

Chiropractic Care for Typhoid Fever: Revisiting Early Chiropractic Theory & Practice

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Nowadays one frequently hears the lament that chiropractors have lost sight of the broad range of usefulness of the chiropractic art and of the broad application of this art that once prevailed. Indeed, that range or scope of practice may have been narrowing in the minds of many chiropractors during the past several decades as a function of a general lack of research for other than musculoskeletal disorders, and because of a desire to increase the perceived legitimacy of the chiropractor in the eyes of the general public and other health disciplines.

On the other hand, many chiropractors continue to insist that D.D. Palmer's claim (1910) is still viable: that 95% of all diseases are due to subluxation of spinal vertebrae (the other 5% attributable subluxations of other joints, particularly in the foot), and that correction of these subluxations will relieve the cause of these health disorders. Some have sought to temper this rhetoric by suggesting that subluxation may be only an additional factor (rather than a primary etiology), while others (often labeled "straight" or "super straight" chiropractors) voice claims for the chiropractic art which are essentially unchanged since Old Dad Chiro's time.

Through the courtesy of the Cleveland Chiropractic College of Kansas City we have recently acquired a discussion among early chiropractors concerning the cause of typhoid fever and intervention by chiropractors in the lives of patients so afflicted. Reproduced below (with little more than spelling corrections) is the text of a speech by Sylva Lulu Burdick Ashworth, D.C., a 1910 graduate of the Palmer School of Chiropractic (PSC) and affectionately known to the profession during its middle ages as the "grand old lady of chiropractic." Dr. Ashworth practiced from 1910 to 1954 in Lincoln,

Nebraska. Although she is a noteworthy for her many efforts on behalf of the profession (to be detailed in a later paper), she is perhaps best remembered as the matriarch of the Cleveland family. Her daughter, Ruth, graduated from the PSC in 1917, married Carl S. Cleveland, Sr., D.C., and in 1922 co-founded the institution in Kansas City which bears the family name. Carl S. Cleveland, Jr., D.C., current president of the Cleveland Chiropractic College of Los Angeles, is Dr. Ashworth's grandson.

Following Dr. Ashworth's presentation at the state conference, a discussion paper was presented by Lee W. Edwards, M.D., D.C.; this paper is also presented below. Dr. Edwards was one of the pioneers of the chiropractic profession in Nebraska, and is perhaps best remembered as the chiropractor who encouraged Sylva Ashworth to study chiropractic.

Whether or not the views expressed here by Drs. Ashworth and Edward are judged to be valid or invalid, their sincerity should be noted: the document presented below is not an advertising vehicle but an address to professional brethren, i.e., to other practicing chiropractors who were often confronted with this dread disease. Their thoughts constitute a genuine and scholarly effort to provide insight for the practitioner in dealing with a devastating health problem for which few good strategies were available in 1915.

Following Dr. Ashworth's and Dr. Edward's texts we have each provided our individual perspectives on the lessons to be learned from these materials. We hope that an exposition of this early chiropractic thought will make some form of valuable contribution in the area described by Kleynhans (1990, 1991) as "historical chiropractic." We hope further that a contrast between our respective views (one of us

is committed to "chiropractic philosophy" and the other to the "philosophy of science") will additionally illustrate the current clash in paradigms within the profession, and perhaps suggests new areas of integration, collaboration, and progress in the service of the public.

Paper delivered before the Nebraska Chiropractors'
Association,
Lincoln, Nebraska, August 1, 1915

TYPHOID FEVER

By

S.L. Ashworth, D.C., Lincoln

Typhoid Fever is also known as enteric fever, abdominal typhus and autumnal fever. It is an acute febrile disease, characterized by a general fever and a localized inflammation of Peyer's patches of the small intestines.

