letters
(continued)

Easy-to-use, MacDonald's technique helps in treating not only shoulder problems, but clavicle and upper thorax problems as well. These two preparatory techniques plus the Spencer techniques will do much over the long haul to reduce pain and restore motion to the moderately to severely involved shoulder joint.

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Allopathic medical research echoes earlier findings in osteopathic medicine

To the Editor:

Recent European studies undertaken in the allopathic medical community have uncovered findings that echo earlier discoveries in the osteopathic medical world:

For example, Raud and colleagues[1] report that calcitonin gene-related peptide (CGRP) functions as an endogenous anti-inflammatory compound. The sensory nerves release CGRP. This finding parallels Dr Korr's discovery of trophic function in motor nerves.[2] It also supports Dr Still's prescient challenge to "irrigate the withering fields"[3] by restoring nerve function with osteopathic manipulative treatment.

Furthermore, Cunningham and coworkers [4] found parasympathetic dysfunction in 35% of patients with gastrointestinal reflux. Systemic autonomic function was assessed with a cardiovascular standard that Ewing and Clarke [5] developed. Although osteopathic in nature, Clarke's emphasis on systemic dysfunction is biased. As Bannister [6] notes, "There are of course no single lesions in autonomic failure...." Contrary to allopathic medical researchers, osteopathic medical researchers often study single—not systemic—segmental sites of autonomic facilitation.

Certainly, interpreting allopathic research with an osteopathic medical slant can be perilous. Nonetheless, Raud and colleagues' work is exciting, and Ewing and Clarke's tests deserve wider recognition within osteopathic medical circles.

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Another skin manifestation of HIV infection

To the Editor:

In the article "Skin manifestations of human immunodeficiency virus (HIV): Part 1. Infectious manifestations" (*JAOA* 1993;93:106, 111-117), Dr Kurgis thoroughly describes most infectious skin complications in HIV-infected patients. However, he does not mention bacillary epithelioid angiomatosis (BEA) when discussing bacterial infections. Although uncommon in HIV-infected patients, BEA does occur.[1] It is characterized by unusual skin, subcutaneous, and parenchymal visceral organ lesions.

Recent studies [2,3] have demonstrated the rickettsial organism *Rochalimaea henselae* as the etiologic agent of BEA. Left untreated, this disease is fatal. However, the rickettsial pathogen is generally susceptible to erythromycin or ciprofloxacin therapy.

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