.

Of course, if we have greater funds we could fund more, so I thank all our current members and supporters and invite all chiropractors to become donors.

ASRF: OK..and in the last 5 years since you were El Presidente...what are you most pleased with having achieved?

Dr Kelly: Staying married!! and building a team of people who share a common vision for the profession. I believe with the appointment of our new CEO we will see an increase in professionalism and results from the Foundation.

Another major joy has been the friendships that have been forged with fellow Board members

ASRF: Now...let's go forward five years. What would you hope to see being achieved by the ASRF in that time-frame?

Dr Kelly: A growing endowment fund, an increase in the number and amounts of grants, multiple income streams, and a higher public profile. There is no question this will happen.

ASRF: What about by the year 2025? What could you see happening in the world of Chiropractic Research, Health Policy, and Chiropractic Education?

Dr Kelly: That really is in all our hands. I believe the profession is going through an identity phase. This often has resulted in us fighting with ourselves, rather than getting on with the job. We have a lot of work to do. Chiropractic may be "mainstream" by then. The question is; will we be integrated into the medical paradigm, or will we be mainstream with a vitalistic chiropractic focus.

ASRF: Thanks, Brian. You'll certainly be missed! Any parting words of wisdom?

Dr Kelly: We need to remember that science (and research) is part of the triad that defines chiropractic. As a profession we need to be doing a lot more research.

HEADACHES AND CHIROPRACTIC CARE - A CASE STUDY

Fifty-year-old Louise Angelides, has been receiving chiropractic treatment since August 2003.

She has suffered with migraines on a monthly basis since the age of 19 and tried a range of treatments including acupuncture, physiotherapy and naturopathy.

Louise initially approached a chiropractor because a neck injury, which occurred early 2003, increased the pain and frequency of her migraines.

"Nothing ever worked except strong medication. After a particularly debilitating migraine a friend insisted I see her chiropractor," Louise said.

"I went, but I was very sceptical that anything would change the situation.

"The chiropractor was confident that he could fix the neck problem. Over the four months I was very surprised to notice that the length of time between the migraines increased and the intensity of the pain decreased. Things were better than even before the neck injury.

"In my opinion doctors are there with drugs just as you are about the go over waterfall, chiropractors are a few miles upstream," she said.

The above information was extracted from www.straightenupaustralia.com.au and www.chiropractors.asn.au

PROPER POSTURE

- Keeps bones and joints in the correct alignment so that muscles are being used properly
- Helps decrease the abnormal wearing of joint surfaces that could result in arthritis
- Decreases the stress on the ligaments holding the joints of the spine together
- Prevents the spine from becoming fixed in abnormal positions
- Prevents fatigue because muscles are being used more efficiently, allowing the body to use less energy
- Prevents strain or overuse problems
- Prevents backache and muscular pain
- Contributes to a good appearance

PROPER POSTURE REQUIREMENTS

- Good muscle flexibility
- Normal motion in the joints
- Strong postural muscles
- A balance of muscles on both sides of the spine
- Awareness of your own posture, plus awareness of proper posture which leads to conscious correction. With much practice, the correct posture for standing, sitting, and lying down will gradually replace your old posture

WHAT CONTRIBUTES TO BAD POSTURE?

- Obesity
- Pregnancy
- Weak muscles
- High-heeled shoes
- Tight muscles; decreased flexibility
- Poor work environment
- Poor sitting and standing habits

FROM THE WORLD OF RESEARCH: FOR CHIROPRACTORS AND PATIENTS

Spinal Subluxation and Tonsillitis: A Case History from Dr Peter Fysh, DC, San Jose, California

Brandy was eight-years-old when she presented with chronic tonsillitis. Her history was one of recurrent sore throats which would last for a week or more each time. The problem recurred almost every month. Brandy's treatment had included various antibiotic medications and salt gargles, but nothing helped to rid her of the problem. Removal of the tonsils appeared to be the only remaining option.

Before undergoing tonsillectomy, Brandy's parents brought her to the chiropractor for a spinal evaluation, which one of their relatives had suggested might help. Upon examination, Brandy's tonsils were found to be quite enlarged and red. There was no whitish exudate on the tonsils, which might have typified a streptococcal infection, but the tonsils were enlarged to the point that there was a significantly reduced airway space between the tonsillar pillars.