Pathology

During the initial stage there is a swelling of the mucous membrane of the small intestine and especially of the solitary glands. Peyer's patches become greatly enlarged, whitened and raised above the surface of the mucous membrane of the intestine. The blood vessels of the intestinal mucosa are congested and an exudation soon follows. This exudation soon becomes purulent in character because of the necrosis that rapidly ensues. During this stage portions of the glands slough off, leaving deep ulcers at their former sites. During the stage of cicatrization the connective tissue cells in the floor of the ulcers begin to proliferate, thus forming scar tissue which contracts, thus obliterating the former ulcer. If the amount of destruction is great the scars formed may interfere with the descent of the faeces and obstructive constipation be the result. The glands that have undergone necrosis are never replaced, hence the intestinal secretions may be diminished or changed in character. Sometimes during the ulcerative stage perforation may occur with symptoms of a shock or collapse, and a fatal result. (Firth)

Symptoms.

Typhoid fever comes on slowly. The prodromal period is characterized by headache, malaise, anorexia, nausea and vomiting, cough, epistaxis and chilliness, but no real rigours. There is pain and aching in the region of the spine, especially over the kidneys and usually constipation early in the disease, which may turn to diarrhea later. During the first week there is a gradual rise of fever. the temperature rises 2 or 3 degrees each evening to recede a degree or a degree and a half on the following morning, until it has reached 102 to 105 degrees, and in grave cases even higher. I know of a case reading 106.25°. The fever remains high with slight morning remissions of 1 to 1.5 degrees for from 10 days to two weeks.

The rose rash, although not invariably present, is very characteristic. It consists of flattened, somewhat raised and palpable rose-red papules varying from 2 to 4 millimetres in diameter which disappear upon pressure. they appear between the sixth and twelfth day of the disease, each spot lasting from two to five days, leaving a yellowish brown stain upon disappearing. They come in successive crops, perhaps up to the middle of the third week. They are usually found on the abdomen, but very often upon the chest or back.

Frequently there is a bronchial cough, with slight expectoration, moist rales and rapid shallow respirations. The pulse is accelerated but not as a rule to the extent that might be expected from the height of the fever. It may not exceed 90. It may be irregular, weak and dicrotic when the fever is high.

In typical cases there is diarrhea but in some the bowels are constipated. The diarrheal stools present a characteristic appearance, being thin and yellowish and having a peculiar fetid odor and may contain blood. The abdomen is greatly distended with tympanitis, and there is tenderness in the right inguinal region in the right iliac fossa. The spleen is also greatly enlarged and may be tender. Other symptoms that may occur in Typhoid are: scanty, high colored urine; flushed cheeks, dilated pupils, sores on the teeth, lips and gums. The tongue is coated in the middle but red at the margins and tip. The coating is thick and at first is white but gradually turns to brown.

Medical treatment. Duration.

Under medical treatment, Typhoid may assume different forms, but this is accounted for chiropractically by the fact that the degrees of pressure upon the nerves may vary, thus producing varying external manifestations or symptoms. The ordinary, or moderate form is the most common, and has symptoms previously described. Its usual duration is 28 days, but the case may run 56 days. The grave, or severe forms present high fever, 105° or over, a dry brown tongue, twitching of the tendons, picking at the bedclothes, excessive meteorism, constant and marked delirium, rapid and feeble pulse, weak heart, pulmonary, renal, gastro-intestinal or nervous complications.

The mild form is characterized by a slight fever, rarely exceeding 103°, slight diarrhea, etc. The symptoms may assume those of the severe form, but are of much less intensity. The disease does not last over two weeks.

Abortive typhoid has a rapid onset with shivering and a temperature of 103°. The temperature falls by crisis the latter part of the second week in this form, and convalescence follows.

Latent, or walking typhoid is characterized by slight fever, languor, anorexia, emaciation and diarrhea. The symptoms may be so slight they will be disregarded until the disease is well advanced.

There may be sudden death from intestinal perforation.

Chiropractic adjustment.

Under chiropractic adjustments the disease does not run its regular course, and in fact if adjustments are given in time recovery is so rapid that the affection would not be recognized in 24 hours.

The specific adjustment is CP, KP and upper lumbar, usually the second. Under adjustment there is neither complications nor sequelae, while under ordinary methods of medical treatment there may be both.