After completing Brandy's history and establishing that other forms of treatment had been tried and found to be

ineffective, the chiropractor sat Brandy's parents down and explained another possible reason why her problem was unresolved. Spinal problems may be the reason why her body was not able to mobilize all its defenses through the immune system. To clear the problem naturally would require that her immune system be functioning at optimal efficiency. The chiropractor explained to Brandy's parents that the tonsils were an important part of the body's immune system, one of the first line defenses against respiratory pathogens, bacteria and viruses, which invaded constantly through the oral and nasal passages. To remove the tonsils would be to remove an important part of this young girl's ability to fight respiratory infections.

The tonsils are part of the lymphatic system, a large network of ducts and nodes which exists throughout the body, and which is a vital part of the body's innate protective immune mechanism.

The lymph system is the site where the white blood cells, (leukocytes), carry out

the process of inactivating any foreign invading organisms which may attack the body. In addition to being the major site of the body's defensive processes, the lymphatic system is also the major drainage system for interstitial fluids and microscopic waste products from the body. To be an effective drainage system, the lymph ducts of the lymph system need a pump. The circulatory system, or cardiovascular system, has the heart as its pump and relies on active contraction of the muscles through which the lymph ducts flow to move waste products through the system toward the heart. All lymph eventually flows into the blood stream where it is filtered out and disposed of by the various organ systems of the body.

Herein lies the problem. The tonsils are a major part of the lymph system and since all of the lymph ducts leading away from the tonsils must travel through the muscles of the neck, it is necessary for those muscles to be able to exert a pumping effect on the lymph in the ducts and nodes.

WHERE DOES THE SPINAL SUBLUXATION BECOME INVOLVED AND HOW CAN ITS CORRECTION HELP BRANDY'S TONSILLITIS?

The anatomical model of the spinal subluxation is one of minor derangement in the function of one or several spinal vertebrae which can produce irritation of the free nerve endings, i.e., small nerve fibers within the inter-vertebral joint capsules. Irritation of free nerve endings can produce contraction of the muscles supplied by the nerve fibers at that spinal level or region. Contraction of these muscles may then either inhibit or at least significantly restrict the flow of lymph through the lymph ducts which pass through those muscles. In children, the lymph ducts are naturally smaller than those found in adults and therefore are more easily obstructed and prevented from doing their job of defending the body from foreign invaders and draining the waste products away from the area.

The tonsils rely for their drainage upon the tonsillar nodes and the deep cervical lymph ducts, the latter of which flows through the muscles of the neck, before dropping beneath the clavicle on their way to the heart. It is possible therefore for a minor subluxation of the neck to cause muscle contractions which would impede lymph flow and thereby reduce the functional capacity of the patient's immune system. This slowing of the normal lymphatic clearing process would therefore be responsible for an increase in lymphatic pressure and swelling of the lymph nodes, with resultant increase in the effects of bacterial and viral invasion on the upper respiratory system. An interesting finding associated with this explanation: The side of the patient's neck with the greatest muscle contraction should also be the side of the neck with the greatest palpable enlargement of lymph nodes, identifiable as small nodules (somewhat like a string of pearls) just anterior and posterior to the sternocleidomastoid muscle on the involved side of the neck.

In Brandy's case, her tonsils were swollen on both sides indicating a possible significant restriction of the lymphatic defensive process and inadequate drainage through the lymph system. Evaluation of her cervical spine indicated several areas of fixation and relative immobility in the upper three vertebrae of her neck, and as expected, associated tight muscles and palpably swollen lymph nodes in her neck.

OUTCOME

Correction of Brandy's neck problem took just two light adjustments and a couple of follow-up visits to ensure that normal function had been restored. The swollen tonsils responded remarkably to the treatment and within a week had returned to normal size. No surgery necessary. Brandy's parents wondered how her spinal subluxations had occurred in the absence of a major neck injury. The chiropractor assured them that most children developed spinal subluxations simply from the minor accidents and falls which children frequently suffer.

ATTENTION DEFICIT DISORDER AND HYPERACTIVITY

From the International Chiropractic Pediatric Association
(www.icpa4kids.org/research/wellness)

From the peer-reviewed research publication, the *Journal of Manipulative and Physiological Therapeutics (JMPT)*, comes a case study of a child with ADHD (Attention-Deficit/Hyperactivity Disorder), who was helped with chiropractic.

The case was of a 5 year old boy who had been diagnosed with ADHD at age 2. The child's pediatrician prescribed methylphenidate (Ritalin), Adderall, and Haldol for the next 3 years. The combination of drugs was unsuccessful in helping the child.

At age 5 the child was brought to a chiropractor to see if chiropractic care would help. The history taken at that time noted that during the child's birth,

there were complications during his delivery process. The results of this trauma and complications resulted in a 4-day stay in the neonatal intensive care unit. The child's mother reported no other incidence of trauma.

The chiropractic examination and x-rays showed noticeable spinal distortion including a reversal of the normal neck curve indicative of subluxations. Chiropractic care was begun and the child's progress was monitored.

According to his mother, positive changes in her son's general behavior were noticed around the twelfth visit. By the 27th visit the patient had experienced considerable improvement.

The child was brought by the mother to the medical doctor for a follow up visit and she questioned the usage of the Ritalin. The medical doctor reviewed and

examined the child and based on that assessment and his clinical experience, the MD felt that the young boy was no longer exhibiting symptoms associated with ADHD. He then took the boy off the medications that he had been taking for 3 years.

The conclusion of the author of the JMPT case study noted, "The patient experienced significant reduction in symptoms. Additionally, the medical doctor concluded that the reduction in symptoms was significant enough to discontinue the medication."

AN EVALUATION OF CHIROPRACTIC MANIPULATION AS A TREATMENT OF HYPERACTIVITY IN CHILDREN.

Giesen JM, Center DB, Leach RA

J Manipulative Physiol Ther 1989 (Oct);12 (5):353-363

The principle aim of this study was to determine the effectiveness of chiropractic manipulative therapy in the treatment of children with hyperactivity. Using blinds between investigators and a single subject research design, the investigators evaluated the effectiveness of the treatment for reducing activity levels of hyperactive children.

Data collection included independent evaluations of behavior using a unique wrist-watch type device to mechanically measure activity while the children completed tasks simulating school-work. Further evaluations included electrodermal tests to measure autonomic nervous system activity. Chiropractic clinical evaluations to measure improvement in spinal biomechanics were also completed. Placebo care was given prior to chiropractic intervention.

Data were analyzed visually and using nonparametric statistical methods. Five of seven children showed improvement in mean behavioral scores from placebo care to treatment. Four of seven showed improvement in arousal levels, and the improvement in the group as a whole was highly significant ($p = 0.009$). Agreement between tests was also high in this study.

For all seven children, three of the four principal tests used to detect improvement were in agreement either positively or negatively (parent ratings of activity, motion recorder scores, electrodermal measures, and X-rays of spinal distortions). While the behavioral improvement taken alone can only be considered suggestive, the strong intertest agreement can be taken as more impressive evidence that the majority of the children in this study did, in fact, improve under specific chiropractic care.

The results of this study, then, are not conclusive, however, they do suggest that chiropractic manipulation has the potential to become an important non-drug intervention for children with hyperactivity. Further investigation in this area is certainly warranted.

FISH OIL TREATS ADHD BETTER THAN RITALIN

(from www.mercola.com)

Fish oil improves the symptoms of attention deficit hyperactivity disorder (ADHD) without any of the side effects of drugs like Ritalin and Concerta -- and more effectively, a study by the University of Adelaide in Australia found.

When 130 children between the ages of 7 and 12 with ADHD were given fish oil capsules daily, behavior dramatically improved within three months. Further:

- After seven months, the children were not as restless and showed improvements at school
- Improvements in concentration and attention improved by one-third
- After 15 weeks, 30-40 percent of the children taking fish oil had improvements
- After 30 weeks, 40-50 percent improved
- Children taking placebo capsules were later switched to fish oil and subsequently also experienced improved behavior

Improvements were still being seen after the study ended, which suggests the fish oils may have long-term effects. When the researchers compared their results to studies of Ritalin and Concerta for ADHD, they found that fish oils were more effective.

ADHD drugs are known to carry serious side effects, including insomnia, changes in personality, cardiotoxicity, heart attack, stroke and even sudden death. In the UK, nine children have died after taking the drugs.

Dr Mercola comments:

"Why treat millions of ADHD kids with drugs more powerful than cocaine when a simple food change is far more effective?"

... the answer is simply one word -- money.