Among the common complications are intestinal hemorrhage, perforation, peritonitis and pneumonia, while the sequelae consist of various forms of paralysis, insanity, nephritis, tuberculosis, and frequently aphonia. But even the sequelae yield to adjustments.

Cause.

Typhoid fever is claimed to be caused by the typhoid bacillus, or the bacillus of Eberth, and is regarded as belonging to the vegetable kingdom. In other words it is a unicellular plant. The chiropractor does not deny the existence of germs, but he does deny that they are the primary cause of disease. The second lumbar subluxation impinges the nerves leading to Peyer's patches of the small intestine, thus diminishing the nerve supply (mental impulses), the result being abnormal expressions of function or abnormal metabolism in this part of the intestine. Therefore, waste products and poisons accumulate in the tissues of the intestine and form a fertile soil for the growth and development of these minute unicellular plants. They, having life, must express the manifestations of life, such as growth, reproduction, excretion, etc. These excretions together with other poisonous products of abnormal metabolism, are absorbed by the serous circulation and if the kidneys are also functioning abnormally and are unable to eliminate the poison, the foregoing symptoms will develop.

If the second lumbar is properly adjusted, the expression of mental impulse will be normal in the intestine, waste material will be thrown off, no soil will be present for the development of germs, and germs cannot thrive on health living tissue cells.

DISCUSSION ON TYPHOID - (Paper by S.L. ASHWORTH)

By Lee W. EDWARDS, M.D., D.C., Omaha

Given at Lincoln, Neb., Aug. 1, 1915

It has been the custom for so long to name effects, that in discussing the symptoms which have been so ably described by Dr. Ashworth it is easiest to use the medical term - "Typhoid Fever". The physician must have all these diagnostic signs presents before he applies the label, but the chiropractor knows that these symptoms are merely successive stages in a chain of events, and recognizes one cause back of all the effects.

Dr. Ashworth has reminded us of the well-known fact that germs do not attack health tissues. Therefore, to say that typhoid is caused by the typhoid bacillus is going only a part of the way back to the true solution. Chiropractically, the beginning of all disease is a concussion of forces applied to some point of the spine, causing a subluxation of one or more vertebrae. These subluxated vertebrae cause nerve impingements, which are followed by functional disturbances at the peripheries of the impinged nerves. The amount of

pressure exerted by the subluxated vertebrae determines the degree of functional disturbance. It is possible to have a subluxation which cuts off such a small percentage of the normal flow of mental impulses that the sub-normal functioning of the tissue cell does not produce apparent discomfort in the individual. These subluxations may exist for a long time, and the individual be fairly well. However, the percentage of energy withheld cuts down the margin of surplus which should be maintained for emergencies and for resistive power, and hence the individual becomes more susceptible to so-called contagious diseases.

The intestines form the largest part of the digestive tract. Upon their proper functioning, to a large degree, depends normal body metabolism. As ingested matter passes through their tortuous length, absorption and assimilation must take place at a given rate, so that the valuable food elements are taken up for utilisation and transformation into the various chemical properties needed for bodily growth, and the muscular movements of the intestinal walls must be such that the residue is carried forward and voided without undue delay, otherwise fermentation and decomposition progresses too far, and the poisonous products are absorbed, to the detriment of the individual.

How can we be assured that absorption and movement in the intestines will be normal? Every tissue cell in every portion of the entire length of the intestines receives its supply of vitality by means of the flow of mental impulses coming from the brain, through the spinal cord, through the nerve trunks down to the nerve itself which has its periphery in the individual tissue cell. If the circuit is complete and no impingement exists, every tissue cell will receive 100% of mental impulse and will functionate as Nature intended, i.e., all the functions of the bowel will be normal. In such an ideal condition, there are no devitalized tissue cells, and no poisonous bi-products accumulating in the system, hence no material for germs to feed upon. However, through a concussion of force applied to the lumbar vertebrae whose intervertebral foramina enclose the nerve trunks going to the intestines, a subluxation may occur which will partially occlude the opening and cause pressure upon these nerve trunks. As a result, the intestines will not receive their full quota of vitality, and certain tissue cells will be running at less than full speed. As a result of this lack of energy, there will be faulty functioning. The medical man refers to this condition as intestinal stasis, which results in "auto-intoxication", a poisoning of the system from within.