Somewhere between 5 percent and 10 percent of U.S. school children are diagnosed with ADHD. If the multinational drug corporations would have their way, every one of these children would be on their drugs so they could reap in billions more in profits.

If Ritalin was a safe drug this could possibly be justified, but Ritalin is more potent than another stimulant, cocaine. Using brain imaging, scientists have found that, in pill form, Ritalin occupies more of the neural transporters responsible for the 'high' experienced by addicts than smoked or injected cocaine.

Although the study that is reviewed above is not yet published, it confirms earlier studies. The bottom line is that we know the food choices of most children are beyond poor.

How could you possibly expect a child to have normal behavior if he is fed refined grains, sugars, processed foods loaded with chemicals, juices and sodas instead of pure water? Then if the child has ten per cent of his vegetable requirements, too many omega-6 fats, and a virtual lack of omega-3 fats, you will immediately recognize that this is a recipe for disaster. You simply cannot have a healthy functioning brain in a child that is not given the proper foods to develop optimal brain function.

This is not rocket science, folks.

But it is easy to understand why there is so much confusion regarding this issue when the drug companies spend BILLIONS on direct-to-consumer ads on TV. Fortunately, the solution is simple. Just follow the guidelines below.

- Eliminate grains and sugars from your diet
- Replace soft drinks, fruit juices and pasteurized milk with clean water
- Increase your omega-3 fats by taking an effective form of omega-3 oil like krill oil
- It will also be important to minimize the use of nearly all vegetable oils -- they are loaded with omega-6 fats, which distort the powerful omega-6:3 ratio
- Eliminate all juices and sodas and replace with pure water

WHAT ARE YOU MISSING OUT ON!(!?)

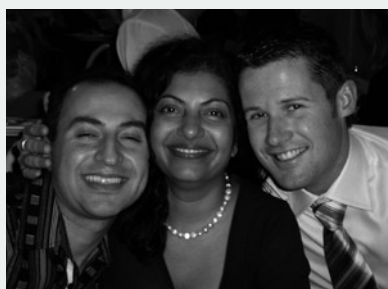
We know the benefits of emails – it is a quick way to receiving high speed information in an instant!

Don't miss out on timely information. We are planning some exciting technology based opportunities - logging in your email address is your passport to knowledge and opportunity. Give the ASRF Office a call or better still, hop on your computer and send us an email to asrf@spinalresearch.com.au so you aren't missing out!

A FUNDRAISING STORY FROM THE WEST

It all started with a desire to unite the chiropractic profession for a night of fun whilst raising money for the Australian Spinal Research Foundation. With the wellness revolution well and truly arriving in Australia, we as the chiropractic profession, have a big chance to make a difference to people's health. All too often we hear of people suffering for years with ailments without knowing about how chiropractic can help. The time to make a difference is now. A group of CA's got together along with a few chiropractors and came up with the idea of having an annual event to bring everyone together to celebrate our profession.

We came up with the idea of holding a Chiropractic Ball. Not long after the invitations went out we found that the CAA was holding a ball later on that year (the last one was 10 years ago and now there was two in the one year!). The decision was made to host a dinner instead, at a beautiful little Italian restaurant in Nedlands. Chiropractors and their teams came from up to 5 hours away for the event, after hearing about it. The dinner was a sumptuous 5 course meal and the drinks and merriment flowed all night. A raffle was held for a hot stone massage and a dinner for two at Borsalino Restaurant, and a rowdy auction for a night for two at The Vines Resort and a bottle of wine. The night was a success and a lot of fun was had by all and we raised \$795 for Australian Spinal Research Foundation. We hope to make this event bigger with every new year and have different events to keep it interesting and diverse.



A big thanks to Abbi Hoareau, Amy Salt, Abbie and Mike Fetter, Louise Craine, Bec Agrez, Kellie and Yil Yildirim, who put so much time and effort into making this event happen and to ABS Medical who kindly sponsored the event.

Story Issued by: Annika Ignatiadis, CA at Wanneroo WA

BECOMING AN ASRF MEMBER MEANS MORE.....

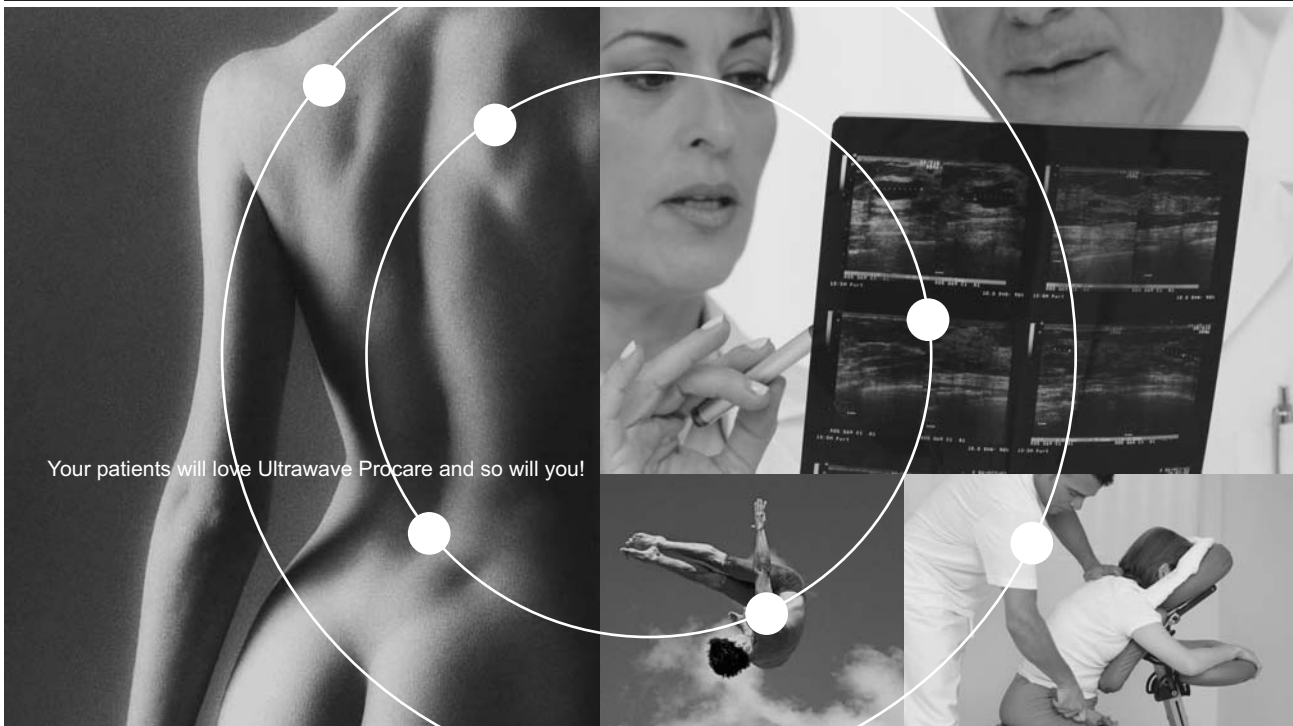
We value your membership at the Australian Spinal Research Foundation, which in turns raises vital funds for chiropractic research. If you are not a member, why not visit our website and become a member NOW! www.spinalresearch.com.au

MARK THESE DATES IN YOUR DIARY NOW!

The Nuts and Bolts of Wellness, DG 2007 on 23-25 February 2007, Marriott Hotel, Gold Coast Australia.
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The Australian Parker Seminar is on again next year
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600 PEOPLE TURNED OUT FOR DYNAMIC GROWTH EXPERIENCE!

Big thank you to all our DG Experience Convenors and their teams who assisted in making it all happen in their voluntary

NSW – Gary Smith, Mark and Julie Uren

QLD – Brad, Mary-Anne Rulfs and team

SA – Keith Livingstone and Briony Alessandrini

VIC – Richard and Tanya Mitton

WA – Joanne Edwards and Andrew Mutzig

New Zealand – Kimberley Harpur and Hollie Kay

This is what some of the delegates had to say:

- An excellent value for money workshop and a timeless investment for all students of chiropractic – Naomi Feder - NSW
- How about making them twice a year! – Charles Bro – WA
- Uplifting afternoon, worth the 200km drive – Esyllt Graham – WA

Topics around Australia and New Zealand included:

"For the Love of the Game" – Taupo NZ

"The Nuts and Bolts of Wellness" – Sydney

"Kids and Chiropractic" – Brisbane

"Absolute Essentials with Dr Keith" – Adelaide

"Wellness...Gateway to the Future" – Melbourne

"Is Chiropractic Philosophy Dead"? – Perth



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