Chiropractically, the significance of this is that certain waste products accumulate in the bowel, forming a fertile soil for germs, which are attracted to such a location in the body just as flies are to decaying scraps of food in a garbage can.

I am of the opinion that the intestinal lesion which culminates in what the physician terms "typhoid fever" can exist without fever, and so not be recognized as such. As bearing out my contention, I would call attention to those individuals who are known medically as "typhoid carriers". In these persons there is no fever, and little discomfort or apparent disease, but the typhoid bacillus is present in large numbers in the intestines, and may be distributed through the stools. To my mind this indicates that the fever is a secondary condition, which may

or may not follow the intestinal lesion. I believe that future chiropractic research will determine whether the excess waste products absorbed by the body through intestinal stasis, plus the toxins thrown off by the active germs, finally produce a concussion of forces causing a subluxation at Center-place, with resultant fever, or whether the subluxation at Center-place must have existed previously, so that when the serous circulation becomes polluted with the waste products the body is no longer able, under the handicap of this subluxation, to maintain the normal temperature. Certain it is, however, that adjustment at center-place will reduce the fever, while adjustment of the lumbar subluxation which is interfering with the flow of mental impulses to the affected portions of the bowel will allow a restoration of the amount of vitality thus withheld, and normal function will follow.

As Dr. Ashworth states in her paper, the principle seat of the disease is in the small intestine, Peyer's patches being involved. This points a way to a rational diet in typhoid. Under chiropractic adjustment it is unnecessary to starve a typhoid patient. If the chiropractor is not called until the dis-ease is well advanced and the fever very high, the patient may not want to take any food for a few days. In such cases, it would be unwise to urge the patient to eat, as Innate is emphatically stating that no food is desired. However, the average typhoid patient wants something to eat, and it is entirely safe to follow this natural indication, as appetite is Nature's guide to the bodily needs. A little thought of the course of normal digestion will enable us to suggest a diet which will satisfy hunger and not overtax the dis-eased area until, following adjustments, the reparatory process takes place.

The three principle food classes are proteins, carbo-hydrates and fats. The digestion of carbo-hydrates begins in the mouth and continues in the stomach, and the digestion of proteins largely takes place in the stomach. Fats, however, are but little affected by the digestive ferments of either the mouth or stomach, and hence must be almost entirely digested in the intestine. Consequently, feed the typhoid patient carbo-hydrates and proteins, but no fats, for a time at least. Cereals, fruits and vegetables, being composed largely of the starches and sugars, are classed as carbo-hydrates. Rice, sage, tapioca, and farina, well cooked and sweetened, will enter the intestine practically digested and be easily assimilated. Green vegetables, well cooked and strained into purees so that the tough, indigestible cellulose, which forms a large part of the bulk of all vegetables, is removed, are also readily digestible and nourishing. Milk, eggs and tender lean meats, being composed almost entirely of protein, will also be nearly digested before reaching the bowel. It is advisable to mince or scrape the meat, however, so that the coarse connective tissue will not irritate the intestinal ulcers in passage. Butter, fatty meats, and other fats should be avoided for a time, as it places too much of a strain on the smaller intestine to digest them. The object is to furnish the patient with a palatable and nutritious mixed diet, in a form which will not irritate the ulcerated tissue.

The chiropractic method of handling typhoid cases, then, consists of adjustments at Center-place for the fever and at the lumbar subluxation indicated for the local condition, combined with a plentiful supply of

judiciously selected food which will keep up the bodily strength without unduly taxing the bowel. The danger of perforation is not increased by such a diet, but rather lessened, as the strength is maintained and convalescence begins at an earlier date.

If you get a typhoid fever case which has been diagnosed as such by a physician, consider yourself lucky, as your patient will probably recover so quickly that otherwise no one would believe it really was typhoid.

DR. KEATING'S COMMENTS:

DR. MENON'S COMMENTS:

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Dear Tom,

Thank you.

Sincerely,

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